

Islamic Center of Naperville Free Clinic

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO IT. PLEASE REVIEW IT CAREFULLY.

How we handle your health information: We may use and disclose your health information. We use health information about you for treatment, for administrative purposes, and to evaluate the quality of care that you receive. For example, your health information may be shared with other providers to whom you are referred. Information may be shared by paper, mail, fax or other methods. We may use or disclose your health information without your authorization for several reasons. But beyond those situations, we will ask for your written authorization before using or disclosing your health information. If you sign an authorization to disclose information, you can later revoke it to stop any future uses and disclosures.

Your rights: In most cases, you have the right to look at or get a copy of your health information that we use to make decision about you. If you request copies, we may charge you a cost-based fee. You also have the right to request a list of certain types of disclosures of your information that we have made, if you believe your health information is incorrect or information is missing, you have the right to request that we correct the existing information or add the missing information.

Our legal duty: We are required by law to protect the privacy of your health information, providing this notice about our privacy practices, follow the privacy practices that are described in this notice, and seek your acknowledgement of receipt of this notice. We may change our privacy policies any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area. You can also request a copy of our notice at any time. For more information about our privacy policies, contact us.

Privacy Complaints: If you are concerned that we have violated your privacy rights, our privacy policies, or if you disagree with the decision we made about access to your health information, you may contact the clinic director. You also may send a written complaint to the U.S. Department of Health and Human Services.

Acknowledgement of receipt of Notice of Privacy Practices: Please sign and print your name and provide the date below to acknowledge that you have had this Notice of Privacy Practices made available to you. Please sign this acknowledgement where indicated below and returned to the clinic staff.

Patient Health Information Designee (PHI): All information about you is confidential and will not be released to anyone unless you assigned them as PHI designee.

Name _____ Signature _____ Date of Signature _____

PHI Designee _____ Signature _____ Date of Signature _____