



## Notice of Privacy Practices

### **Your Information. Your Rights. Our Responsibilities.**

Health Maintenance Institute of Illinois, a division of Empower Health Services, LLC (HMI) is committed to protecting the privacy of your health information. HMI has policies and safeguards in place to protect your information. We are required by law to maintain the privacy and security of your protected health information and to provide you with this *Notice of Privacy Practices (Notice)*. This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

### **How is your health information used?**

The confidential health information that we collect as we provide Health and Wellness or Immunization Services is called “Protected Health Information” or “PHI.” We may use or disclose your PHI for treatment, payment or health care operations. As an example, we may provide you with your health screening results, or use your PHI to collect payment or verify your insurance. In addition, we would use your PHI for our health care operations, including, but not limited to, evaluating and improving the quality of our services. We routinely use your PHI for these purposes without any special permission. Except as otherwise described in this Notice, we can only share your PHI with your approval when you sign a valid authorization. You may cancel such authorization at any time unless we have already acted in reliance on it. We do NOT use or disclose your PHI for marketing purposes and we do NOT sell PHI.

### **How else can we use or share your health information?**

We are allowed or required to share your PHI in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html). By way of example, we can share information about you without your authorization if state or federal laws require it, in response to a court or administrative order, or in response to a subpoena, or through our contracts with business associates acting on our behalf - but if we do so, we require our business associates to take all necessary steps to protect your privacy, except as required by law.

### **Your Rights:**

You have the following rights regarding the use and disclosure of your PHI:

- o You may request that we restrict the use or disclosure of your PHI in writing. You can also decide to end a restriction at any time.
- o You may request that we amend your records if you think they are incorrect or incomplete. If we agree, we will amend the record.
- o If you have paid out of pocket, in full, for your screening or immunization, you may request that we restrict certain PHI from disclosure to health plans.
- o You may ask for an electronic copy or paper copy of the PHI we have about you by submitting a written request. We may charge a fee for copying and require payment in advance.
- o You may receive an accounting of the disclosures we have made of your PHI in the past six years from the date of your request, other than those for treatment, payment, or health care operations, disclosures required by law, or disclosures for which we had your authorization.
- o If a breach of your unsecured PHI occurs, you will receive a written notification of the details of the breach at the address we have on file.
- o You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
- o You can ask for a paper copy of this Notice at any time, even if you have agreed to receive it electronically.

### **To contact us in the future.**

If you wish to obtain or see a copy of your PHI, see an accounting of any disclosures we have made, wish to ask to amend your PHI, wish to revoke your authorization, or have questions or would like to make any other permissible requests related to your PHI, please contact HMI Privacy Officer at 1-847-635-6580. The privacy of your PHI is important to us. We welcome your questions and comments for our continuous improvement.

### **Additional information or if you believe your privacy has not been protected.**

If you believe that your privacy has not been protected, you believe there has been a breach of the security of your PHI, or you wish to have additional information, please contact HMI at 1-847-635-6580. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). You will not be retaliated against for filing a complaint.

### **Changes to the Terms of this Notice**

EHS reserves the right to change the terms of this Notice, and the changes will apply to all PHI we may have about you. The new Notice will be available upon request and on our web site at <http://hmihealth.com/privacy.html>.