

# Customer Information

Specialty Pharmacy Program

Exceptional value

Convenience

Coordinated care



## Our mission

Advocate Health has a vision for health care: To provide patients with better health care than they can get anywhere else.

Our Specialty Pharmacy mission is closely related: To help our patients with complex, chronic diseases by providing them with the full range of specialty pharmacy services in the quickest manner, at the lowest possible cost.

## How to contact us

We can be reached by phone **Monday through Friday from 8 a.m. to 6 p.m. CST and Saturdays 9 a.m. to 1 p.m. CST**. Calling us directly **toll-free 844-820-5600** is the best way to reach our pharmacy team during business hours. Use this number to contact us with any questions. Your questions may relate to; order status, delays, our ability to serve your insurance or location, claims-related issues, opting-out of our services, and information about your financial responsibilities, copays, deductibles, co-insurance or medication cash-pricing.

We have phone service for questions outside of business hours. You may call our toll-free number anytime if you need to speak with a pharmacist.

Non-urgent questions or concerns can also be sent to us anytime by email through [SpecialtyPharmacy@aah.org](mailto:SpecialtyPharmacy@aah.org). Your email message will be responded to during business hours.

Visit us on the web at [AuroraPharmacy.org](http://AuroraPharmacy.org).

Our fax number is 262-253-3098.

## Scope of services

### Our licensed team includes:

- Registered pharmacists

### Our expert team includes:

- Certified pharmacy technicians
- Billing specialists

## Our Specialty Pharmacy Program provides patients and clients with:

### Specialty Pharmacy Care

- **Medication Dispensing.** Our pharmacy will fill each prescription as written by your doctor. We will ship the drug to you either by mail or by overnight courier. We do not charge you for shipping

In most cases, if a generic drug is available and the doctor allows it, we will dispense an approved generic drug equal to the brand drug. But you need to know that for many specialty drugs, there are no equal generics.

- **Medication Counseling.** When people start a new drug, they have questions. Our pharmacy team fully explains each new drug to patients and takes time to answer questions. We explain how to use the drug and what to expect – the helpful effects and the side effects.

- **Therapy Management.** We give a high level of care to patients using complex drug treatments. Our patients who use specialty drugs may be at risk for side effects and other complications of treatment. Our pharmacy team will work closely with you and your doctor's team to make sure you get the best results from your drug.

- **Supplies.** We provide you with supplies you need for your drugs at no added cost. We will supply a disposal container if you need one for injection drugs.

### Financial services

- **Billing.** Our staff will process billing with your insurances. You are responsible for any remaining copay for your drug. We can bill your credit card for your copays.

• **Financial Assistance.** Our financial team members are experts in checking and getting coverage for your drugs and finding help for high out-of-pocket costs. This team will also inform you if our pharmacy is out of network for your insurance. We'll work with you to find you whatever help you qualify for.

Aurora Specialty Pharmacy was designed to meet the needs of Advocate Health patients. Our service area includes all states in the U.S. including Washington D.C. except, Arkansas and California.

### **What is a Specialty Pharmacy?**

Specialty pharmacies make it easier for patients to get the desired results from high cost, complex drugs that treat serious illness. Clinical pharmacists guide patients throughout their treatment. They work with patients to reduce side effects, ensure safety, and achieve the best possible results.

Specialty pharmacists help you, the patient, become an important member of your care team. This team also includes your doctors, family members and caregivers. It may also include nursing services and other providers (mental health, nutrition, etc.)

Patient education is the key of the specialty pharmacy. A well-informed patient (or caregiver) is better prepared to be a partner in his or her own care plan. Education helps patients deal with difficult side-effects, improve communication, and get results.

## **Patient Rights and Responsibilities**

As a patient of the Aurora Specialty Pharmacy program, you have certain rights and responsibilities.

### **You have the right to:**

1. Get prescribed products and services in a professional manner without discrimination relative to your sex, race, religion, ethnic group, sexual preference, or physical and/or mental disability.

2. Be informed of any financial benefits when referred to the organization, be informed of your financial responsibility in advance of care or services being provided and be given claims information related to your prescriptions.
3. Be treated in a fair and courteous way by every person representing Aurora Specialty Pharmacy, free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.
4. Be provided identification by name and job title of any team member of Aurora Specialty Pharmacy providing services to you.
5. Speak to a health professional and get educational services and information needed to use drugs in the manner intended by your doctor.
6. Express concerns or grievances without fear of reprisal and have concerns or grievances properly investigated.
7. Request to speak with staff's supervisors if necessary.
8. Have your personal health information shared only as allowed by state and federal law and to be informed of our procedures for disclosure of clinical records. Confidentiality of health care information is strictly maintained.
9. Receive information about the Patient Management Program and be informed in a timely fashion of any changes.
10. Be informed of any benefits or limitation of Aurora Specialty Pharmacy services and get referrals to appropriate doctors when needed.
11. Decline participation, or disenroll, from any Aurora Specialty Pharmacy program at any point in time, simply by contacting us and

expressing your choice.

**You have the responsibility to:**

1. Participate in the development of an effective plan of care. In doing so, you have responsibility to provide, to the best of your knowledge, accurate and complete medical, personal, contact and coverage information (and notify us of any changes).
2. Adhere to the treatment plan prescribed by your doctor and notify them of your participation in the Aurora Specialty Pharmacy patient management program.
3. Ask questions about your care.
4. Communicate any information, concerns and/or questions related to changes in your condition to Aurora Specialty Pharmacy caregivers and your doctor's care team.
5. Notify Aurora Specialty Pharmacy if you are going to be unavailable for scheduled delivery times.
6. Treat Aurora Specialty Pharmacy staff with respect and dignity without mistreatment or discrimination as to color, religion, sex, or national or ethnic origin.
7. Care for, and safely use drugs, supplies and/or equipment, according to instructions provided, for the purpose they were prescribed and only for/on the individual for whom they were prescribed.
8. Contact us right away by phone if you suspect any errors or have concerns with prescriptions you get from Aurora Specialty Pharmacy.
9. Pay all copays, coinsurances and invoices upon receipt.
10. Submit any forms needed for you to get services.

11. Notify Aurora Specialty Pharmacy of any changes in your insurance coverage. Inform us right away of any address or telephone changes.

## **How to use our services**

Prescriptions for specialty drugs can be complex. We want to make it as simple as possible for you to get started on your specialty drug. So, let us take care of the details.

### **Your prescription**

We will fill your prescription just as the doctor orders it. Most specialty drugs aren't available in as a generic. When a generic is available, we'll follow all state and federal laws that may allow a generic substitute to be used. We will inform you when we provide a generic.

When we get your prescription, we'll make sure it's covered by your insurance. In some cases, the drug your doctor orders may not be available to us. In that case, we will find a pharmacy that can dispense that drug, and we will transfer your prescription to that pharmacy. We will notify you when this happens.

If your drug is not available for any other reason, we will call you and help transfer the prescription to a pharmacy that can supply the drug. Your health is most important to us. We will work with you to make sure you always have the drug you need.

### **Refilling your drug**

We will call you about seven days before your drug runs out to get your next refill ready. We'll ask how the drug is working for you, make sure side effects are in check, and, if needed, we'll talk with your doctor. If at any time you need to check on the status of your prescription, you can call us.

Keep in mind, it might take 3-5 days to ship your refill drug. If for any reason there will be a delay, we will call you. If needed, we'll arrange for you to get your drug from another pharmacy.

# Emergencies

For urgent pharmacy-related needs, contact us toll-free 24/7 by calling **844-820-5600**. If you are experiencing a medical emergency, call **911**.

If you are experiencing a mental health crisis or are considering suicide, **dial 988** for the Suicide Hotline.

**Travel** – We will make every effort to give you any added drug you may need in advance of travel plans. Please notify us at least 10 days in advance of any planned travel. We will communicate with your insurer for needed approvals to allow travel supplies.

**Disasters** – In the event of a natural disaster (flood, tornado, etc.) please contact us as soon as possible. We will work to make sure you get a supply of drug shipped to the place you want. If needed, we'll help in transferring your prescription to a place convenient for you. Prepare for emergencies: [ready.gov/plan](http://ready.gov/plan).

**Transferring your prescription** – If you want to have your prescription dispensed by a different pharmacy for any reason, we will help transfer the prescription information to your new pharmacy. Kindly ask the new pharmacy to contact us by phone and we'll transfer the prescription.

**Lost and stolen drugs** – Please take good care of your drugs. In the event of lost, stolen or damaged drugs, we will be happy to replace the drugs, but you may be responsible for any additional costs. Many insurance companies will not pay for replacement drug in these cases.

**Missed doses or deliveries** – Call us at 844-820-5600 if you miss doses, need help using your drug or equipment, or do not get your delivery on time.

## Patient education services

People who know more about their conditions and the drugs used to treat those conditions often get better results. Our goal is to give our patients with the educational materials they need to become active and successful participants in their care. We do that by providing information in a variety of ways, so patients

can use the format they prefer.

When you enroll in the Specialty Pharmacy program, we'll begin by working with you to learn your specific needs. We'll provide you with information from written and online sources. And our pharmacy staff will always be available to help answer your questions or connect you with other sources of trusted information.

Education programs work better if there is good two-way communication. So that you can get the best benefits from your treatments, please notify us of any changes to your condition or drug treatments.

Advocate Health provides medical interpreters who can help you talk with your doctor or health care providers in your own language and other communication aids to help you and your family members with your visit. We provide this service at no cost to you. Please let us know if you require language help.

If you have questions or concerns about information received from us or other sources, please contact us.

You can reach your specialty pharmacy team **toll-free at 844-820-5600**.

## Helpful patient resources

Many people like to learn more about their drug or their medical condition. Your local library is a good place to find information on medical conditions. There are websites and patient programs available from the makers of most drugs. Contact us and we can help get you enrolled in a manufacturer support program.

In addition, these websites may be helpful for many patients:

- National Library of Medicine: [nlm.nih.gov](http://nlm.nih.gov)
- Emergency Preparedness: [ready.gov/plan](http://ready.gov/plan)
- Advocate Health: [Advocatehealth.org](http://Advocatehealth.org)
- Drug Information Online: [drugs.com](http://drugs.com)
- Aurora Specialty Pharmacy: [AuroraPharmacy.org](http://AuroraPharmacy.org)
- Genetic and Rare Diseases Information Center: [rarediseases.info.nih.gov](http://rarediseases.info.nih.gov)

## Patient safety

**Drug recalls** – We carefully follow all drug recalls. In the rare event that a drug that we dispensed to you is recalled by the manufacturer, we will contact you directly by phone and give you instructions to get a replacement drug. You will not be charged for any drug to replace a recalled product. We only use vetted and licensed suppliers. If you are concerned that a drug may be counterfeit, contact us for help.

**Safe disposal of drugs** – If you no longer need a drug, there are safe ways to dispose of it. Follow specific disposal instructions on the drug label or patient information that goes with the drug. Make use of drug take-back programs in your community that allow the public to bring unused drugs to a central site for proper disposal.

Call your city or county government's household trash and recycling service (see blue pages in the phone book) to see if a take-back program is available in your community.

If in doubt about proper disposal, talk to one of our pharmacists.

**What to do if you have a drug reaction** – Drugs can treat or prevent illness and disease. However, sometimes drugs can cause problems. These problems are called adverse drug reactions. You should know what to do if you think that you or someone you take care of is having an adverse drug reaction. At the start of your treatment, we'll tell you about common adverse reactions, so you know what to expect and how to respond if reactions occur. If you have any questions about something unexpected, please contact your doctor or give us a call. If you have any serious problem, such as difficulty breathing, bleeding, severe nausea and vomiting, get care from a doctor right away.

**Reporting drug errors** – We strive to be fully accurate when dispensing drugs to our patients. If you ever believe that something isn't right with your prescription, or if the prescription information didn't match what your doctor or pharmacist told you, contact us right away by phone. We'll check everything and make sure you get the drug just as

your doctor ordered.

We take quality seriously. We will record and report any drug error through our continuous quality program. We will take steps to correct any processes that could lead to error so that we can prevent any future errors of a similar manner.

**Reporting service complaints** – Our goal is to give every patient service that is perfect in every way. If you have any reason to submit a complaint about our service, please call **Advocate Health's toll-free pharmacy customer care line at 888-973-8999. You can speak with someone 8 a.m. to 3:30 p.m. CST Monday through Friday or leave a message 24/7 and we'll respond the next business day.**

Our Pharmacy is licensed in Wisconsin. Complaints or grievances about our service may be directed online to the Wisconsin Pharmacy Examining Board at [dsps.wi.gov](http://dsps.wi.gov).

Our Pharmacy is accredited by ACHC. Complaints or grievances about our service may be directed to ACHC at [ACHC.org](http://ACHC.org) or 855-937-2242.

Our Pharmacy is accredited by URAC. Complaints or grievances about our service may be directed online to URAC at [URAC.org](http://URAC.org) or 202-326-3942.

## Medication safety at home

Drugs can help you feel better or control a medical condition. If you take them in the wrong way, they can make you feel worse. If you take drugs prescribed by your doctor, or if you buy drugs "over the counter," follow these rules:

- Store all drugs that need to be kept cold in the fridge, in an area away from anything else.
- Store all drugs that should be stored at room temperature in a clean, dry area, out of children's reach.
- Read the label with care.

- Take the drug just as your doctor tells you.
- Bring a list of drugs that you are using every time you visit the doctor.
- Ask your doctor to help you make a schedule, so you know what drugs to take at what time of day.
- If possible, use only one pharmacy for all your drugs. The pharmacist can help you keep track of what drugs you are taking.
- Make sure your caregiver(s) know what drugs you take and when you take them.
- **Do not** combine prescription and over-the-counter drugs or nutrition supplements unless your doctor approves it.
- **Do not** take the drug or change how much of the drug you take or how often you take it without first talking to your doctor.
- **Do not** take someone else's drugs.



**ACCREDITED**  
Specialty Pharmacy

Expires: 06/01/2027



**CERTIFIED**

Rare Disease Pharmacy  
Center of Excellence

Expires: 06/01/2027

**What you should know about each drug you take:**

- Name (generic and brand name)
- Reason for taking it
- How much to take
- How often to take it
- How long to take it
- Possible side effects and what to do if you experience them
- Special instructions  
(take with meals, at bedtime, etc.)

***Ask questions! Talk with your doctor or pharmacist if there is anything you do not understand about your drug.***



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# Your Information. Your Rights. Our Responsibilities.

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.**

## YOUR RIGHTS

### You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

**See page 2**  
for more information on  
these rights and how to  
exercise them.

## YOUR CHOICES

### You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

**See page 3**  
for more information on  
these choices and how  
to exercise them.

## OUR USES AND DISCLOSURES

### We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

**See page 3 & 4**  
for more information  
on these uses and  
disclosures.

# YOUR RIGHTS

## When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We may require that you put your request in writing. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting:  
Chief Privacy Officer 750 W. Virginia Street, Milwaukee, WI 53204  
Phone: 1-888-847-6331 online: [advocateaurorahealth.ethicspoint.com](http://advocateaurorahealth.ethicspoint.com)
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## YOUR CHOICES

### For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

### In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information (your name, room location, general condition and religious affiliation) in a hospital directory. This information, except for religious affiliation, may be provided to people who ask for you by name. Members of the clergy may obtain your religious affiliation.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

### In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes
- In the case of fundraising:
  - We may contact you for fundraising efforts, but you can tell us not to contact you again.

## OUR USES AND DISCLOSURES

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

#### Treat you

- We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

#### Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

#### Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

## **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

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## **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone’s health or safety
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## **Do research**

- We can use or share your information for health research.
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## **Comply with the law**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
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## **Respond to organ and tissue donation requests**

- We can share health information about you with organ procurement organizations.
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## **Work with a medical examiner or funeral director**

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
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## **Address workers’ compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers’ compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services
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## **Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
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# OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

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## Changes to the Terms of this Notice

We reserve the right to change our privacy practices, policies and procedures at any time. We reserve the right to change the terms of this notice. These changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

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## Other Instructions for Notice

- Effective Date of this Notice: September 1, 2019
- For more information about your privacy rights or if you are concerned that your rights may have been violated, please contact: Advocate Aurora Health Chief Privacy Officer 750 W. Virginia Street, Milwaukee, WI 53204 Phone: 1-888-847-6331 online: [advocateaurorahealth.ethicspoint.com](http://advocateaurorahealth.ethicspoint.com) We may restrict access to or disclosure of health information about you as required by other state and federal laws, if those laws are more protective of your health information.
- Advocate Aurora Health participates in the About Health Organized Health Care Arrangement (OHCA), an organized system of health care in which more than one covered entity participates in the joint arrangement. The purpose of the participation includes conducting quality assessment and improvement activities, conducting utilization review, and performing other clinically integrated network activities. Your health information may be shared with other About Health OHCA participants for these purposes.
- We may participate in the electronic exchange of health information with other entities for the allowable purposes of treatment, payment, or health care operations. In an effort to improve the quality and efficiency of health care in our communities, we may allow other health care providers to participate in a joint electronic health record.

# Notice of Nondiscrimination in Service Delivery

Advocate Aurora Health complies with all applicable State and Federal Civil Rights laws. No person shall be excluded from participation, be denied benefits, or otherwise subject to discrimination in any manner on the basis of race, color, national origin or ancestry, age, sex, sexual orientation, gender identity, religion, political belief or affiliation, order of protection status, military status, physical or mental disability or association with a person with a disability, marital status, or pregnancy. This policy covers eligibility for the access to service delivery and treatment in all Advocate Aurora Health programs and activities.

## Advocate Aurora Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages
- Does not require individuals to rely on minor children, relatives, or friends to interpret

If you need these services at an Advocate Aurora Health location, notify a facility representative.

## How to File a Service Delivery Complaint

If you believe that Advocate Aurora Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you are encouraged to promptly file a grievance with:

### Civil Rights Coordinator

750 W. Virginia Street, Milwaukee, WI 53204

Phone: 1.888.568.6845

Email: [CivilRights@aurora.org](mailto:CivilRights@aurora.org)

You can file a grievance in person, by mail, or email. If you need help filing a grievance, a Patient Relations Representative or the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the State or Federal Department of Health and Human Services, Office for Civil Rights. Complaints may be filed electronically, by mail, or by phone.

## Illinois Department of Human Rights

James R. Thompson Center

100 W. Randolph Street, 10th Floor – Intake Unit,

Chicago, IL 60601

Voice: 312.814.6200 TDD: 866.740.3952

## Wisconsin Department of Health Services

Office of Civil Rights Compliance

One West Wilson St, Room 651

P.O. Box 7850, Madison, WI 53707-7850

Voice: 608.266.1258 TTY: 800.947.3529

Fax: 608.267.1434

Email: [DHSCRC@dhs.wisconsin.gov](mailto:DHSCRC@dhs.wisconsin.gov)

## U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

Voice: 800.368.1019, TDD: 800.537.7697

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

## Arabic (العربية)

تامدخلا مديقت يف صررفلا وفاكت قسايس نع تامدول عم لوع لوصحلا تدرأ اذا  
(Equal Opportunity in Service Delivery)، لي جسئلا بتكف نم اهلط يجر يف،  
كفتغلب ةخسن لوع لصحتسو

## Chinese Simplified (简体中文)

如果您想了解我们的“提供服务均等机会”政策的相关信息，请在登记  
处咨询，工作人员会为您提供一份简体中文的政策副本。

## Chinese Traditional (繁體中文)

如您想瞭解關於「提供服務均等機會」政策的資訊，請前往登記處諮  
詢，工作人員會為您提供一份繁體中文的政策副本。

## Hmong (Hmoob)

Yog koj xav tau ntaub ntauv kev paub txog ntawm Kev Muaj Vaj Huam Sib  
Luag Txog Lub Cib Fim nyob rau tsab cai Kev Pab Cuam Xa Khoom thov nug  
tau nyob rau ntawm rooj sau npe thiab lawv yuav muaj ib daim theej tawm rau  
koj ua koj hom lus.

## Spanish (Español)

Si desea información sobre nuestra política de igualdad de oportunidades en la  
prestación de servicios, consulte en el mostrador de inscripción y se le dará una  
copia en su idioma.

## Russian (Русский)

Если вы хотите узнать более подробную информацию о нашей политике  
обеспечения равных возможностей при предоставлении услуг,  
обратитесь на регистрационную стойку, и копия этого документа будет  
предоставлена на нужном вам языке.

## Korean (한국어)

서비스 제공 정책 내 기회균등에 대한 정보를 원하실 경우, 등록 창구에  
문의하시면 원하시는 언어로 작성된 문서를 제공해드립니다.

## Polish (Polski)

Jeśli chce Pan(i) uzyskać informacje na temat polityki równych szans w dostępie  
do usług, należy poprosić w rejestracji o jej kopię przetłumaczoną na język  
polski.

# Advocate Health Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION, HOW YOU CAN GET ACCESS TO YOUR HEALTH INFORMATION, AND HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION. YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH A PRIVACY OFFICER AT 1-888-847-6331 OR EMAIL [privacy@advocatehealth.org](mailto:privacy@advocatehealth.org) IF YOU HAVE ANY QUESTIONS. PLEASE REVIEW IT CAREFULLY.

Last Revised February 16, 2026

Advocate Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. For more information, please see [advocatehealth.org/policies-notice](https://advocatehealth.org/policies-notice).

A copy of this Notice is also available in Spanish.  
Una copia de este anuncio esta disponible tambien en Espanol.



Atrium Health



Aurora Health Care



Wake Forest University  
School of Medicine

Part of  **ADVOCATEHEALTH**

## Protecting Your Privacy

At Advocate Health, we understand that your health information is personal. This Notice describes how your health information may be used and disclosed, how we protect your information and your rights under the Health Insurance Portability and Accountability Act (“HIPAA”). We are required by law to:

- Maintain the privacy of your Protected Health Information (“PHI” or “your information”) as outlined in this Notice
- Implement safeguards to maintain the privacy of PHI
- Provide you with notice of our legal duties and privacy practices related to your PHI
- Follow the terms of the Notice currently in effect

This Notice only applies to those parts of our websites and mobile device applications where you can access your PHI or interact with a clinician regarding your specific care, such as the patient portal with respect to your PHI. However, these websites and applications may contain additional terms associated with your use. You should review those terms as well as the website terms contained on the website that you visit.

This Notice does not apply to health information that is not subject to HIPAA or similar state health information privacy laws, or information used or shared in a manner that cannot identify you.

## Who Follows This Notice

Advocate Health encompasses the following health systems, including their affiliates and subsidiaries:



These health systems have designated themselves and function as a singular Affiliated Covered Entity (ACE). An ACE is a group of covered entities that are fully or partially owned by the same parent company and designate themselves as a single covered entity for purposes of compliance with HIPAA, which means that they may share, access, use and disclose protected health information as if they were one organization. This Notice of Privacy Practices applies to entities that are owned, controlled or affiliated with one of these Advocate Health systems, including its facilities, practices, departments, and other sites of service; personnel who are employed by, contracted by, train with, or volunteer with such Advocate Health entities; members of our various medical staffs and their approved personnel while they care for you at an Advocate Health location; and other Advocate Health workforce members authorized to use or access PHI. In addition, any Advocate Health academic medical center will require its faculty, residents, fellows, students and trainees also follow this Notice while they are learning with an Advocate Health entity.

Advocate Health entities also may participate in organized health care arrangements (OHCAs), such as with medical staff and care coordinators while at our locations, as well as in affordable care organizations (ACOs). These enable us to share information among participating entities and providers in a clinically integrated setting; for treatment, payment and health care operations purposes; and for joint activities in support of the OHCA's purposes.

Please note that this Notice does not apply to any Advocate Health entity in its capacity as an employer or to any Advocate Health health plan. Any Advocate Health health plan is considered a separate covered entity for the purpose of HIPAA and has its own notice of privacy practices.

Additionally, providers that are independent of Advocate Health are legally separate and responsible for their own acts. Advocate Health is not responsible for how they provide care or handle your information.

## How Your PHI Is Used and Disclosed

**For Treatment** We may use and share your PHI to provide, coordinate or manage your health care and related services, both with our own providers and with others involved in your care. Different personnel may also share your PHI to coordinate the different things you need, such as prescriptions, lab work and X-rays. For example, a doctor treating you for a broken leg may need to know if you have diabetes so she can treat you properly and work with our dietitian so you can have low-sugar meals. Our case manager will need to know about your diabetes so he can connect with other agencies to get you access to the proper resources after discharge. We may also share your PHI with a health registry so we can access information that may help us identify a different way to treat you. We may share and receive your PHI from other providers, including within our system, to treat you.

**Treatment Alternatives** We may use and share your PHI to tell you about possible treatment options or alternatives that may be of interest. For example, if you have cardiac issues, we may tell you about exercise resources or apps that could support your heart health. In many situations, you sign up directly with a vendor to use the apps, not through Advocate Health. We encourage you to carefully review any terms of use that may apply to the apps or other tools that you may use, as we are not responsible for what they do with your information.

**Health-Related Benefits and Services** We may use and disclose your information to tell you about health-related benefits or services that may be of interest to you. For example, if you just had a baby, we may use that information to send you tips for caring for a newborn or resources for new moms. As a general rule, we do not sell your information or get paid by vendors to communicate with you without your written authorization. You may choose not to receive any communication from us that encourages you to purchase or use any particular product or service.

**Communicating With You** We may use and share PHI to contact you about treatment, care or payment. For example, we may use your phone numbers (including mobile) and email addresses that we have on file to send you phone calls, emails, text messages or other communications related to your care. We may also send appointment reminders or remind you that it is time for an annual checkup. We may also reach out to you for feedback about a recent visit or to see if you are feeling better. We may also contact you about health-related benefits or services that may be of interest to you (such as information about upcoming health screening events or research information) or to tell you about a new practice opening near you. These messages may be sent using automated dialing and/or pre-recorded messages. You have the right to opt out of receiving these messages. To opt out of text messages, please follow the opt out prompt in the text message. If you send us unencrypted emails or texts, you understand there are security risks in doing so and you accept those risks.

**For Payment** We may use and share your PHI with others to bill and collect payment for the services we provide to you, such as with billing departments, vendors, collection agencies, insurance companies, health plans and their agents, and consumer reporting agencies. For example, if you broke your leg, we may need to share information about your condition, the supplies used and the services you received (such as X-rays or surgery) with your health plan so they can pay your bill. We may also contact payors before you receive scheduled services, such as for pre-approval from your health plan or to confirm your procedure qualifies for coverage. Unless you specifically tell us otherwise, we will assume you want us to bill your insurance that is on file in our records.

**For Health Care Operations** We may use and share your PHI to carry out business activities that help us operate our health system, improve the quality and cost of patient care, perform case management and care coordination functions, and conduct other health care operations. For example, we may look at patient information to evaluate the performance of our staff, plan new services, identify new locations for services or send you a survey about your experience. We may also use patient information to train personnel and students, respond to governmental agencies, support our licensing, analyze data, and for legal and other purposes. We can also share your PHI with other providers who have a relationship with you for their own health care operations. For example, if you come to us in an ambulance, EMS may want to know the resolution to your care to determine if their medics delivered appropriate treatment to you in the ambulance. We may also use and share your PHI to confirm the time, place and attendance of your appointment for treatment with third-party transportation services.

**Photos, Images, and Audio** We may take, collect, capture, produce, use and store photos, video and/or audio recordings, reproductions and digital images, including biometric information for treatment, training, identification, education and health care operations purposes.

**Artificial Intelligence** We may utilize computers, electronic devices, artificial intelligence systems or other technology to provide and assist in providing our patients with care, treatment and services.

**Business Associates** Sometimes, we hire other people and companies known as business associates to help us perform services and manage operations. We may need to share your PHI with these business associates so that they can perform their job for us. For example, we may hire health care monitoring companies, collection agencies or information technology vendors. We may also share your PHI with a business associate who will remove information that identifies you so that the remaining information can be used or disclosed for purposes outside of this Notice. We require any business associate to sign a written contract requiring that they comply with HIPAA, protect your PHI and keep it confidential in the same manner as HIPAA requires of us.

**Minors** We may generally share PHI of minors with their parents or legal guardians acting as personal representatives, unless prohibited by law or in circumstances where the law permits us to withhold PHI, such as to prevent harm to the minor or another person or in cases of suspected child abuse or neglect.

**Required by Law or Judicial or Administrative Proceeding** We will use or disclose your PHI when required to do so by local, state, federal and international law. For example, we may share your PHI as required to report a suspicious death or suspected child abuse or neglect. We may use and disclose your PHI in conjunction with judicial or administrative proceedings or for purposes of litigation as permitted by law. We may also share your PHI in response to an administrative or court order, or in response to a subpoena, a discovery request or other legal process if we are advised that you have been made aware of the request or that efforts were made to secure a qualified protective order.

**Abuse, Neglect, and Domestic Violence or Other Threats to Safety** Your PHI will be disclosed to the appropriate government agency if we believe that a patient has been or is currently the victim of abuse, neglect or domestic violence and the patient agrees to the disclosure or we are otherwise permitted or required by law to do so. In addition, your PHI may also be disclosed when necessary to prevent a serious threat to your health or safety or the health and safety of others to someone who may be able to help prevent the threat. State laws may require such disclosure when an individual or group has been

specifically identified as the target or potential victim.

**Law Enforcement** We will disclose your PHI for law enforcement purposes when all applicable legal requirements have been met. This includes, but is not limited to, law enforcement due to identifying or locating a suspect, fugitive, material witness or missing person; complying with a court order, a warrant or a grand jury subpoena; reporting information about a victim of a crime; reporting a death we believe resulted from criminal conduct; reporting criminal conduct occurring on our premises; or reporting crime in an emergency, such as the location of the crime or victims or the identity, description or location of the person who committed the crime.

**Public Health** Your PHI may be disclosed and may be required by law to be disclosed for public health purposes. This includes: to prevent or control disease; report births and deaths; reporting of reactions to medications or problems with health products; reporting a person who may have been exposed to a disease or may be at risk of contracting and/or spreading a disease or condition. We may share your PHI with public health authorities for public health purposes to prevent or control disease, injury or disability and for conducting public health monitoring, investigations or activities.

**Health Oversight Activities** We may disclose your PHI to a health oversight agency for audits, investigations, inspections, licensures and other activities as authorized by law. The relevant agencies include governmental units that oversee or monitor the health care system, government benefit and regulatory programs, and compliance with civil rights laws.

**Military, National Security, and Other Specialized Government Functions** We may disclose your PHI, if you are in the Armed Forces, for activities deemed necessary by appropriate military command authorities for determination of benefit eligibility by the Department of Veterans Affairs or to foreign military authorities if you are a member of that foreign military service. We may disclose your PHI to authorized federal officials for conducting national security and intelligence activities or special investigations (including for the provision of protective services to the President of the United States, other authorized persons, or foreign heads of state) or to the Department of State to make medical suitability determinations.

**Inmates and Correctional Institutions** If you are an inmate at a correctional institution, then under certain circumstances we may disclose your PHI to the correctional institution or law enforcement official. This may be necessary 1) for the institution to provide you with health care; 2) to protect your health and safety or the health and safety of others; or 3) for the safety and security of the correctional institution and its staff.

**Workers Compensation** We will disclose only the PHI necessary for worker's compensation in compliance with worker's compensation laws. This PHI may be reported to your employer and/or your employer's representative regarding an occupational injury or illness.

**Change in Ownership** If our business is sold in whole or part, acquired or merged with another entity, your PHI may become the property of the new owner. However, you will still have the right to request copies of your records and have copies transferred to another provider.

**Research** We may disclose your PHI to researchers for the purpose of conducting research when an institutional review or privacy board has approved the research and in compliance with law governing research, or where you have provided your authorization. You may choose to participate in a research study that requires you to obtain

related health care services. In this case, we may share your PHI 1) with the researchers involved in the study who ordered the hospital or other health care services and 2) with your insurance company in order to receive payment for those services that your insurance agrees to pay for. We may use and share your PHI with a researcher if certain parts of your PHI that would identify you are removed before we share it with the researcher. This will only be done if the researcher agrees in writing not to share the information, not to try to contact you and to obey other requirements that the law provides.

**Decedents** We may disclose your PHI to a coroner, medical examiner or funeral director as necessary for them to perform their duties.

**Organ, Eye or Tissue Donation Purposes** If you are an organ donor, we may disclose your PHI to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Breach Notification Purposes** If for any reason there is an unsecured breach of your PHI, we will utilize the contact information you have provided us with to notify you of the breach, as required by law. In addition, your PHI may be disclosed as a part of the breach notification and reporting process.

#### **Right to Opt Out of Certain Uses and Disclosures**

**Fundraising Activities** We may use some of your PHI to identify causes you may care about and wish to support through a donation to advance patient care, health care education and research. This information may include your contact, demographic and insurance information; date(s) and location of treatment; provider name; and if you would be likely to support our charitable causes. You have the right to opt out of fundraising communications. Opting out of fundraising communications will not affect your ability to obtain health care at Advocate Health. Note: Your household may still receive general fundraising materials from us that do not require use of PHI.

**Facility Directory** We may include your name, your location in the hospital and your general condition (e.g., good, fair, serious, etc.) in our hospital directory while you are a patient. We will share this directory information with people who ask for you by name. We can also share your religious affiliation with clergy affiliated with your faith, regardless of whether they ask for you by name. To opt out of being included in the facility directory, please notify the staff member registering you or providing your care. The opt out only applies to that encounter, and you will have to make a new request to opt out if you would like to be removed from the directory during your next stay.

**Individuals Involved in Your Care or Payment** We may share your PHI with a family member, personal representative, friend or other person you identify or who is involved in your care or payment, unless you object. For example, if you bring a sibling to your appointment or have a friend pick you up from a procedure and you do not object to them hearing your medical information, then we can share relevant information with them or when they are present. We could also tell your family how to care for you at home or share billing information if they are helping with your bills or covering your services. We may also share information to notify people involved in your care about your location, general condition or death. Some laws also require us to notify those involved in your care that you have been admitted, transferred or discharged from a facility. To opt out of these notifications, please notify the staff member registering you or providing your care. If you are unable to make decisions for yourself or it is an emergency, we will use our professional judgment to decide if it is in your best interest to share your PHI with those involved in your care.

**Disaster** In the event of a disaster, we may disclose your PHI to disaster relief organizations to coordinate your care and/or to notify family members or friends of your location and condition. Whenever possible, we will provide you with an opportunity to agree or object.

**Health Information Exchanges** We may participate in certain health information networks or exchanges (“HIEs”) that permit health care providers or other health care entities, such as your health plan or health insurer, to share your PHI for treatment, payment and other purposes permitted by law, including those described in this Notice. Your health information will be stored in our electronic medical record, including Epic, so your care community can help you. Your information may also be available through health information exchanges or through clinically integrated networks that allow member providers to securely exchange health information for treatment purposes. By seeing records of past care received at other locations in an HIE, providers can make more informed decisions about care plans and avoid duplicative or unnecessary treatment. You do not have to participate in an HIE to receive care from us, and may choose to opt out, though note that opting out of an HIE does not stop us from using or sharing your information as otherwise described in this Notice. Your decision to opt out of sharing your PHI through an HIE does not affect the information that was exchanged prior to the time you opted out of participation.

#### **Use and Disclosure of Substance Use Disorder Records Subject to Part 2**

Federal law protects the confidentiality of substance use disorder patient records and places additional restrictions on the use or disclosure of such health information. A substance use disorder is a cluster of cognitive, behavioral and physiological symptoms indicating that the individual continues using the substance (such as drugs or alcohol but not including tobacco or caffeine) despite significant substance-related problems such as impaired control, social impairment, risky use and pharmacological tolerance and withdrawal. If you receive services from Advocate Health covered by such laws, we comply with the federal Confidentiality of Substance Use Disorder Patient Records laws and regulations that protect information regarding substance use disorder diagnosis, treatment and referral for treatment. See 42 U.S.C 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations (collectively, “Part 2”).

Please note that Part 2 does not protect all substance use disorder information that Advocate Health may have. Part 2 applies to certain programs (which could be limited to certain programs, persons or departments of Advocate Health) that are federally funded and hold themselves out as and/or have the primary purpose of providing substance use disorder treatment, diagnosis or referral for treatment.

Additionally, if we receive records regarding your substance use disorder from another Part 2 program pursuant to your specific consent, Part 2 generally will continue to protect such records. Where Part 2 is applicable, Advocate Health will not disclose your substance use disorder records, that you are enrolled in a Part 2 program, or any other information that would identify you as having or having had a substance use disorder (collectively, “Part 2 Records”), except in compliance with this Section. If Part 2 Records are disclosed to us or our business associates pursuant to your written consent for treatment, payment and health care operations or are disclosed by you or another person involved in your care to a non-Part 2 provider at Advocate Health, we or our business associates may use and disclose such health information without your written consent to the extent that the HIPAA regulations permit such uses and disclosures, consistent with the other provisions in this notice regarding PHI. We will obtain your written consent to use

and disclose your Part 2 Records unless we are permitted to use and disclose Part 2 Records without your written consent consistent with Part 2. The following categories describe the ways that we may use and disclose your Part 2 Records without your written consent under Part 2.

- **Medical Emergencies** We may disclose your Part 2 Records to medical personnel to the extent necessary to meet a bona fide medical emergency in which the your prior written consent cannot be obtained or in which we are closed and unable to provide services or obtain your prior written consent during a temporary state of emergency declared by a state or federal authority as the result of a natural or major disaster, until such time as we resume operations. Advocate Health will obtain your authorization prior to disclosing your information for non-emergency treatment. Advocate Health may also disclose your Part 2 Records to medical personnel of the Food and Drug Administration (FDA) who assert a reason to believe that your health may be threatened by an error in the manufacturer, labeling or sale of a product under the FDA jurisdiction, and that your Part 2 Records will be used for the exclusive purpose of notifying you or your physicians of potential danger.
- **Research** Under certain circumstances, we may use and disclose your Part 2 Records without your consent for research purposes. Generally, we would first obtain your written consent; however, in certain circumstances, we may be permitted to use or disclose your Part 2 Records for research purposes without your consent to the extent permitted by HIPAA, FDA and HHS regulations related to human subject research where a waiver of consent has been granted.
- **Management and Financial Audits and Program Evaluation** Under certain circumstances we may use or disclose your Part 2 Records for purposes of the performance of certain program financial and management audits and evaluations. For example, we may disclose your identifying information to any federal, state or local government agency that provides financial assistance to the Part 2 program or is authorized by law to regulate the activities of Part 2 programs. We may also use or disclose your identifying information to qualified personnel who are performing audit or evaluation functions on behalf of any person that provides financial assistance to the Part 2 program, which is a third-party payer or health plan covering you in your treatment, or which is a quality improvement organization (QIO), performing QIO review, the contractors, subcontractors or legal representatives of such person or QIO, or an entity with direct administrative control over our program.
- **Fundraising** Consistent with provisions elsewhere in this policy, we may also use or disclose your Part 2 records for fundraising purposes.
- **Public Health** We may use or disclose to a public health authority for public health purposes. However, the contents of the information from the Part 2 Records disclosed will be de-identified in accordance with the requirements of the HIPAA regulations, such that there will be no reasonable basis to believe that the information can be used to identify you.
- **Designated Persons or Entities** We may use and disclose your Part 2 Records in accordance with the consent to any person or category of persons identified or generally designated in the consent. For example, if you provide written consent naming your spouse or a health care provider, we will share your health information with them as outlined in your consent.
- **Single Consent for Treatment, Payment or Health Care Operations** We may also use and disclose your Part 2 Records when the consent provided is a single consent for all future uses and disclosures for treatment, payment, and health care operations, as permitted by the HIPAA regulations, until such time you revoke such consent in writing.

- **Central Registry or Withdrawal Management Program** We may disclose your Part 2 Records to a central registry or to any withdrawal management or treatment program for the purposes of preventing multiple enrollments, with your written consent. For instance, if you consent to participating in a drug treatment program, we can disclose your information to the related program to coordinate care and avoid duplicate enrollment.
- **Criminal Justice System** We may disclose information from your Part 2 Records to those persons within the criminal justice system who have made your participation in the Part 2 program a condition of the disposition of any criminal proceeding against you. The written consent must state that it is revocable upon the passage of a specified amount of time or the occurrence of a specified, ascertainable event. The time or occurrence upon which consent becomes revocable may be no later than the final disposition of the conditional release or other action in connection with which consent was given. For example, if you consent, we can inform a court-appointed officer about your treatment status as part of legal agreement or sentencing conditions.
- **PDMPs** We may report any medication prescribed or dispensed by us to the applicable state prescription drug monitoring program if required by applicable state law. We will first obtain your consent to a disclosure of Part 2 Records to a prescription drug monitoring program prior to reporting such information.

Any Part 2 Record, or testimony relaying the content of such Part 2 Records, shall not be used or disclosed in a civil, administrative, criminal or legislative proceeding against you unless you provide specific written consent (separate from any other consent) or a court issues an appropriate order. Your Part 2 Records will only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you, Advocate Health, or the other holder of the Part 2 Record in accordance with Part 2. A court order authorizing use or disclosure of Part 2 Records must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the Part 2 Records may be used or disclosed.

Part 2 does not protect health information about a crime committed on Advocate Health's premises or against any Advocate Health personnel or about any threat to commit such crime. Part 2 also does not prohibit the disclosure of health information by Advocate Health to report suspected child abuse or neglect under state law to appropriate state or local authorities. The restrictions on use and disclosure in Part 2 do not apply to communications of Part 2 Records between or among personnel having a need for them in connection with their duties that arise out of the provision of diagnosis, treatment or referral for treatment of patients with substance use disorders if the communications are within the program (or with an entity that has direct administrative control over the program the communications between a part 2 program) and to communications of Part 2 Records to a qualified service organization if needed by the qualified service organization to provide services to or on behalf of Advocate Health (similar to provisions herein regarding business associates). To the extent that applicable state law is even more stringent than Part 2 on how we may use or disclose your health information, we will comply with the more stringent state law.

#### **Authorization for Other Uses of PHI**

Before we use or share your PHI or Part 2 Records in a manner not covered by this Notice or required or permitted by applicable laws, we will ask for your written permission. For example, we are required to obtain your written permission for the specific uses and disclosures of your PHI discussed below. Note that we can remove or combine individual identifiers so the information no longer

identifies or can be used to identify you. Once de-identified, we can use or share it without permission as it is no longer subject to this Notice.

- **Disclosure of Psychotherapy Notes** Unless we have your written authorization, in most circumstances we will not disclose your psychotherapy notes. Some circumstances in which we will disclose your psychotherapy notes include the following: for your continued treatment; training of medical students and staff; to defend ourselves during litigation; if the law requires; health oversight activities regarding your psychotherapist; to avert a serious or imminent threat to yourself or others; and to the coroner or medical examiner upon your death.
- **Marketing** Disclosures for marketing purposes which result in our receiving financial payment from a third party whose product or services are being marketed will require your written authorization. This does not include compensation that merely covers our cost of reminding you to take and refill your medication or otherwise communicate about a drug or biologic that is currently prescribed to you. However, we may use or disclose your PHI without your authorization to send you information about alternative medical treatments, our own programs or about health-related products and services that may be of interest to you, provided that we do not receive financial remuneration for making such communications. For example, if you suffer from a chronic illness or condition, we may use your PHI to assess your eligibility and propose newly available treatments. When we see you face-to-face, we may also use your PHI without your authorization to encourage you to maintain a healthy lifestyle and get recommended tests, suggest that you participate in a disease management program, provide you with promotional gifts of nominal value or tell you about government sponsored health programs.
- **Sale of PHI** Any activity constituting a sale of your PHI will require your prior written authorization.

### Your Rights Regarding Your PHI

You have certain rights regarding the PHI we maintain about you, which are outlined below. Our Health Information Management Department (HIM) oversees many of these rights. Your patient portal account (e.g., MyAtriumHealth, LiveWell, etc.) also has some of these request forms. If you have any questions or need help obtaining these forms, please contact HIM and they will be happy to help you. All rights and their limitations with respect to your PHI apply equally with respect to your Part 2 Records.

#### Right to a Copy of Your Health Records

You can ask to inspect or ask for a copy of part or all of your designated record set (defined by HIPAA as the grouping of records including your medical records, billing records and other information used to make decisions about your health care), though certain exceptions may apply that permit us to deny your request. For example, if your doctor decides something in your record might endanger you or someone else, your request may be denied in whole or in part. There are also records which may contain information about you, but that you don't have a right to access, such as psychotherapy notes or records compiled in anticipation of a legal proceeding.

To request a copy of your record, go to the HIM website and submit the Patient Request for Access form, submit the request form electronically through the patient portal, or request a copy of such form from your provider and submit it to the HIM Department. In most cases, you will receive the information within 30 days of when we receive your request, unless we let you know we need another 30 days, such as if the records are in storage. Where permitted by law, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request,

including where you designate a third-party recipient. If we deny you access to your PHI for certain reasons, we will provide you with an opportunity to request that the denial be reviewed. A licensed health care professional chosen by us will perform such a review. This person will not be the same person who refused your request.

- **Right to a summary or explanation of your PHI** You have the right to request only a summary of your PHI if you do not desire to obtain a copy of your entire record. You also have the option to request an explanation of the PHI to which you were provided access when you request your entire record.
- **Right to obtain an electronic copy of your medical records** You have the right to request an electronic copy of your medical records for yourself or to be sent to another individual or organization when your PHI is maintained in an electronic format. We will make every attempt to provide the records in the format you request; however, in the case that the information is not readily accessible or producible in the format you request, we will provide the record in a standard electronic format or a legible hard copy form. Please note that we provide access to our patient portals as one option for patients to electronically access their PHI. You may set up access to a patient portal through our organization's websites. There is no fee for you to access information through the patient portal.

#### Right to Revoke or Cancel an Authorization

You can sign an authorization to give us permission to share your PHI with others, such as with your employer or a life insurance company. You can revoke (cancel) that permission at any time by going to the HIM website and submitting the *Revocation of Authorization for Release of Information* form or request a copy of such form from your provider and submit it to the HIM Department. Once we have processed your revocation, we will no longer use or share your PHI under the revoked Authorization. We cannot, however, take back information we have already shared. Revocation of an authorization also does not affect our ability to share information in accordance with applicable law in manners described in this Notice that do not require your authorization.

#### Right to Request Changes to Your PHI

You can ask to change or add information to your designated record that you think is wrong or incomplete for as long as the information is kept by Advocate Health. For example, you may remember telling the doctor that you fell riding your bike, but the record says you tripped over your dog. To request an amendment, go to the HIM website and submit the *Health Information Amendment* form, submit the request form electronically through the patient portal, or request a copy of such form from your provider and submit it to the HIM Department. Your provider has the right to decide whether to accept or deny your request in whole or in part. We will let you know the decision within 60 days, though we may let you know if we need another 30 days and why. We may deny your request if you ask us to amend a PHI that is not part of the PHI maintained by us or was not created by us, unless the person or entity that created the information is no longer available to make the amendment, is not part of the information which you would be permitted to inspect and copy or is accurate and complete. Regardless of the decision, your amendment request will be noted in your record, as well as your disagreement letter if you choose to send one. We may also include a rebuttal to your disagreement letter in the record.

#### Request an Accounting of Disclosures

You have the right to ask for a list of the persons and entities with whom we've shared your PHI over the last 6 years, known as an "accounting of disclosures". Note that, as provided by the HIPAA regulations, the list will not include certain disclosures, such as those made to those involved in treatment, payment, or for health care

operations, or those authorized by you. To request an accounting of disclosures, go to the HIM website and submit the *Request for Accounting* form or request a copy of such form from your provider and submit it to the HIM Department. You must include the time frame for the request. You can get one accounting of disclosures at no charge every 12 months; after that, there may be a fee. In most cases, we will send the accounting of disclosures within 60 days. If we need an extra 30 days, we will let you know. If you are requesting an accounting of disclosures of Part 2 Records made pursuant to your written consent in the 3 years prior to the date of the request (or a shorter time period chosen by you), we will provide such accounting consistent with HIPAA requirements and Part 2. When regulations are effective requiring such accountings pursuant to HIPAA and Part 2, we will provide a patient with an accounting of disclosures of records for treatment, payment and health care operations only where such disclosures are made through an electronic health record and during only the 3 years prior to the date on which the accounting is requested.

### **Request Restrictions on Sharing Your Information**

You have the right to ask that we limit how we use or share your PHI for treatment, payment or health care operations. You can also ask us to limit sharing your PHI with others involved in your care, such as a family member or friend. To request a restriction, go to the HIM website and submit the *Request for Restrictions on Use and Disclosure of Information* form or request a copy of such form from your provider and submit it to the HIM Department. Note that we are not required to agree to your request, except as stated below. If we do agree to the restriction, it goes into effect when we notify you and even then, it may not be followed in some situations, such as emergencies or when required by law. If you restrict us from sharing your PHI with your health plan by paying for the visit in advance, we will not share your information (note this does not affect our ability to share your information for treatment). You must complete certain forms for a self-pay billing restriction at each location of care, which are available at registration.

### **Request That We Change How We Contact You**

You can make reasonable requests to be contacted at different places or in different ways. For example, you may ask that we call you on your cell phone instead of your home number or that we send results to your office instead of your home. To request confidential communications, go to the HIM website and submit the *Request for Confidential or Alternative Means of Communication* form or request a copy of such form from your provider and submit it to the HIM Department. You are not required to tell us the reason for your request. We will accommodate reasonable requests, but your request must specify how or where you wish to be contacted.

### **Right to a Paper Copy of This Notice**

You have the right to a paper copy of this Notice upon request. You may also obtain a copy of this Notice at any time from our websites or from the location where you obtained treatment.

### **Right to Be Notified of a Breach**

You have the right to be notified if your unsecured PHI is acquired, used or shared in a manner not permitted under law that results in more than a low risk of compromise to its security or privacy.

### **Right to Appoint a Personal Representative**

You have the right to appoint a personal representative, such as a medical power of attorney or if you have a legal guardian. Your personal representative may be authorized to exercise your rights and make choices for you about your PHI. We will confirm the person has this authority and can act for you before we take any action based on their request.

### **Other State and Federal Laws**

Where state and federal laws require additional privacy protections or grant you additional rights, we will comply with such state and federal laws to the extent applicable. For example, if you receive treatment at one of our licensed behavioral health facilities, some state laws may allow you to restrict your PHI from being shared with providers outside of those facilities (certain exceptions apply). Ask your behavioral health facility for more information. Other types of information that may be subject to more stringent state or federal law requirements include, but are not necessarily limited to, behavioral health information, drug and alcohol treatment information, reproductive health information and information related to HIV/AIDS or other communicable diseases.

### **Electronic Medical Information Sharing Through Application Programming Interfaces**

You have the right to request or authorize that your electronic PHI in your designated record be transmitted to you or another person or organization through an application programming interface (API). APIs are computer coding mechanisms that permit two or more electronic computer applications or software programs to communicate with each other and share information. Advocate Health is required by law to comply with requests regarding API transmissions, subject to certain exceptions. You understand that PHI transmitted through an API at your request will no longer be under Advocate Health's protection and control, will no longer be subject to the protections and rights outlined in this Notice, and may no longer be subject to the same laws, regulations, policies or procedures regarding its confidentiality, security, privacy, use or disclosure. You understand and agree that you make any request to Advocate Health to transmit your PHI through an API at your own risk and you assume all liability for the consequences of such action taken by Advocate Health at your direction. Advocate Health cautions you to confirm any confidentiality, security or privacy protections with respect to your transmitted PHI with the recipient of the PHI prior to submitting a request to Advocate Health to transmit your PHI through an API.

### **Notice of Redisclosure**

PHI that is disclosed pursuant to this Notice may be subject to redisclosure by the recipient and no longer protected by HIPAA. Laws applicable to the recipient may limit their ability to use and disclose the PHI received, such as if they are another covered entity subject to HIPAA or a program or entity subject to Part 2.

### **Changes to this Notice of Privacy Practices**

We reserve the right to change and update this Notice at any time. The revised Notice will be effective for PHI we already have about you, as well as for any PHI we create or receive in the future. The effective date is listed on the first page of the Notice and we will post the current copy at each registration location and on our websites.

### **Complaints and Contacts**

If you believe we impermissibly shared or used your PHI or that your rights were denied under HIPAA, you can file a complaint with Advocate Health by calling the Compliance Hotline at 888-847-6331. You can also email us at [privacy@advocatehealth.org](mailto:privacy@advocatehealth.org).

To file a complaint with the Secretary of the Department of Health and Human Services, go to the Office for Civil Rights ([hhs.gov/ocr/hipaa](https://hhs.gov/ocr/hipaa)), call 202-619-0257 (toll free 877-696-6775), or mail to:

Secretary of The U.S. Department of Health and Human Services  
200 Independence Ave. S.W.  
Washington, D.C. 20201

To file a complaint with the secretary, you must 1) name the Advocate Health place or person that you believe violated your privacy rights and describe how that place or person violated your privacy rights and 2) file the complaint within 180 days of when you knew or should have known that the violation occurred. Violation of Part 2 is a crime. You may report suspected violations of Part 2 to the secretary of the United States Department of Health and Human Services in the same manner that you report HIPAA violations. **You will not be punished for filing a complaint.**

If you have any questions in reference to this Notice, you may contact Advocate Health Privacy at [888-847-6331](tel:888-847-6331) or email [privacy@advocatehealth.org](mailto:privacy@advocatehealth.org).



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