

Notice of Health Information Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

The federal Health Insurance Portability and Accountability Act (HIPAA) became law in 1996. Illinois passed the state HIPAA law effective July 1, 1997. HIPAA has provided important protections for health insurance coverage for workers and their families for many years.

Who Will Follow This Notice?

This Notice describes the practice of William John Bull Jr., M.D., DuPage Plastic Surgery, Ltd., or The John Bull Center for Cosmetic Surgery and Laser Medispa.

- Any healthcare professional authorized to enter information into your medical record.
- All departments and units of the office.
- All employees, volunteers, contractors, and other office personnel.
- Any physician who is a member of the Medical Staff and involved in your care.
- All entities, sites and locations follow the terms of this notice.

Our Pledge Regarding Your Protected Health Information.

William John Bull Jr., M.D., DuPage Plastic Surgery, Ltd., or The John Bull Center for Cosmetic Surgery and Laser Medispa understands that medical information about you and your health is personal. We are committed to protecting medical information about you. This Notice applies to all records of your medical care which are created or received by William John Bull Jr., M.D., DuPage Plastic Surgery, Ltd., or The John Bull Center for Cosmetic Surgery and Laser Medispa.

Your other medical treatment providers (e.g., doctors, hospitals and home health providers may have different policies regarding the disclosure and use of medical information.

This Notice will tell you about the ways in which William John Bull Jr., M.D., DuPage Plastic Surgery, Ltd., or The John Bull Center for Cosmetic Surgery and Laser Medispa may disclose and use medical information about you. Your medical information, also referred to as "protected health information", is that information about you, including demographic information, that may identify you and that relates to past, present, or future physical or mental health information and related health care services.

We also are required by law to:

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

How we use and disclose Medical Information about You:

As a patient of William John Bull Jr., M.D., DuPage Plastic Surgery, Ltd., or The John Bull Center for Cosmetic Surgery and Laser Medispa, you are giving your consent for us to use your protected health information for certain activities, such as treatment, payment, and other health operations. These three activities are sometimes referred to as "TPO".

Treatment: William John Bull Jr., M.D., DuPage Plastic Surgery, Ltd., or The John Bull Center for Cosmetic Surgery and Laser Medispa may use information about you to provide you with medical treatment or services. We may disclose information about you to doctors, nurses, technicians, medical assistants, or other health personnel who are involved in taking care of you at the office. We may use your past medical information to diagnose your present condition, or we may provide information regarding your medical condition to another physician to whom we refer you for additional care.

Payment: A bill may be sent to you, an insurance company, or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used. William John Bull Jr., M.D., DuPage Plastic Surgery, Ltd., or The John Bull Center for Cosmetic Surgery and Laser Medispa also may 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. In the event that, payment is not made, we may also provide limited information to collection agencies, attorneys, and other organizations necessary to collect for services rendered.

Appointment Reminders: We may use and disclose your medical information to remind you that you have an appointment at the office. If you request that such communications be made confidentially, please contact our office in writing at The John Bull Center, 1307 Macom Drive, Naperville, Illinois, 60465.

Communication with Family: William John Bull Jr., M.D., DuPage Plastic Surgery, Ltd., or The John Bull Center for Cosmetic Surgery and Laser Medispa may disclose to a family member, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your medical care. If you are unable to agree or object to this disclosure, we may disclose such information as necessary, if we determine that it is in your best interests based on our professional judgement.

Public Health: We may disclose medical information about you for public health activities and disclosure for such purposes will be to a public health authority that is permitted by law to collect and receive the information. We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Law Enforcement: We may disclose health information for law enforcement as required by law or in response to a valid subpoena. Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney; provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients.

Lawsuits: If you are involved in a dispute or lawsuit, we may disclose protected health information about you in response to court order or administrative order. William John Bull Jr., M.D.; DuPage Plastic Surgery, Ltd: The John Bull Center for Cosmetic Surgery and Laser Medispa may also disclose protected health information to a subpoena, discovery requests, 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 information requested.

Coroners and Funeral Directors and Organ Donation: We may release protected health information to a coroner. This may be necessary, to identify a deceased person or to determine cause of death. We may also release medical information to funeral directors as necessary to carry out their duties. Your protected health information may also be disclosed for certain organ donations to which you may have agreed.

Research: Under certain circumstances, William John Bull Jr., M.D.; DuPage Plastic Surgery, Ltd: The John Bull Center for Cosmetic Surgery and Laser Medispa may use and disclose protected health information about you for research purposes. All research products, however, are subject to a special approval process. This process evaluates a proposed research product and its use of medical information, trying to balance the research needs with the patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information does not leave the office.

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

Other Uses of Medical Information: Other uses and disclosures of protected health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you authorize us to use or disclose medical information about you, you make revoke the authorization, in writing at any time. If you revoke your authorization we will no longer use or disclose protected health information about you for the reasons covered by the written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

Patient Rights Regarding Protected Health Information About You:

- You have the right to inspect and copy protected health information that may be used to make decisions about your medical healthcare. This can include both medical and billing records. Your request must be submitted in writing. We may charge a fee for the cost of copying, mailing or for supplies associated with your request.

- You have the right to request that we restrict the use and disclosure of your protected health information for treatment, payment, and health care operations. **We are not required to agree to your request.** If we agree, we will comply with the request unless the information is needed to provide you treatment in an emergency. In writing, please tell us what information that you want to limit, whether you want to limit disclosure, use, or both and whom to you want the limits to apply.
- You have the right to amend your protected health information if you feel the information, we have is incorrect. The entity that created your protected health information is responsible for amending it (doctor, hospital, laboratory, etc.).
- You have the right to a paper copy of this policy.

Revisions to Notice:

Federal Standards for Privacy of Individually Identifiable Health Information, 45 CFR is effective on or after April 14,2003. This Office reserves the right to change our practices and to make new provisions effective for all individually identifiable health information we maintain. Should our information practices change, we will make the new version available to you upon request.

For More Information or to Report a Problem:

Requests to inspect, copy, or amend medical information must be made in writing and submitted to the Medical Records Department.

Requests for an accounting of disclosures must also be submitted to the Medical records Department. If you have questions and would like additional information, you may contact the Office Manager. If you believe your privacy rights have been violated, you can file a formal complaint with the Patient relations Coordinator or with the U.S. Department of Health and Human Services Office for Civil rights. You will not be penalized for filing a complaint.

If you have any questions, please contact The John Bull Center for Cosmetic Surgery and Laser Medispa, 1307 Macom Drive, Naperville, Illinois 60564. Our telephone number is (630) 717-6000.

