



GABRIEL PEDIATRICS, SC

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Notice of Privacy Practices

UNDERSTANDING YOUR MEDICAL INFORMATION

We understand that medical information about your child and their health is personal. We are committed to protecting their medical information. Each time you visit our office, we document information about you and your visit. Typically, this record contains, among other information, your name, symptoms, health history, examination and test results, diagnoses, current and future treatment, and billing-related information (“Medical Information”). This Medical Information is used to provide you with quality care and to comply with certain state and government legal requirements.

This Notice will tell you how we may use and disclose Medical Information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your Medical Information.

We are required by law to:

- Maintain the privacy of your Medical Information.
- Notify you following a breach of unsecured Medical Information.
- Provide you with Notice of our legal duties/privacy practices with respect to information we collect and maintain about you.
- Follow the terms of the Notice that is in effect at the time Gabriel Pediatrics’, SC uses or discloses your Medical Information.

USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION

The following categories describe different ways in which we may use and disclose your child’s Medical Information without your written permission. With respect to use and disclosure of your Medical Information for Treatment, Payment and Health Care Operations, we may share your Medical Information with any of the entities referenced in this Notice, or any physician or other health care provider as allowed by law.

For Treatment. We may use your Medical Information to provide, coordinate or manage your child’s medical treatment and related services. Your Medical Information can be shared with physicians, nurses, technicians and others involved in your care and these individuals will collect and document information about you in your medical record. To assure immediate continuity of care, we may disclose information to a physician or other health care provider who will be assuming your care. For example, different departments may share your Medical Information to coordinate the different services you may need such as prescriptions, lab work, referrals and/or other diagnostic tests. To facilitate access to information for the treatment purposes of shared patients Gabriel Pediatrics’, SC may participate in the electronic exchange of health information with other entities.

For Payment. In most cases, we may use and disclose your Medical Information so that the treatments and services you receive may be billed and payment may be collected from you, an insurance company or a third party. For example, we may need to give information about the checkup and vaccines your child received to your health plan so your health plan will pay us or reimburse you for the services rendered. We also may tell your health plan about a treatment your child will be receiving to obtain prior approval or to determine whether your plan will cover the treatment. In certain situations, we may disclose your Medical Information to a collection agency if a bill is not paid. Additionally, we may also disclose your health information to another health care provider for their payment related activities.

For Health Care Operations. We may use and disclose your Medical Information in connection with our health care operations including, but not limited to the following:

- Quality assessment and improvement activities.
- Competence or qualification reviews of health care professionals.



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- Accreditation, certification, licensing or credentialing activities.

Additionally, we may also disclose your Medical Information to another covered entity that you have seen so they may improve their quality or cost, or for other health care operations purposes.

Individuals Involved in Your Care or Payment for Your Care. We may disclose the minimum necessary Medical Information about you to a family member, other relative, close personal friend or any other person you identify who is involved in your medical care. We also may disclose the minimum necessary information to someone who helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to agree or object to such uses and disclosures. If you are not available or in the event of an emergency or other situation where you are not able to identify your chosen person(s) to receive communications about you, we may exercise our professional judgment to determine whether such a disclosure is in your best interest, who is the appropriate person(s) and what Medical Information is relevant to their involvement with your health care.

To Avert a Serious Threat to Health or Safety. We may use or disclose your Medical Information to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

Business Associates. We provide some services through other persons or companies that need access to your health information to carry out these services. The law refers to these persons or companies as our Business Associates. We may disclose, as allowed by law, your health information to our Business Associates so that they can do the job we have contracted with them to do. Examples of Business Associates include companies that assist with shredding or copying medical records. We may send other business associates called registries (such as an Immunization Registry) summarized information about patients. We require through a written contract that our Business Associates use appropriate safeguards to ensure the privacy of your Medical Information.

Other Communications with You. We may use and disclose your Medical Information to contact you at the address and telephone numbers you give us about scheduled or canceled appointments with your physicians or other health care team members, registration or insurance updates, billing and/or payment matters, information about patient care issues and other health-related benefits and services that may be of interest to you. This may include leaving messages at your home or on voicemail or mailing you postcard reminders. Such communications may be sent to you via text message or email, to the extent that we have been provided with a cell phone number or email address.

Law Enforcement. We may disclose your Medical Information to the police or other law enforcement officials as part of law enforcement activities, in investigations of criminal conduct, in response to a court order, in emergency circumstances, or when otherwise required to do so by law.

Required by Law. We may disclose your Medical Information when required by law to do so.

Public Health Activities. We may disclose your Medical Information for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance. The appropriate government authorities may also be notified if we reasonably believe a patient has been the victim of elder abuse, neglect or domestic violence.

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Health Oversight Activities and Specialized Government Functions. We may disclose your Medical Information to local, state or federal government authorities or agencies that oversee health care systems and ensure compliance with the rules of government health programs, such as Medicare or Medicaid and, under certain circumstances, to the U.S. Military or U.S. Department of State government.

Uses and Disclosures Not Covered in this Notice. Other uses and disclosures of your Medical Information will be made only with your written permission unless otherwise permitted or required by law. If you provide us with permission to use or disclose Medical Information about you, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose Medical Information about you for the reasons covered by your written permission. Please understand that we are unable to take back any disclosures already made with your permission and that we are required to retain the records of the care provided to you.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

Use or Disclosure with Your Authorization. We must obtain your written authorization for most uses and disclosures of psychotherapy notes, uses and disclosures of Medical Information for marketing purposes and disclosures that constitute the sale of Medical Information. Additionally, other uses and disclosures of Medical Information not described in this Notice will be made only when you give us your written permission on an authorization form ("Your Authorization"). For instance, you will need to sign and complete an authorization form before we can send your PHI to a life insurance company.

Uses and Disclosures of Your Highly Confidential Information. Federal and state laws require special privacy protections for certain highly confidential information about you ("Highly Confidential Information"). This Highly Confidential Information may include the subset of your Medical Information that is maintained in psychotherapy notes. Other Highly Confidential Information may include HIV test results, mental health or substance use information regulated by other laws. These state and federal laws may have more restrictive requirements. In most cases, in order for us to disclose your Highly Confidential Information for a purpose other than those permitted by law, we must have Your Authorization.

Revocation of Your Authorization. You may withdraw (revoke) Your Authorization or any written authorization regarding your Highly Confidential Information (except to the extent we have taken action in reliance upon it) by delivering a written statement to the Privacy Officer identified below.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding the Medical Information we maintain about you:

Right to Inspect and Copy. You may request access to your medical record and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you would like to access your records, you must submit your request in writing.

- To obtain a copy of your Medical Information contact the medical records department and paid fee.
- To obtain your billing information, contact the billing department



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If you request a copy of your Medical Information, we charge a medical records processing fee, consistent with applicable state law, that includes labor for copying the Medical Information; supplies for creating the paper copy or electronic media if you request an electronic copy on portable media; our postage costs, if you request that we mail the copies to you; and if you agree in advance, the cost of preparing an explanation or summary of the Medical Information. If you are denied access to your Medical Information, you may request that the denial be reviewed. A licensed health care professional chosen by Advocate Aurora Health will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the decision that is the outcome of the review.

Right to Amend. If you feel that the Medical Information we have on record is inaccurate or incomplete, you have the right to request an amendment as long as the information is kept by or for Advocate Aurora Health. If the Medical Information is kept by another hospital or provider, we cannot act on your request. You must contact them directly. Your request for an amendment must be in writing and must state the reasons for the request. The written request can be made using the amendment request form available in the medical records department at each Advocate Aurora Health site of care. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We are not obligated to make all requested amendments, but will give each request careful consideration. If your request is denied, you have the right to send a letter of objection that will then be attached to your permanent medical record. Please note that even if we accept your request, we may not delete any information already documented in your medical record.

Right to an Accounting of Disclosures. You have the right to ask us for an “accounting of disclosures.” This is a listing of certain individuals or entities that have received your Medical Information from Advocate Aurora Health.

The listing will not cover Medical Information that was given to you or your personal representative or to others with your permission. In addition, it will not cover Medical Information that was given in order to:

- Provide or arrange care for you;
- Facilitate payment for your healthcare services; and/or
- Assist Advocate Aurora Health in its operations.

Your request for an accounting of disclosures must be made in writing. The list you receive will include only the disclosures made for the time period indicated in your request but may not exceed a six-year period prior to the date of your request. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the reasonable costs associated with providing the list. We will notify you of costs involved. You may choose to withdraw or modify your request at any time before costs are incurred.

Right to Request Restrictions. You have the right to ask us to restrict or limit the Medical Information we use or disclose about you for treatment, payment or healthcare operations. In addition, if you pay for a particular service in full, out-of-pocket, on the date of service, you may ask us not to disclose any related Medical Information to your health plan for payment or health care operations purposes. Unless required by law, we are not required to agree to all requests. If we do agree, we will comply unless the information is needed to provide emergency treatment. Requests for a restriction must be made in writing and may be submitted to the medical record department at the location where you receive health services, or at the point of care for requests for restrictions to your health plan for services that were paid out-of-pocket.



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Right to Request Confidential Communications. You have the right to ask us to communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you only by sending materials to a P.O. Box instead of your home address. We will not ask the reason for your request and we will accommodate all reasonable requests. Your request should be made at the point of care at the location where you receive health services and must specify how or where you wish to be contacted.

Right to a Paper Copy of this Notice. Upon your request, you may obtain a copy of this Notice, either by email or in paper format. To do so, please submit your request to Privacy Officer, 15 Tower Court, Suite 150, Gurnee, IL 60031

EFFECTIVE DATE AND DURATION OF THIS NOTICE

This Notice is effective on October 30, 2018, unless and until it is revised by Gabriel Pediatrics', SC.

We reserve the right to change our privacy practices, policies and procedures and our Notice of Privacy Practices at any time. We also reserve the right to make the revised privacy policies, procedures and Notice effective for Medical Information we already have about your child as well as any information we receive in the future. We will post a copy of the current Notice in our office and on our website. You may also obtain any new notice by contacting the Privacy Officer. In addition, each time you sign-in for your child's appointment, a copy of the current Notice will be available.

RIGHT TO FILE A COMPLAINT

If you would like more information about your privacy rights, if you are concerned that we may have violated your privacy rights, or if you disagree with a decision that we made about access to your Medical Information, you may contact our Privacy Officer. Also, you may make a complaint by calling our Privacy Officer at 847-623-4464. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Officer will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with us or the Director.