



NOTICE OF PRIVACY PRACTICES

TRAGER HEALING CENTER

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

This “practice” (Trager Healing Center) acts to maintain the privacy of protected health information and provide individuals with notice of the practice’s legal duties and privacy practices with respect to protected health information as described in this Notice and abide by terms of the Notice currently in effect.

Provision of Notice: The practice provides its Notice of Privacy Practices to every patient with whom it has a direct treatment relationship. The Notice is provided no later than the date of the first treatment to the patient after April 13, 2003.

The practice makes its Notice available to any member of the public to enable prospective patients to evaluate the practice’s privacy practices when making his or her decision regarding whether to seek treatment from the practice. The practice provides its Notice to any patient or other individual who so requests this Notice.

Documentation of Provision of Notice: When a direct treatment patient receives the Notice from the practice, the practice asks the patient to sign its “Receipt of Notice of Privacy Practices” form. The form is filed with the patient’s medical record. If the patient refuses to sign the form, it is noted in the medical record that the patient was given the Notice and refused to sign the form.



NOTICE OF PRIVACY PRACTICES

USES & DISCLOSURES OF PROTECTED HEALTH INFORMATION

The practice reasonably ensures that the Protected Health Information (PHI) it requests, uses, and discloses for any purpose is the minimum amount of PHI necessary for that purpose.

The practice treats all qualified individuals as personal representatives of patients. The practice generally allows individuals to act as personal representatives of patients. The two general exceptions to allowing individuals to act as personal representatives relate to unemancipated minors and abuse, neglect, or endangerment situations.

The practice makes reasonable efforts to ensure that protected health information is only used by and disclosed to individuals that have a right to the protected health information. Toward that end, that practice makes reasonable efforts to verify the identity of those using or receiving protected health information.

USES & DISCLOSURES – Treatment, Payment, and Health Care Operations:

The practice uses and discloses protected health information for payment, treatment, and health care operations. *Treatment* includes those activities related to providing services to the patient, including releasing information to their health care providers involved in the patient's care. Payment relates to all activities associated with getting reimbursed for services provided, including submission of claims to insurance companies and any additional information requested by the insurance company so they can determine if they should pay the claim. Health Care *Operations* includes a number of areas, including quality assurance and peer review activities.

USES & DISCLOSURES – Not Requiring Authorization:

Disclosure to those involved in the Individual's Care: The practice discloses protected health information to those involved in a patient's care when the patient approves or, when the patient is not present or not able to approve, when such disclosure is deemed appropriate in the professional judgment of practice.

When the patient is not present, the practice determines whether the disclosure of the patient's protected health information is authorized by law and if so, discloses only the information directly relevant to the person's involvement with the patient's health care.

The practice does not disclose protected health information to a suspected abuser, if, in its professional judgment, there is reason to believe that such disclosure could cause the patient serious harm. Further, the practice uses and discloses information as required by law.

Uses & Disclosures Related to Cadaveric Organ, Eye, or Tissue Donations: The practice uses and discloses protected health information to facilitate organ, eye, or tissue donation.



NOTICE OF PRIVACY PRACTICES

Uses & Disclosures to Avert a Serious Threat to Health or Safety: The practice uses and discloses protected health information to public health and other authorities as required by law to avert a serious threat to health or safety.

Uses & Disclosures for Specialized Government Functions: The practice uses and discloses protected health information for military and veterans activities, national security and intelligence activities, and other activities as required by law.

Uses & Disclosures in Emergency Situations: The practice uses and discloses protected health information as appropriate to provide treatment in emergency situations. In those instances where the practice has not previously provided its Notice of Privacy Practices to a patient who receives direct treatment in an emergency situation, the practice provides the Notice to the individual as soon as practicable following the provision of the emergency treatment.

Marketing Purposes: The practice does not use or disclose any protected health information for marketing purposes. The practice *does* engage in communication about products and services that encourages recipients of the communication to purchase or use the product or service for treatment, to direct or recommend alternative treatments, therapies, health care providers, or settings of care to the individual. These activities are not considered marketing.

In addition, the practice *will* contact the individual with appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual.

USES & DISCLOSURES – Do Not Apply to Practice:

Research: The practice does not engage in any research activities that require it to use or disclose protected health information.

Other Uses and Disclosures: The practice does not use or disclose protected health information to an employer or health plan sponsor, for underwriting and related purposes, for facility directories, to brokers and agents, or for fundraising.

If an individual wants the practice to release his or her protected health information to employers or health plan sponsors, for underwriting and related purposes, for facility directories, or to brokers and agents, then he or she can contact the practice and complete an appropriate written authorization.

The practice charges reasonable fees based on the Illinois State Comptroller's current recommendations. The practice will determine the appropriate charge for providing the requested records and inform the requestor in advance of providing the records. If the requestor agrees to pay the fee in advance, the records will be provided.