**NOTICE OF PRIVACY PRACTICES**

**CLINICAL IMMUNOLOGY LABORATORY**

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

**INTRODUCTION**

The Clinical Immunology Laboratory, to the extent it provides health care, is the health care component of Rosalind Franklin University of Medicine and Science and, as such, is considered a covered entity for purposes of HIPAA compliance. We are required by law to maintain the privacy of protected health information (PHI), to provide you with this notice of our legal duties and privacy practices regarding PHI, and to notify you of any breach of your unsecured PHI. We are required to abide to the terms of this notice. We may change at any time the terms of this notice for all PHI we maintain. If we do so, we will revise this notice and make it available on our website and you may receive a paper copy upon request.

**PERMITTED USES AND DISCLOSURES**

At times, other federal laws and the laws of the State of Illinois impose stricter limits on the use and disclosure of PHI than the HIPAA Privacy Rule. In those cases, the HIPAA Privacy Rule states that we must follow the laws that provide you with the greater amount protection over your PHI. Subject to those stricter limits, we may use and disclose your PHI as follows:

**Treatment.** We may use or disclose your PHI for treatment activities of a health care provider. For example, we may use your PHI to provide you medical care and we may disclose PHI to a physician who is providing medical care to you.

**Payment.** We may use or disclose your PHI for activities relating to obtaining reimbursement for the health care services you received. In addition, we may disclose your PHI for similar activities of another health care provider or a group health plan that relates to you. For example, we may use your PHI to bill you or your insurance company, as appropriate, for services rendered.

**Health Care Operations.** We may use or disclose your PHI for certain activities relating to the operation as a health care provider. In addition, we may disclose your PHI for those activities relating to the operation of another health care provider or a group health plan with which you have a relationship. For example, we may use and disclose your PHI for activities relating to quality assessment, training of health care professionals, fraud and abuse detection, and compliance programs.

**Other Permitted Uses and Disclosures.** We may use and disclose your PHI so long as certain conditions that relate to your privacy and public necessity are met:

* to persons involved in your care or payment of your care, but you will have the opportunity to object and, if you do object, we will abide by your wishes.
* to business associates who perform functions for us and who have promised in a written agreement to safeguard your PHI.
* as required by law, so long as the specifics of the use or disclosure is no more than that required by the law.
* for public health activities, such as reporting disease, injury, and vital statistics.
* to report child abuse, adult abuse, neglect, and domestic violence, under certain conditions.
* to a health care oversight agency that oversees the health care system.
* for judicial and administrative proceedings, so long as there is a lawful court order or other legal demand.
* for certain law enforcement purposes, such limited PHI relating to fugitives, crime victims, suspicious deaths, crimes on our premises, and crimes in emergencies.
* certain information about decedents to coroners, medical examiners, funeral directors, and organ/tissue donation entities.
* for research purposes, so long as an oversight board approves the request under strict guidelines, is preparatory work that does not leave the health system, or is about decedents.
* to avert a serious threat to health or safety, as necessary under the circumstances.
* for certain specialized government functions, such as armed forces personnel, national security activities, correctional facilities, and government health benefit programs.
* for workers’ compensation programs.
* to contact you and provide information useful information, such as appointment reminders and health-related benefits and services that may be of interest to you.
* to contact you about our efforts to raise funds, but you have the right to opt out of receiving these fundraising communications.
* a limited data set, which deletes certain information about you, so long as the PHI is only used for research, public health, or health care operations purposes and the recipient agrees in writing to safeguard your PHI.

**Your Written Authorization.** Other than the uses and disclosures discussed above, we will not use or disclose your PHI without your written authorization. This includes uses or disclosures made for marketing purposes, that constitute a sale of your PHI, and of most psychotherapy notes. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure that occurred prior to our receipt of your revocation.

**YOUR RIGHTS**

A brief summary of your rights are as follows. For additional information regarding these rights, you may contact the office listed at the end of this notice.

**Access.** You have the right to inspect and obtain a copy of your PHI records from a covered entity. To do so, you must seek access in writing and a reasonable fee could be charged for copying and postage, if applicable.

**Amendment.** You have the right to seek an amendment to your PHI records. To do so, you must make your request in writing. Even if the PHI record is determined to be accurate and complete, you have the right to submit a statement of disagreement. We may deny a request to amend when the information was not subject to the right of access.

**Accounting.** You have the right to obtain a list of certain disclosures that occurred regarding your PHI. To do so, you must seek your accounting in writing. Some disclosures will not mentioned on that list, such as those associated with treatment, payment, and health care operations and disclosures you personally authorized in writing.

**Further Restrictions.** You have the right to seek further restrictions on how we use or disclose your PHI. To do so, you must make your request in writing. Although we are not required to agree to most of those requests, we will review them and, if we do agree, we will document it and abide by it. We are required to agree to a request to restrict a disclosure of your PHI to a health plan for payment or health care operations purposes when the PHI relates to a health care item or service for which we have been paid in full by you or by other means.

**Confidential Communications.** You have the right to request that we communicate with you using alternative means or at alternative locations. To do so, you must make your request in writing. If the request is reasonable, we will accommodate it.

**Copy of this Notice.** You have the right to receive a paper copy of this notice upon request, even if you previously agreed to receive this notice electronically.

**File a Complaint.** You may file a complaint with us and to the U.S. Department of Health and Human Services if you believe we have violated your privacy rights. We will not retaliate against for filing a complaint. To file a complaint with us, please contact the office listed at the end of this notice.

**Notice of Breach.** You have the right to receive notifications of breaches of your unsecured PHI.

**FURTHER INFORMATION**

If you have any questions, desire to file a complaint, or seek further information about matters contained in this notice, you may contact the Privacy Officer:

Director
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