



# Buffalo Grove Orthopaedic Associates

[www.BGOA.com](http://www.BGOA.com)

*John N. Stamelos, MD  
Orthopaedic Surgeon*

*Jaroslav B. Dzwinyk, MD  
Orthopaedic Surgery  
Sports Medicine*

## Notice of Privacy Practices

This notice describes how medical information about you may be used and discloses how you can get access to this information. Please read it carefully.

If you have any questions regarding this notice please contact Patricia Glowacz of our office at 847-520-7900. We are located at 600 West Lake Cook Road, Buffalo Grove, Illinois 60069 and also at 2740 West Foster Avenue, Chicago, Illinois 60625.

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

This notice describes information about privacy practices followed by employee, staff, and other office personnel and your physician.

### **YOUR HEALTH INFORMATION:**

This notice applies to information and records we have about your health, health status, healthcare, and service received in this office.

We are required by law to give you this notice. We will tell you about the ways in which we use and disclose health information about you and describe your rights and obligations regarding the use and disclosure of that information.

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

We must have your written signed consent to use and disclose health information for the following purposes.

**For Treatment:** We may use health information to provide you with medical treatment or services. We may disclose this health information about you to doctors, nurses, technicians, office staff, or other personnel who are involved in taking care of you and your health. We may also have to use this information in order to get consultations, prescriptions called into pharmacies, scheduling lab work, and ordering x-rays, MRI scans, or other diagnostic studies. In the capacity of treatment other family members and healthcare providers may be part of your medical care outside of this office and they may require information about you that we have.

**For Payment:** We may use and disclose health information so that treatment and services that you receive in this office may be billed to and payment collected from you, your insurance company, or a third party. We need to give your health plan information about a service that you received here so that your health plan may pay us or reimburse you for that service. We also need this information in order to obtain prior approval or authorization in order to proceed with treatment and testing.

**For Healthcare Operations:** We may use and disclose health information in order to run the office and make sure that you and other patients receive quality care.

**Appointment Reminders:** We may contact you to remind you that you have an appointment for treatment or medical care at the office.

**Treatment Alternatives:** We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Special Situations:** 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 and the health and safety of the public or another person.

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

**Workers' Compensation:** We may release health information about you for worker's compensation or other programs if these programs provide benefits for injuries or illnesses.

600 W. Lake Cook Rd., Suite 160  
Buffalo Grove IL 60089  
(847) 520-8900 fax (847) 520-9190

2740 W. Foster Ave., Suite 405  
Chicago IL 60625  
(773) 561-8900 fax (773) 561-6223

**Public Health Risks:** We may disclose health information about you for public health reasons in order to prevent or control disease, injury, or disability.

**Health Oversight Activities:** We may disclose health information to help oversight agencies for audits, investigations, inspections, or licensing purposes. These may be required and necessary based on certain state and federal agencies in order to monitor your healthcare in compliance with supervised laws.

**Lawsuits and Disputes:** If you are involved in a lawsuit or dispute we may disclose health information about you in response to a court or administrative order. These are all subject to applicable legal requirements and may or may not require your authorization in order for these records to be released. We may also disclose health information about you in response to a subpoena.

**Family and Friends:** We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so, or if we do give you an opportunity to object to such a disclosure and you do not raise an objection. If you do have an objection to us communicating anything regarding your healthcare to your immediate family, please indicate so in writing. We will also use our professional judgment and experience to make reasonable inferences that if it is in the best interest of another person to act on your behalf, for example, to pick up filled prescriptions, medical supplies, or x-rays, we will do so.

#### **OTHER USES AND DISCLOSURES OF HEALTH INFORMATION:**

We will not use or disclose your health information for any purpose other than those identified in the previous section without your specific written authorization. We must obtain your authorization separate from any consent that we have obtained from you.

If you have given us authorization to use or disclose health information about you, you may revoke that authorization in writing. If you revoke your authorization we will no longer use or disclose information about you for reasons covered by your written authorization but we cannot take back any issues or disclosed information.

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

**You have the Right to Inspect and Copy:** You have the right to inspect and copy your healthcare information such as medical and billing records that we used to make decisions about your care. You must submit a written request and ask the office manager in order to obtain that request. If you request a copy of the information we will charge you a fee for the costs of copying, mailing, and for other associated supplies as based on Illinois state law. We may deny your request to inspect or copy in certain limited situations. If you are denied access to your healthcare information you may ask that the denial be reviewed.

**Right to Amend:** If you believe that health information about you is incorrect or incomplete you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office. To request an amendment you must submit a medical record amendment correction form. Please ask the office manager for same. We may deny your request for an amendment if it is not in writing or does not include a reason to support your request. We may deny your request if you ask us to amend information that is already accurate and complete or that is not part of the health information that we keep.

**Right to Accounting of Disclosure:** You have the right to request an "accounting of disclosures." This is a list of disclosures we made of medical information about you for the purposes other than treatment, payment, and healthcare operations.

**Right to Request Restrictions:** You have the right to request a restriction or limitation of the health information that we use or disclose about you for treatment, payment, or healthcare 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 payment for it like a family member or friend.

We are not required to agree to your request. If we do agree we will comply with your request unless the information is needed to provide any emergency treatment.

**Right to Request Confidential Communications:** You have the right to request that we communicate about your medical management in a certain way at a certain location.

**Right to a Copy of This Notice:** You have the right to a paper copy of this notice. You may ask for your copy of this notice at any time.

**Changes to This Notice:** We have the right to change this notice and to make a revised or changed notice affected by medical information that we already have about you as well as any information that we receive in the future. We will post a summary of the current notice in our office with its effective date in the top right hand corner.

**Complaint:** If you believe that your privacy rights have been violated you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office please contact our office manager at 847-520-8900. You will not be penalized for filing a complaint.