

HOBSON INSTITUTE & ASSOCIATES
NOTICE OF PRIVACY POLICIES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT OUR PATIENTS MAY BE USED AND DISCLOSED AND HOW THEY CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Purpose of this Notice: We are required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information (PHI), and to provide you with a notice of our legal duties and privacy practices with respect to patients' PHI. This Notice describes legal rights, advises of our privacy practices and outlines how we are permitted to use and disclose PHI about our patients.

Uses and Disclosures: We may use PHI for the purposes of payment and health care operations, in most cases without written permission. Examples of our use of PHI:

1. **For treatment:** This includes the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another.
2. **For payment:** This includes any activities we must undertake in order to get reimbursed for the services provided to our patients, including such things as organizing PHI and submitting bills to insurance companies (either directly or through a third party), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review and collection of outstanding accounts.
3. **We will not use or disclose more information for payment purposes than is necessary. This is known as using only the minimum necessary amount to accomplish the purpose of use or disclosure. We are accountable to the Secretary of Health and Human Services to safeguard (keep secure) and protect (keep private) our patients' information.**
4. **For health care operations:** Your health information may be used as necessary to support the day-to-day activities and management of Hobson Institute. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.
5. **Notification in the Case of a Breach:** We are required by law to notify our patients in case of a breach of their unsecured protected health information when it has been or is reasonably believed to have been accessed, acquired or disclosed as a result of a breach.
6. **For Marketing Communications:** We may use or disclose your health information to identify health-related services and products that may be beneficial to your health and we may contact you about these services and products.
7. **Law enforcement.** Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.
8. **Public health reporting.** Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.
9. **Patient Satisfaction Surveys.** Your health information will be used to send you patient satisfaction surveys.

Additional Uses of Information

1. **Appointment reminders.** Your information will be used by our staff to send you appointment reminders.
2. **Information about health and wellness.** Your health information may be used to send you information that you may find interesting on health and wellness. We may also send you information describing other health-related products and services that we believe may interest you.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific writing authorization. If you change your mind after authorizing use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization..

Patient Rights: Our patients have a number of rights with respect to the protection of their PHI.

We will permit individuals to exercise patient rights.

The right to access, copy or inspect PHI. This means our patients may come to our offices and inspect and copy most of the medical information about them that we maintain in both paper and electronic format. We will generally permit access, copying or inspection of PHI. Information held electronically must be provided in electronic form if requested by the patient.

The right to amend PHI. Our patients have the right to ask us to amend their written medical information. We will consider amending any patients' PHI.

The right to request an accounting of our use and disclosure of an individual's PHI. Our patients may request an accounting from us of certain disclosures of their medical information that we have made in the last six years prior to the date of the request.

We are not required to give an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations.

We also are not required to give an accounting of our uses of PHI for which we already have a written authorization for such use. To request an accounting of the medical information that we have used or disclosed that is not exempted from the accounting requirement, contact the Privacy Officer listed at the end of this Notice.

The right to request that we restrict the uses and disclosures of an individual's PHI. Our patients have the right to request that we restrict how we use and disclose their medical information that we have for treatment, payment or health care operations, or to restrict the information that is provided to family, friends and other individuals involved in their health care. But if the information is needed to provide emergency treatment, then we may use the PHI or disclose the PHI to a health care provider to provide them with emergency treatment.

Our patients have a right to a restriction to disclosure of PHI to a health plan for payment if the patient has paid in full for the services and items provided in that visit.

Revisions to the Notice: We reserve the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to PHI that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our website, if we maintain one. Our patients will be given a copy of the latest version of this Notice at their next visit or by contacting the Privacy Officer identified below.

Your Legal Rights and Complaints: Our patients also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services, if they believe their privacy or security rights have been violated. Complainants will not be retaliated against in any way for filing a complaint with us or to the government. Should our patients have any questions, comments or complaints they may direct all inquiries to the Privacy Officer listed at the end of this Notice. Individuals will not be retaliated against for filing a complaint.

If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact: Privacy Officer [Jennifer Hobson, (312) 986-9833]

To complain to the Secretary of Health and Human Services please use the following information and address:
233 North Michigan Avenue
Suite 1300
Chicago, IL 60601
Office: (312) 353-5160

Effective Date of the Notice: May 1, 2023