

VCFE of Lake County
1445 N. Hunt Club Rd., Suite 103
Gurnee, IL 60031

In 1996, Congress passed the Health Insurance Portability and Accountability Act (HIPAA). This law requires our office to develop a policy on how information on your health can be used or disclosed. We are also required to share this policy with you.

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.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

Your health information may be disclosed during the following instances:

Treatment: Your health information may be disclosed to a physician, physician's staff, or other healthcare providers providing treatment to you.

Payments: Your health information may be used to obtain payment for services rendered to you. Examples include, but are not limited to, insurance companies, collection agencies, audits, billing agencies and utilization review.

Persons Involved in Your Care: Your health information may be disclosed when you allow a person to pick up samples of medications, medical notes, medical or disability forms and prescriptions, already released to you.

Healthcare Operations: Your health information may be used regarding pre-certification or predetermination of a surgical procedure, verifying benefits, and any other information requested by your insurance company.

Your Authorization: In addition, to our use of your health information you may give written authorization to use your health records or to disclose it to anyone for any purpose, at the discretion of Dr. Ryan. If you give us an authorization, you may in writing revoke it at any time. Information will be released within 30 days from the date of your request.

To Your Family: Your health information may be disclosed to your family only if needed to help you with your healthcare or with payment for your healthcare services.

Employer and Disability: Your healthcare information may be disclosed to your employer and on all disability forms related to time off. All information will have to be picked up in our office, unless authorized to fax at your request.

Communications: Your healthcare information may be used to provide you with appointment reminders, schedule changes, reports, and surgical information. We may use voicemail and answering machines at home and at work when necessary. Information may have to be left on your cell telephone if that is our means of reaching you.

The only time we will disclose your protected health information without your written request would be for public health requirements or court orders.

Patient Rights: You can request to look at or get copies of your health information. A written request must be made to obtain access to your health information, at the discretion of Dr. Ryan. A list of instances in which we disclosed your health information for any reason other than treatment, payment and healthcare operations may be obtained for the last 10 years.

Restrictions: You can always request we place restrictions on your health information. We will be happy to agree to this restriction if possible. Please submit, in writing, any requests for additional restrictions.

Questions and Complaints: If you want more information about our privacy practices, or have questions or concerns, or if you are concerned that your privacy rights have been intruded upon, or you disagree with a decision we made regarding your health information, you may contact the office manager at 847.856.2534.