

QUAD CITY RHEUMATOLOGY, S.C.
MICHAEL F. MINITER, M.D.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by law to maintain the privacy of your protected health information. This information consists of all records related to your health, including demographic information, either created by Quad City Rheumatology or received by Quad City Rheumatology from other healthcare providers.

We reserve the right to change the terms of this Notice at any time, provided such changes are permitted by applicable law. Patients will be offered a copy of any revised Notices upon request. You may request a copy of this Notice at any time. For more information or for additional copies of this notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURE OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare providers providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services provided to you.

Healthcare Operations: We may use and disclose your health information in connection with our health care operations. Healthcare operations may include: Contacting healthcare providers and patients with information about treatment alternatives; conducting quality assessment and improvement activities; conducting outcome evaluations and development of clinical guidelines; protocol development, case management or care coordination; conducting or arranging for medical review, legal services and auditing functions.

Persons Involved in Care: We may not disclose your protected health information to family members or friends without your written permission. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice. If you give us authorization, you may revoke it in writing at any time. Health Information may be released without written permission to a parent, guardian or legal custodian of a child; the guardian of an incompetent adult; the healthcare agent designated in an incapacitated patient's healthcare power of attorney; or the personal representative or spouse of a deceased patient.

In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, sample medications, medical supplies, x-rays or other similar forms of health information.

Research: Under certain circumstances, we may use and disclose your health information to help conduct research.

Required By Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards or letters).

PATIENT RIGHTS

Access: You have the right to view and/or obtain a copy of your healthcare records, with limited exceptions. You must make a request in writing to obtain access to your health information. We may charge a reasonable fee for copying your records.

Disclosure Accounting: You may request to receive an accounting of the disclosure of your protected health information made by Quad City Rheumatology for the six year period prior to the date of the request, beginning with disclosures made after April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you with a reasonable fee.

Restrictions: You have the right to request that we place additional restrictions on our use of disclosure of your health information. You must request such restrictions in writing. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternate Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make this request in writing. Your request must specify the alternative means or location and provide satisfactory explanation on how payment will be handled under the alternative means or location you request. You may also request that we not send information to a particular address or location or contact you at a specific location, perhaps your place of employment. This request must also be in writing.

Amendments: You have a right to request that we amend your health information, as long as such information is maintained by us. Your request must be in writing and it must explain why the information should be amended. We may deny your request under certain circumstances.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

Any person or patient may file a complaint with Quad City Rheumatology and/or the Secretary of Health and Human Services if they believe their privacy rights have been violated. To file a complaint with Quad City Rheumatology, please contact the Privacy Officer at the following:

Stacey Reid, RN
Quad City Rheumatology, S.C.
4362-7th Street
Moline, IL. 61265
Telephone: (309) 762-3400

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the Secretary of Health and Human Services. This Notice of Privacy Practices is effective July 1, 2003.