



Notice of Privacy Practices

Effective date: January 8, 2014

This notice describes how medical information about you may be used and disclosed. It also describes your rights and explains how you may obtain access to this information. Please review this notice and the attached Healthier Tomorrows Privacy Practices.

We are required by law to maintain the privacy of your protected health information and provide you with this Notice of Privacy Practices. We are also legally required to:

- notify you about how we protect your protected health information;
- explain how, when and why we use and disclose protected health information; and
- follow the terms of the Healthier Tomorrows Privacy Practices currently in effect.

We reserve the right to change the terms of this Notice and to make new notice provisions effective for all protected health information that we maintain.

If you are concerned that we have violated your privacy rights, you may contact us at the address listed below. You may also send a written complaint to the Secretary of the United States Department of Health and Human Services. A complaint to the Secretary should be filed within 180 days of the occurrence or action that is the subject of the complaint. If you file a complaint, we will not take any action against you or change our treatment of you in any way.

If you have any questions or complaints, please contact us at the following address:

Healthier Tomorrows
2551 North Clark Street, Suite 400
Chicago, Illinois 60614
Attention: Megan J. Campbell, MS, RD, LDN, CEDRD-S
Telephone: (312) 533-1754
Facsimile: (312) 268-7084



Healthier Tomorrows Privacy Practices

Uses and Disclosures of Protected Health Information

The following categories describe different ways that we use and disclose protected health information (“PHI”) without your written authorization.

For Treatment. We may use PHI about you to provide you with, coordinate or manage your medical treatment or services. We may disclose PHI about you to doctors, nurses, technicians, medical students or other Healthier Tomorrows personnel who are involved in your care.

Healthier Tomorrows staff may also share PHI about you in order to coordinate different aspects of your care, such as prescriptions, lab work and x-rays. We also may disclose PHI about you to people outside of Healthier Tomorrows who may be involved in your medical care.

We may use and disclose protected health information to contact you as a reminder that you have an appointment for treatment or medical care at the Healthier Tomorrows. We may use and disclose PHI to tell you about or recommend possible treatment options or alternatives or health-related benefits or services that may be of interest to you.

For Payment for Services. We may use and disclose PHI about you so that the treatment and services you receive at Healthier Tomorrows may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about nutrition services you received at Healthier Tomorrows so that your health plan will reimburse you for the services that you receive. We may also tell your health plan about the nutrition services 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 PHI about you for Healthier Tomorrows’ health care operations, such as our quality assessment and improvement activities, case management, coordination of care, business planning, customer services and other activities.

For example, we may use PHI to review our treatment and services and to evaluate the performance of the dietitian who is providing your services. We may also combine PHI about many Healthier Tomorrows’ clients to help us to decide what additional services we should offer, what services are not needed and whether certain new treatments are effective. We may also disclose information to Healthier Tomorrows personnel for review and learning purposes. We may also combine the PHI we have with PHI from other health care facilities to compare how we are doing and see where we can make improvements in the care and services we offer.

Subject to applicable state law, in some limited situations the law allows or requires us to use or disclose your PHI for purposes beyond treatment, payment and operations. However, some of the disclosures set forth below may never occur at our facilities.

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

Health Risks. We may disclose PHI about you to a government authority if we reasonably believe that you are a victim of abuse, neglect or domestic violence. We will only disclose this type of information to the extent required by law, if you agree to the disclosure or if the disclosure is allowed by law and we believe it is necessary to prevent or lessen a serious and imminent threat to you or another person.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose PHI 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, either by us or the requesting party, to tell you about the request or to obtain an order protecting the PHI requested.

Business Associates. We may disclose PHI to business associates who perform services on our behalf (such as billing companies), however, we require them to appropriately safeguard your information.

Public Health. As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury or disability.

To Avert a Serious Threat to Health or Safety. We may use and disclose PHI 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.

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

Law Enforcement. We may release PHI as required by law or in response to an order or warrant of a court, a subpoena or an administrative request. We may also disclose PHI in response to a request related to identification or location of an individual, victims of crime, decedents or a crime on the premises.

Worker's Compensation. We may disclose PHI as necessary to comply with laws relating to worker's compensation or other similar programs established by law.

You Can Object to Certain Uses and Disclosures

Unless you object, or request that only a limited amount or type of PHI be shared, we may use or disclose PHI about you in the following circumstances:

- We may share with a family member, relative, friend or other person identified by you PHI that is directly relevant to that person's involvement in your care or payment for your care. We may also share PHI to notify these individuals of your location, general condition or death.
- We may share PHI with a public or private agency (such as the American Red Cross) for disaster relief purposes. Even if you object, we may still share this PHI if necessary for the emergency circumstances.

If you would like to object to use and disclosure of PHI in these circumstances, please call or write to our contact person listed in the Notice of Privacy Practices.

Your Rights Regarding Protected Health Information

You have the following rights regarding the PHI that we maintain about you:

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

To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing to Megan J. Campbell, MS, RD, LDN, CEDRD-S. If you request a copy of the information,

we may charge a fee for the costs of copying, mailing or other supplies associated with your request, and we will respond to your request no later than 30 days after receiving it. There are certain situations in which we are not required to comply with your request. In these circumstances, we will respond to you in writing, stating why we will not grant your request and describe any rights you may have to request a review of our denial.

Right to Amend. If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend or supplement the information.

To request an amendment, your request must be made in writing and submitted to Megan J. Campbell, MS, RD, LDN, CEDRD-S. In addition, you must provide a reason that supports your request. We will act on your request for an amendment no later than 60 days after receiving the request.

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

- was not created by us, unless the person or entity that created the PHI is no longer available to make the amendment;
- is not part of the PHI kept by Healthier Tomorrows;
- is not part of the PHI that you would be permitted to inspect and copy; or
- we believe is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of PHI about you. To request this list or accounting of disclosures, you must submit your request in writing to Megan J. Campbell, MS, RD, LDN, CEDRD-S. You may ask for disclosures made up to six years before your request. 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 are required to provide a listing of all disclosures except the following:

- For your treatment
- For billing and collection of payment for your treatment
- For health care operations
- Made to or request by you, or that you authorized
- Occurring as a byproduct of permitted use and disclosures
- For national security or intelligence purposes or to correctional institutions or law enforcement regarding inmates
- As part of a limited data set of information that does not contain information identifying you.

Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI that we use or disclose about you for treatment, payment or health care operations or to persons involved in your care. 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 you with emergency treatment, the disclosure is to the Secretary of the Department of Health and Human Services, or the disclosure is for one of the purposes described in these Privacy Practices.

To request restrictions, you must make your request in writing to Megan J. Campbell, MS, RD, LDN,

CEDRD-S.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical 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 request confidential communications, you must make your request in writing to Megan J. Campbell, MS, RD, LDN, CEDRD-S. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of these Privacy Practices Notice at any time by contacting Megan J. Campbell, MS, RD, LDN, CEDRD-S.

Other Uses and Disclosures

We will obtain your written authorization before using or disclosing your PHI for purposes other than those provide for above (or as otherwise permitted or required by law). You may revoke this authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

You May File a Complaint About Our Privacy Practices

If you believe your privacy rights have been violated, you may file a complaint with Megan J. Campbell, MS, RD, LDN, CEDRD-S or file a written complaint with the Secretary of the Department of Health and Human Services. A complaint to the Secretary should be filed within 180 days of the occurrence or action that is the subject of the complaint. If you file a complaint, we will not take any action against you or change our treatment of you in any way.