

Notice of Privacy Practices and Consent of Release of Medical Information MPS Kohli MD SC (dba) Suburban Primary Care

WE ARE REQUIRED BY LAW TO PROVIDE YOU WITH THIS NOTICE THAT DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED FOR TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS. PLEASE REVIEW THE INFORMATION CONTAINED IN THIS NOTICE IN ITS ENTIRETY AS IT WILL HELP YOU UNDERSTAND YOUR RIGHTS AS A PATIENT.

Patients First: How We Protect Your Privacy

At MPS Kohli MD SC DBA SUBURBAN PRIMARY CARE, we are committed to providing you with the highest quality of care. An essential part of this commitment is our dedication to protecting the privacy and the confidentiality of your medical information.

How We May Use And Disclose Health Information:

The following describes the ways we may use and disclose health information that identifies you. Except for the purposes described below, we will use and disclose health information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer:

Office Manager
MPS Kohli MD SC DBA Suburban Primary Care
950 N York Road, Suite 205
Hinsdale, IL 60521

MPS KOHLI MD SC DBA SUBURBAN PRIMARY CARE collects health information about you and stores it in an electronic medical chart on a computer under your account number. This is your medical record. The medical record is the property of this medical practice, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

Treatment. We use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who will provide services that we do not provide. Or we may share this information with a pharmacist who needs it to dispense a prescription written by your physician or a laboratory that performs a test. We may also disclose medical information to members of your family or others who can help you when you are sick or injured or after you die.

Payment. We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.

Operations. We may use and disclose medical information about you to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical information with our "business associates," such as our billing or electronic medical record services that perform administrative services for us that we have written contracts with that contains terms requiring them and their subcontractors to protect the confidentiality and security of your protected health information. We may also share your information with other health care providers, hospitals, health care clearinghouses, accountable care organizations or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities or their health care fraud and abuse detection and compliance efforts. We may also disclose your health information to workers compensation companies, public health, law enforcement officials, Coroners and Judicial court orders.

Appointment Reminders. We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

Electronic Sign In Sheet. We may use and disclose medical information about you by having you sign in our Kiosk when you arrive at our office. We also will call out your name when we are ready to see you.

Notification and Communication With Family. Upon a signed consent from you, we may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care and who is listed on your consent, about your location, your general condition or, unless you had instructed us otherwise, in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts.

Change of Ownership. In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

Breach Notification. In the case of a breach of unsecured protected health information, we will notify you as required by law. In some circumstances our "business associate" may provide the notification.

Right to Inspect, Copy and Request Confidential Communications. You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We maintain the record in an electronic format and you may choose an electronic or hardcopy format. You also have the right to request that you receive your health information at a specific location.

Changes to this Notice of Privacy Practices: We reserve the right to amend this Notice of Privacy Practices at any time in the future. We will keep a copy of the current notice posted in our reception area and a copy will be available at each appointment. We will also post the current notice on our website:

www.suburbanprimarycare.com

Complaints: Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be made in writing and directed to our Privacy Officer listed at the top of this Notice.