

# SUMMARY OF OUR NOTICE OF PRIVACY PRACTICES

Cardiac Surgery Associates, SC

**Effective Date: April 14, 2003**

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

Please review the full Notice of Privacy Practices (NPP) which is attached. If you have any questions about this notice, please contact Michael Budzynski, Chief Financial Officer at (630) 910-3849.

### **WHO WILL FOLLOW THIS NOTICE:**

- Cardiac Surgery Associates, SC

This notice describes our privacy practices. All these entities, sites, and locations follow the terms of this notice. In addition, these entities, sites, and locations may share health information with each other for treatment, payment, or health care operations purposes described in this notice.

### **OUR PLEDGE REGARDING HEALTH INFORMATION:**

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this health care practice, whether made by your personal doctor or others working in this office. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- make sure that health information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to health information about you; and
- follow the terms of the notice that is currently in effect.

### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.**

The following categories describe different ways that we use and disclose health information. By coming for care, you give us the right to use your information for treatment, to get reimbursed for your care, and to operate our organization.

There are also various other ways in which we may use or disclose your information:

- **Appointment Reminders**
- **To Provide Information About Organ and Tissue Donation**
- **To Allow Oversight of the Quality of the Healthcare We Provide**
- **To Allow Workers' Compensation Claims**
- **As Required by Subpoena in Lawsuits and Disputes**
- **Various Uses as Required by Law or to Avert a Serious Threat to Health or Safety**

The full details for all these uses are contained in the full NPP.

#### **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU.**

You have the following rights regarding health information we maintain about you:

- **Right to Inspect and Copy**
- **Right to Amend**
- **Right to an Accounting of Disclosures**
- **Right to Request Restrictions**
- **Right to Request Confidential Communications**
- **Right to a Paper Copy of This Notice**

Information on how to exercise these rights can be seen in the NPP or can be obtained from Michael Budzynski, Chief Financial Officer at (630) 910-3849.

#### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facility. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register for treatment or health care services, we will offer you a copy of the current notice in effect.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact Michael Budzynski, Chief Financial Officer. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

#### **OTHER USES OF HEALTH INFORMATION.**

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health 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 health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

# HIPAA NOTICE OF PRIVACY PRACTICES

Cardiac Surgery Associates, SC

**Effective Date: April 14, 2003**

**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**

If you have any questions about this notice, please contact Michael Budzynski, Chief Financial Officer at (630) 910-3849.

**WHO WILL FOLLOW THIS NOTICE:**

- Cardiac Surgery Associates, SC

This notice describes our privacy practices. All these entities, sites, and locations follow the terms of this notice. In addition, these entities, sites, and locations may share health information with each other for treatment, payment, or health care operations purposes described in this notice.

**OUR PLEDGE REGARDING HEALTH INFORMATION:**

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this health care practice, whether made by your personal doctor or others working in this office. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- make sure that health information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to health information about you; and
- follow the terms of the notice that is currently in effect.

**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.**

The following categories describe different ways that we use and disclose health information.

For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment.** We may use health information about you to provide you with health care treatment or services. We may disclose health information about you to doctors, nurses, technicians, health students, or other personnel who are involved in taking care of you. They may work at our offices, at the hospital if you are hospitalized under our supervision, or at another doctor's office, lab, pharmacy, or other health care provider to whom we may refer you for consultation, to take x-rays, to perform lab tests, to have prescriptions filled, or for other treatment purposes. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian at the hospital if you have diabetes so that we can arrange for appropriate meals. We may also disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**For Payment:** We may use and disclose health information about you so that the treatment and services you receive from us may be billed to and payment collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about your office visit so your health plan will pay us or reimburse you for the visit. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations:** We may use and disclose health information about you for operations of our health care practice. These uses and disclosures are necessary to run our practice and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed, whether certain new treatments are effective, or to compare how we are doing with others and to see where we can make improvements. We may remove information that identifies you from this set of health information so others may use it to study health care delivery without learning who our specific patients are.

**Appointment Reminders:** We may use and disclose health information to contact you as a reminder that you have an appointment. Please let us know if you do not wish to have us contact you concerning your appointment, or if you wish to have us use a different telephone number or address to contact you for this purpose.

**Organ and Tissue Donation.** If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**As Required By Law.** We will disclose health information about you when required to do so by federal, state, or local law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Military and Veterans.** If you are a member of the armed forces or separated/discharged from military services, we may release health information about you as required by military command authorities or the Department of Veterans Affairs as may be applicable. We may also release health information about foreign military personnel to the appropriate foreign military authorities.

**Workers' Compensation.** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose health information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify person or organization required to receive information on FDA-regulated products;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** We may release health information if asked to do so by a law enforcement official:

- in reporting certain injuries, as required by law, gunshot wounds, burns, injuries to perpetrators of crime;
- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person:
  - Name and address
  - Date of birth or place of birth;
  - Social security number;
  - Blood type or rh factor;
  - Type of injury;
  - Date and time of treatment and/or death, if applicable; and
  - A description of distinguishing physical characteristics.
- about the victim of a crime, if the victim agrees to disclosure or under certain limited

circumstances, we are unable to obtain the person's agreement;

- about a death we believe may be the result of criminal conduct;
- about criminal conduct at our facility; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

**Coroners, Health Examiners and Funeral Directors.** We may release health information to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others.** We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU.**

You have the following rights regarding health information we maintain about you:

**Right to Inspect and Copy:** You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes health and billing records.

To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to Michael Budzynski, Chief Financial Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies and services associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by our practice 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 outcome of the review.

**Right to Amend.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information. To request an amendment, your request must be made in writing, submitted to Michael Budzynski, Chief Financial Officer, and must be contained on one page of paper legibly handwritten or typed in at least 10 point font size. In addition, you must provide a reason that supports your request for an amendment.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the health information kept by or for our practice;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

Any amendment we make to your health information will be disclosed to those with whom we disclose information as previously specified.

**Right to an Accounting of Disclosures.** You have the right to request a list accounting for any disclosures of your health information we have made, except for uses and disclosures for treatment, payment, and health care operations, as previously described.

To request this list of disclosures, you must submit your request in writing to Michael Budzynski, Chief Financial Officer. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We will mail you a list of disclosures in paper form within 30 days of your request, or notify you if we are unable to supply the list within that time period and by what date we can supply the list; but this date will not exceed a total of 60 days from the date you made the request.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we restrict a specified nurse from use of your information, or that we not disclose information to your spouse about a surgery you had.

***We are not required to agree to your request for restrictions if it is not feasible for us to ensure our compliance or believe it will negatively impact the care we may provide you.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request a restriction, you must make your request in writing to Michael Budzynski, Chief Financial Officer. In your request, you must tell us what information you want to limit and to whom you want the limits to apply; for example, use of any information by a specified nurse, or disclosure of specified surgery to your spouse.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box.

To request confidential communications, you must make your request in writing to Michael Budzynski, Chief Financial Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice.** You have the right to obtain a paper copy of this notice at any time. However, at the time of first service rendered after April 14, 2003, it is required that you receive a paper copy. To obtain a copy, please request it from Michael Budzynski, Chief Financial Officer.

You may also obtain a copy of this notice either from our website, [www.chicagoopenheart.com](http://www.chicagoopenheart.com), or by requesting a copy of this notice be sent through electronic mail to [mbud@openheart.net](mailto:mbud@openheart.net). If we know that the electronic message has failed to be delivered, a paper copy of the notice will be provided. Even if you have received a notice electronically, you still retain the right to receive a paper copy upon request.

**If the first service delivery is delivered electronically, other than by telephone, we provide electronic notice in the same medium, automatically and contemporaneously in response to a first request for service.**

### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facility. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register for treatment or health care services, we will offer you a copy of the current notice in effect.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact Michael Budzynski, Chief Financial Officer. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

### **OTHER USES OF HEALTH INFORMATION.**

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health 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 health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

### **Acknowledgement of Receipt of this Notice**

We will request that you sign a separate form or notice acknowledging you have received a copy of this notice. If you choose, or are not able to sign, a staff member will sign their name, date. This acknowledgement will be filed with your records.

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**Acknowledgement of Receipt of Notice of Privacy Practices**

I, \_\_\_\_\_, have received the Notice of Privacy Practices from Cardiac Surgery Associates, SC.

X \_\_\_\_\_

**Date:** \_\_\_\_\_

In lieu of patient signature, I, \_\_\_\_\_, a staff member of Cardiac Surgery Associates, SC, state that \_\_\_\_\_ has been given our current Notice of Privacy Practices.

X \_\_\_\_\_

**Date:** \_\_\_\_\_

# State Law Information for Notice of Privacy Practices

## Cardiac Surgery Associates, SC

State: IL

Your state's laws regarding Protected Health Information must be considered along with the HIPAA Privacy Regulation when updating your organization's policies and procedures. We are providing the information below as a guide to what those other considerations may be. Consult your state's laws to make sure you are meeting all of the requirements.

### **Summary**

Illinois statutes have a great impact on the Notice of Privacy Practices. Though there are no provisions on the actual format of the NPP, there are many restrictions on non-consensual disclosures. Carefully read each state provision and our "Expected Impact" and then incorporate appropriate language into your policy. Seek outside counsel if anything is unclear.

### **General Issues of Concern**

According to the HIPAA Privacy Regulation, you are required to give a copy of a Notice of Privacy Practices to each patient at the first encounter after April 14, 2003. The state law may have additional provisions on content, presentation requirements, and may note some exceptions to the federal requirements.

We have not discovered any relevant state statutes for this section.

## Use and Disclosure of Protected Health Information

### **Use and Disclosure of Protected Health Information**

The following sections describe different portions of the Notice of Privacy Practices. The state law may or may not allow the same categories for access or they may add additional restrictions in disclosing information for the categories. For each category you need to take a careful look at the state statutes and change the category accordingly. This may require you to remove some categories, add more categories, or revise the explanation in the category.

### ***For Treatment***

According to the HIPAA Privacy Regulation, a healthcare provider may release PHI without patient authorization for the purpose of treatment. State law may limit what information can be disclosed, if this information can be released without authorization, and under what circumstances the information can be released without authorization.

**Expected Impact [High]**

The federal regulation allows nonconsensual disclosures for treatment. State law has no definition for "those parties directly involved with providing treatment." The scope of treatment disclosures under state law may be narrower than under the federal regulation.

NOTE: Non-consensual disclosures for treatment are permitted under both state law and the federal regulation. The narrower state law should be followed.

**State Law Citation**

410 ILCS 50/3(d)

**Highlight of State Provision**

A covered entity cannot disclose information about the services provided to a patient unless this information is disclosed to parties directly involved with providing treatment to the patient or when required by law.

***For Payment***

According to the regulation, a healthcare provider may release PHI without patient authorization for the purpose of payment. State law may limit what information can be disclosed, if this information can be released without authorization, and under what circumstances the information can be released without authorization.

**Expected Impact [High]**

The federal regulation allows for nonconsensual disclosures for payment. State law has no definition for "those parties directly involved with processing the payment for that treatment." The scope of payment disclosures under state law may be narrower than under the federal regulation.

NOTE: Non-consensual disclosures for treatment permitted in the past under state law may continue to be made under the federal regulation.

**State Law Citation**

410 ILCS 50/3(d)

**Highlight of State Provision**

A covered entity cannot disclose information about the services provided to a patient unless this information is disclosed to parties directly involved with processing payment for that treatment or when required by law.

***For Healthcare Operations***

According to the regulation, a healthcare provider may release PHI without patient authorization for the purpose of healthcare operations. State law may limit what information can be disclosed, if this information can be released without authorization, and under what circumstances the information can be released without authorization.

**Expected Impact [High]**

The federal definition of *healthcare operations* appears to be more expansive than the state law. The narrower state law authority appears to

be applicable for *disclosures* in connection with activities identified in the federal regulation as healthcare operations.

NOTE: Follow the narrower state law standard for healthcare operations disclosures.

**State Law Citation**

410 ILCS 50/3(d)

**Highlight of State Provision**

A covered entity cannot disclose information about the services provided to a patient unless this information is disclosed to parties responsible for peer review, utilization review, and quality assurance, or when required by law.

***Health-Related Services and Treatment Alternatives***

According to the regulation, a healthcare provider may disclose health information to tell the patient about health-related services or to recommend possible treatment options, as long as the patient has the right to accept or reject such a disclosure. State law may have a different provision for handling this situation.

***Marketing***

*Uses and Disclosures With Individual Involvement*

**Expected Impact [High]**

The principal state health privacy statute governing providers does not appear to address non-consensual disclosures for this purpose, but it allows disclosures otherwise authorized or required by law. Other laws may be relevant.

NOTE: The federal regulation requires patient authorization for marketing uses and disclosures, but some marketing activities are permitted without patient approval. We can't really tell if the federal regulation about marketing disclosures is consistent with state law in this case. The safer course is to avoid marketing disclosures unless a definitive authority says otherwise.

**State Law Citation**

410 ILCS 50/3 (d)

**Highlight of State Provision**

A covered entity cannot disclose information about the services provided to a patient unless this information is disclosed to the party making treatment decisions if the patient is incapable of making such decisions.

***Fundraising Activities***

According to the regulation, a healthcare provider may disclose health information to contact patients in an effort to raise money for not-for-profit operations as long as the patient has the right to accept or reject such a disclosure. State law may have a different provision for handling this situation.

**Expected Impact [Medium]**

The principal state health privacy statute governing providers does not

appear to address non-consensual disclosures for this purpose, but it does allow for disclosures otherwise authorized or required by law. Other laws may be relevant.

NOTE: We can't really tell if the federal regulation about fundraising disclosures is consistent with state law in this case. The safer course is to avoid fundraising disclosures unless a definitive authority says otherwise.

**State Law Citation**

410 ILCS 50/3(d)

**Highlight of State Provision**

A covered entity cannot disclose information about the services provided to a patient unless this information is disclosed to the party making treatment decisions if the patient is incapable of making such decisions.

**Research**

According to the regulation, under certain circumstances a healthcare provider may release PHI without patient consent for the purpose of research. State law may limit what information can be disclosed, if this information can be released without authorization, and under what circumstances the information can be released without authorization.

**Expected Impact [Medium]**

The principal state health privacy statute governing providers does not appear to address non-consensual disclosures for this purpose, but it allows disclosures otherwise authorized or required by law. Other laws may be relevant.

NOTE: We can't really tell if the federal regulation about disclosures related to law enforcement is consistent with state law. The safer course is to consult other authorities before making these disclosures.

**State Law Citation**

410 ILCS 50/3(d)

**Highlight of State Provision**

Each physician, healthcare provider, health services corporation and insurance company shall refrain from disclosing the nature or details of services provided to patients, except that such information may be disclosed to where otherwise authorized or required by law.

**Organ and Tissue Donation**

According to the regulation, a healthcare provider may release PHI without patient consent for the purpose of organ and tissue donation. State law may limit what information can be disclosed, if this information can be released without authorization, and under what circumstances the information can be released without authorization.

**Expected Impact [Medium]**

The principal state health privacy statute-governing providers does not appear to address non-consensual disclosures for this purpose, but it

allows disclosures otherwise authorized or required by law. Other laws may be relevant.

NOTE: We can't really tell if the federal regulation about disclosures related to law enforcement is consistent with state law. The safer course is to consult other authorities before making these disclosures.

**State Law Citation**

410 ILCS 50/3(d)

**Highlight of State Provision**

Each physician, healthcare provider, health services corporation, and insurance company shall refrain from disclosing the nature or details of services provided to patients, except that such information may be disclosed to where otherwise authorized or required by law.

***As Required By Law***

The regulation allows you to disclose PHI when required by federal, state, or local law. State law may have additional provisions when releasing information for such a purpose.

**Expected Impact [Low]**

There is seemingly no conflict, as both federal regulation and state law allow disclosures required by law. However, whether all disclosures authorized under the federal regulation are now permitted under state law is not clear.

NOTE: Disclosures required by law are permitted under both state law and the federal regulation. But if a disclosure is not familiar or clearly covered under the state provision, you might want to consult other authorities first.

**State Law Citation**

410 ILCS 50/3(d)

**Highlight of State Provision**

A covered entity cannot disclose information about the services provided to a patient unless the disclosure is made where authorized or required by law.

***To Avert a Serious Threat to Health or Safety***

The regulation allows you to disclose PHI without patient consent for the purpose of health and safety. State law may have a different provision for handling this situation or may not allow such a disclosure to occur without patient consent.

**Expected Impact [Medium]**

The principal state health privacy statute governing providers does not appear to address non-consensual disclosures for this purpose, but it allows disclosures otherwise authorized or required by law. Other laws may be relevant.

NOTE: We can't really tell if the federal regulation about disclosures related to law enforcement is consistent with state law. The safer course is

to consult other authorities before making these disclosures.

**State Law Citation**

410 ILCS 50/3(d)

**Highlight of State Provision**

Each physician, healthcare provider, health services corporation, and insurance company shall refrain from disclosing the nature or details of services provided to patients, except that such information may be disclosed to where otherwise authorized or required by law.

***Military and Veterans***

The regulation allows you to disclose PHI without patient consent as required by military command authorities of the Department of Veterans Affairs. State law may have a different provision for handling this situation or may not allow such a disclosure to occur without patient consent.

**Expected Impact [Medium]**

The principal state health privacy statute governing providers, does not appear to address non-consensual disclosures for this purpose, but it allows disclosures otherwise authorized or required by law. Other laws may be relevant.

NOTE: We can't really tell if the federal regulation about disclosures related to law enforcement is consistent with state law. The safer course is to consult other authorities before making these disclosures.

**State Law Citation**

410 ILCS 50/3(d)

**Highlight of State Provision**

Each physician, healthcare provider, health services corporation, and insurance company shall refrain from disclosing the nature or details of services provided to patients, except that such information may be disclosed to where otherwise authorized or required by law.

***Worker's Compensation***

The regulation allows you to disclose PHI without patient consent for Worker's Compensation programs. State law may have a different provision for handling this situation or may not allow such a disclosure to occur without patient consent.

We have not discovered any relevant state statutes for this section.

***Public Health Risks***

The regulation allows you to disclose PHI without patient consent for public health activities which are listed in this category. State law may have a different provision for handling this situation or may not allow such a disclosure to occur without patient consent.

*Public Health Activities*

**Expected Impact [Medium]**

The principal state health privacy statute governing providers does not appear to address non-consensual disclosures for this purpose, but it allows disclosures otherwise authorized or required by law. Other laws may be relevant.

NOTE: We can't really tell if the federal regulation about public health activity related disclosures is consistent with state law. Routine public health disclosures made in the past are probably still permitted. However, the safer course is to consult other authorities before making any public health activity related disclosures.

**State Law Citation**

410 ILCS 50/3(d)

**Highlight of State Provision**

A covered entity cannot disclose information about the services provided to a patient, unless this information is disclosed to the party making treatment decisions if the patient is incapable of making such decisions.

*Victims of Abuse, Neglect or Domestic Violence*

**Expected Impact [Medium]**

The federal regulation allows disclosures about victims of abuse, neglect, or domestic violence under defined procedures. The state law allows disclosures as required for notification under the Abused and Neglected Child Reporting Act or when required by law.

NOTE: The federal regulation is applicable and should be followed here.

**State Law Citation**

410 ILCS 50/3(d)

**Highlight of State Provision**

A covered entity cannot disclose information about the services provided to a patient, unless this information is disclosed to parties required to be notified under the Abused and Neglected Child Reporting Act or when required by law.

***Health Oversight Activities***

The regulation allows you to disclose PHI without patient consent for certain health oversight activities. State law may have a different provision for handling this situation or may not allow such a disclosure to occur without patient consent.

**Expected Impact [Medium]**

The principal state health privacy statute governing providers does not appear to address non-consensual disclosures for this purpose, but it does allow for disclosures otherwise authorized or required by law. Other laws may be relevant.

NOTE: We can't really tell if the federal regulation about disclosures related to law enforcement is consistent with state law. The safer course is to consult other authorities before making these disclosures.

**State Law Citation**

410 ILCS 50/3(d)

**Highlight of State Provision**

Each physician, healthcare provider, health services corporation, and insurance company shall refrain from disclosing the nature or details of services provided to patients, except that such information may be disclosed to where otherwise authorized or required by law.

***Lawsuits and Disputes***

The regulation allows you to disclose PHI without patient consent for lawsuits and disputes. State law may have a different provision for handling this situation or may not allow such a disclosure to occur without patient consent.

**Expected Impact [Medium]**

The principal state health privacy statute governing providers does not appear to address non-consensual disclosures for this purpose, but it allows disclosures otherwise authorized or required by law. Other laws may be relevant.

NOTE: We can't really tell if the federal regulation about disclosures related to law enforcement is consistent with state law. The safer course is to consult other authorities before making these disclosures.

**State Law Citation**

410 ILCS 50/3(d)

**Highlight of State Provision**

Each physician, healthcare provider, health services corporation, and insurance company shall refrain from disclosing the nature or details of services provided to patients, except that such information may be disclosed to where otherwise authorized or required by law.

***Law Enforcement***

The regulation allows you to disclose PHI without patient consent for certain law enforcement issues. State law may have a different provision for handling this situation or may not allow such a disclosure to occur without patient consent.

**Expected Impact [Medium]**

The principal state health privacy statute governing providers does not appear to address non-consensual disclosures for this purpose, but it does allow for disclosures otherwise authorized or required by law. Other laws may be relevant.

NOTE: We can't really tell if the federal regulation about disclosures related to law enforcement is consistent with state law. The safer course is to consult other authorities before making these disclosures.

**State Law Citation**

410 ILCS 50/3(d)

**Highlight of State Provision**

Each physician, healthcare provider, health services corporation, and insurance company shall refrain from disclosing the nature or details of services provided to patients, except that such information may be disclosed to where otherwise authorized or required by law.

***Coroners, Health Examiners and Funeral Directors***

The regulation allows you to disclose PHI without patient consent to coroners, health examiners and funeral directors. State law may have a different provision for handling this situation or may not allow such a disclosure to occur without patient consent.

**Expected Impact [Medium]**

The principal state health privacy statute governing providers does not appear to address non-consensual disclosures for this purpose, but it does allow for disclosures otherwise authorized or required by law. Other laws may be relevant.

NOTE: We can't really tell if the federal regulation about disclosures related to law enforcement is consistent with state law. The safer course is to consult other authorities before making these disclosures.

**State Law Citation**

410 ILCS 50/3(d)

**Highlight of State Provision**

Each physician, healthcare provider, health services corporation and insurance company shall refrain from disclosing the nature or details of services provided to patients, except that such information may be disclosed to where otherwise authorized or required by law.

***National Security and Intelligence Activities***

The regulation allows you to disclose PHI without patient consent for national security and intelligence activities. State law may have a different provision for handling this situation or may not allow such a disclosure to occur without patient consent.

**Expected Impact [Medium]**

The principal state health privacy statute governing providers does not appear to address non-consensual disclosures for this purpose, but it does allow for disclosures otherwise authorized or required by law. Other laws may be relevant.

NOTE: We can't really tell if the federal regulation about disclosures related to law enforcement is consistent with state law. The safer course is to consult other authorities before making these disclosures.

**State Law Citation**

410 ILCS 50/3(d)

**Highlight of State Provision**

Each physician, healthcare provider, health services corporation, and insurance company shall refrain from disclosing the nature or details of services provided to patients, except that such information may be disclosed

to where otherwise authorized or required by law.

***Protective Services for the President and Others***

The regulation allows you to disclose PHI without patient consent for protective services for the President and others. State law may have a different provision for handling this situation or may not allow such a disclosure to occur without patient consent.

**Expected Impact [Medium]**

The principal state health privacy statute governing providers does not appear to address non-consensual disclosures for this purpose, but it does allow for disclosures otherwise authorized or required by law. Other laws may be relevant.

NOTE: We can't really tell if the federal regulation about disclosures related to law enforcement is consistent with state law. The safer course is to consult other authorities before making these disclosures.

**State Law Citation**

410 ILCS 50/3(d)

**Highlight of State Provision**

Each physician, healthcare provider, health services corporation, and insurance company shall refrain from disclosing the nature or details of services provided to patients, except that such information may be disclosed to where otherwise authorized or required by law.

***Inmates***

The regulation allows you to disclose PHI without patient consent for inmates. State law may have a different provision for handling this situation or may not allow such a disclosure to occur without patient consent.

**Expected Impact [Medium]**

The principal state health privacy statute governing providers does not appear to address non-consensual disclosures for this purpose, but it does allow for disclosures otherwise authorized or required by law. Other laws may be relevant.

NOTE: We can't really tell if the federal regulation about disclosures related to law enforcement is consistent with state law. The safer course is to consult other authorities before making these disclosures.

**State Law Citation**

410 ILCS 50/3(d)

**Highlight of State Provision**

Each physician, healthcare provider, health services corporation, and insurance company shall refrain from disclosing the nature or details of services provided to patients, except that such information may be disclosed to where otherwise authorized or required by law.

## Patient Rights

### ***Right to Inspect and Copy***

The regulation allows patients to view their PHI except for psychotherapy notes. The state law may have special provisions for patients to access their records and may have specific impact on the management of psychotherapy notes.

#### *Psychotherapy Notes*

#### **Expected Impact [Medium]**

Psychotherapy notes are not available under the federal regulation. The state law definition of personal notes is similar to, but not identical with, the federal regulation definition. Any personal notes that fall outside the federal regulation definition of psychotherapy notes might be accessible to the patient.

NOTE: The state law definition of personal notes is not identical to the federal regulation definition of psychotherapy notes for access. Proceed with caution or seek more authoritative advice.

#### **State Law Citation**

740 ILCS 110/2, 110/3

#### **Highlight of State Provision**

The Mental Health and Developmental Disabilities Confidentiality Act excludes personal notes maintained by a therapist from the definition of record.

#### *Access Procedure*

#### **Expected Impact [Low]**

Under state law, a request must be in writing. The federal regulation allows covered entities to ask for written requests.

NOTE: You can ask patients who want access to medical records to make a written request. There is no conflict between access procedures under state law and federal regulation.

#### **State Law Citation**

735 ILCS 5/8-2003

#### **Highlight of State Provision**

A request for examining and copying records must be made in writing and delivered to the provider.

### ***Right to Amend***

The regulation allows patients to amend their PHI. There are however, certain exceptions. The state law may have special provisions for patients to amend their records and may or may not have the same exceptions.

We have not discovered any relevant state statutes for this section.

***Right to an Accounting of Disclosures***

The regulation allows patients to request an accounting of disclosures of their PHI. The state law may have special provisions for patients to access this.

We have not discovered any relevant state statutes for this section.

***Right to Request Restrictions***

The regulation allows patients to request restrictions on their PHI. The state law may have special provisions for this issue.

We have not discovered any relevant state statutes for this section.

***Right to Request Confidential Communications***

The regulation allows patients to request confidential communications of their PHI. The state law may have special provisions for this issue.

We have not discovered any relevant state statutes for this section.

## Other Uses of Health Information

### ***Revocation***

According to the regulation, any other disclosures of PHI not covered by this notice require patient authorization. Also, a patient may revoke an authorization at any time. The state law may have special provisions for when patients may revoke an authorization.

We have not discovered any relevant state statutes for this section.