

# Welcome



AT THE FOREFRONT

**UChicago  
Medicine**

Dear Patient,

Welcome to University of Chicago Medicine (UCM) Specialty Pharmacy. We are excited to be able to provide you with all your specialty pharmacy needs.

Our staff understands that your medical needs may be complex and that special knowledge is needed when working with your medical provider and insurance company. We want to provide you with the kind of personal service needed to make sure you get the most benefit from your therapy including:

- » Enrollment in the Patient Management Program, a program designed to help you manage side effects, increase your ability to stay on your drug therapy, and improve your overall health
- » Training, education and counseling
- » Medication refill reminders
- » Free delivery of your medication
- » Access to a pharmacist 24 hours a day, 7 days a week (including weekends and holidays)
- » Working with your insurance company to make sure your medication is covered
- » Enrollment in programs to help with the cost of your medication

We look forward to providing you with the best service possible. We know you have many health care options and we thank you for choosing the UCM Specialty Pharmacy.

Sincerely,

*The UCM Specialty Pharmacy Team*



The UCM Specialty Pharmacy is located in the Duchossois Center for Advanced Medicine (DCAM) building at

**5758 S. Maryland Ave.**

**MC 9041 Chicago, IL 60637**

The UCM Specialty Pharmacy is part of the DCAM Outpatient Pharmacy.

**We are open Monday to Friday  
8:00am to 5:30pm**

*We are closed on all major holidays, including New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.*

**Phone:**

(773) 834-2285

**Toll Free:**

844-UCM-UCSP  
(844-826-8277)

**Fax:**

(773) 926-0700

**Email:**

specialty.pharmacy@  
uchospitals.edu

# What to Expect

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**We know that your medical needs may be complex and can feel overwhelming at times.** We are here for you. Our staff along with your doctors, nurses, family and friends will work together as one health care team. Our goal is to provide you with quality care.

## You can expect:

### **Personalized Patient Care**

Our staff members will work with you to talk about your treatment plan, and will answer any questions or concerns you may have.

### **We Work Together with Your Doctor**

We will work with your doctors and caregivers. We will make sure any problems you may have with your treatment are taken care of right away.

### **Regular Follow-up**

We will follow-up with you on a regular basis. Getting your medications and medical supplies in a quick and easy way is important. We will be in close contact with you during your treatment, and we will be your health care advocate.

### **Benefits**

We know treatment can be expensive. We will help you find your way around the complex health care system to know every option you have. Our relationship with insurance providers will get you the information you need and help explain your prescription and medical insurance benefits.

### **Delivery**

We offer fast and easy delivery to your home, workplace, or the location you want. A staff member will call you 5 to 7 days before your refill due date to help get you the medications you need.

### **24/7 Support**

A pharmacist is available 24 hours a day, 7 days a week. We are always here to answer any questions or deal with any concerns you may have.



# Important Information

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## **Patient Management Program**

- » As a patient of our specialty pharmacy program, we will keep watch over your medications and your overall progress through our disease specific Patient Management Program.

This program will help you manage side effects, increase your ability to stay on your drug therapy, and improve your overall health. A limitation of the program is that you must be willing to follow the treatment plan you, your doctor, and your pharmacist agreed on.

- » On a regular basis, we will review:
  - › Current medications you are on and if they are still right for you
  - › Any side effects you are having
  - › Your response to therapy
  - › Your ability to stay on therapy

This service is free and taking part in the program is voluntary. If you no longer wish to take part in the program, contact our team by phone to opt-out.

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## **Medication Refills**

- » You will be contacted by a team member 5 to 7 days before your refill date. If you would like to contact us for a refill, call and speak to our staff at (773) 834-2285.

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## **Prescription Transfers**

- » If you feel that UCM Specialty Pharmacy is not able to meet your needs, we can transfer your prescription to the pharmacy of your choice. Please call us at (773) 834-2285.
  - » If for any reason we are no longer able to service your medication, we will transfer your prescription to another specialty pharmacy that can. We will inform you of this transfer of care.
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## Important Information *(continued)*

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### **Delivery and Storage of Your Medication**

- » We can deliver medication to your home, doctor's office, or other location at no cost to you. If asked, we can also deliver other supplies, such as a sharps container. We manage all medication refills to make sure that you, or an adult family member, are available to get the shipment. A signature is required for all medication deliveries.
- » Medication that must be refrigerated is sent in special packaging to keep the right temperature during the shipping process. When you get the package, take the medication out of the box and place it in the refrigerator.
- » If the package is damaged or is not the correct temperature, call us at (773) 834-2285.

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### **Problems or Side Effects from Your Medication**

- » If you have a medical emergency, call 911 to get help quickly.
- » If you have a reaction or side effect to your medication, contact your doctor or the UCM Specialty Pharmacy as soon as possible.

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### **Drug Changes**

- » Sometimes generic drugs need to take the place for brand name drugs. This can happen if your insurance company wants you to use the generic, or it may be done to lower your co-pay. If this change needs to be made, a team member will contact you before shipping your medication to let you know of the change.

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### **Proper Throwing Away of Sharps**

- » Place all needles, syringes, and other sharp objects into a sharps container. This will be provided by the UCM Specialty Pharmacy if you are prescribed a medication taken with a needle.
- » Each city has different laws on how to throw away sharps containers.
  - › Check with your city or town garbage pick-up service and health department.
  - › Visit the website <http://www.safeneedledisposal.org/>
  - › Ask your doctor's office if you can bring full sharp containers to throw away at their office.



## Important Information *(continued)*

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### **Proper Throwing Away of Unused Medications**

- » There is a MedSafe Box located outside the DCAM Outpatient Pharmacy. This box allows you to dispose of medications you are no longer using.
- » You can also check with your city or town garbage pick-up service, or check the following websites for more information:  
<http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm>  
<http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm>

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### **Drug Recalls** (Medication that needs to be sent back)

- » If your medication must be sent back for any reason, the specialty pharmacy will contact you with instructions that have been given by the FDA or drug manufacturer.

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### **Emergency Disaster Information**

- » In the event of a disaster in your area, please contact UCM Specialty Pharmacy at (773) 834-2285 to instruct us on how to deliver your medication. This will ensure your therapy is not interrupted.

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### **Concerns or Possible Problems**

- » We want you to be completely satisfied with the care we provide. If you have any issues with your medication, the services we provide, or any other issues about your order, contact us directly and speak to one of our staff members.
- » Patients and caregivers have the right to make complaints and give feedback about the services of the UCM Specialty Pharmacy. Patients and caregivers can do this by phone, fax, writing, or email. After a complaint is made we will contact you about your concern within 5 business days. You can also contact the following organizations:
  - › URAC
    - › Website: <https://www.uran.org/complaint/>
    - › Phone: (202) 216-9010
  - › ACHC
    - › Website: <http://achc.org/contact/complaint-policy-process>
    - › Phone: (855) 937-2242
  - › Illinois Department of Federal and Professional Regulation
    - › Website: <https://www.idfpr.com/admin/DPR/DPRcomplaint.asp>
    - › Phone: (312) 814-6910

# When to Contact Us

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## Contact us if:

- » You have any questions or concerns about your medication
- » You have a side effect or allergic reaction to your medication
- » There is a change in your medication use
- » Your contact information or delivery address has changed
- » Your insurance information or payment source has changed
- » You need to check the status of your delivery
- » You need to change your delivery date or time
- » You have any questions or concerns about the service we offer

# Payment Policy

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**Before your care begins, a staff member will let you know your part of the cost** that is not covered by your insurance or other third-party sources. Your part of the cost may include but is not limited to: out-of-pocket costs such as deductibles, co-pays, co-insurance, and annual out of pocket limits. We will also provide this information if there is a change in your insurance plan.

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## **Insurance Claims**

UCM Specialty Pharmacy will send claims to your health insurance carrier on the date your prescription is filled. If the claim is rejected, a staff member will let you know so that we can work together to solve the problem.

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## **Co-Payments**

You may have to pay a part of your medication cost, called a co-payment. If you have a co-payment, it must be paid at the time of shipping or pick-up. We accept Visa, MasterCard, American Express, and Discover credit cards. We can keep your credit card information on file in a secured environment.

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## **Financial Assistance**

We will help enroll you in financial assistance programs to help with co-payments, and make sure there are no financial barriers to starting your medication. These programs include discount coupons from drug manufacturers and assistance from various disease management foundations.

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# Patient Bill of Rights and Responsibilities



UCM Specialty Pharmacy recognizes that patients have inherent rights. Patients who feel their rights have not been respected, or who have questions or concerns, should talk to the Director of Ambulatory Pharmacy.

Patients and their families also have responsibilities while under the care of UCM Specialty Pharmacy in order to facilitate the provision of safe, high-quality health care for themselves and others. The following patient rights and responsibilities shall be provided to, and expected from, patients or legally authorized individuals.

To ensure the finest care possible, as a patient receiving our specialty pharmacy services, you should understand your role, rights and responsibilities involved in your own plan of care.

## As our patient, you have the right to:

### Patient Rights

- » No person shall be refused admission or treatment on the basis of his or her race, ethnicity, culture, language, color, age, sex, sexual orientation, gender identity or expression, physical or mental disability, socioeconomic status, national origin, marital status, veteran status, religion, or any other classification protected by applicable law

### Quality Health Care

- » Receive quality health care, regardless of race, ethnicity, culture, language, color, age, sex, sexual orientation, gender identity or expression, physical or mental disability, socioeconomic status, national origin, marital status, veteran status, religion, or any other classification protected by applicable law, and to be treated with dignity and courtesy
- » Receive foreign language or sign language interpretation or other reasonable accommodation of special needs or disabilities
- » Access protective and advocacy services and receive pastoral care and/or spiritual services.
- » Request and participate in an Ethics consultation
- » Request a second opinion or consultation from another doctor as well as to request a transfer to another health care facility



# Patient Bill of Rights and Responsibilities *(continued)*

As our patient, you have the right to:

## **Information about Your Health Care Team and Treatment**

- » Receive information about diagnosis and treatment plans, in language easily understood, including risks and benefits, and with an explanation of any alternatives, to be able to make an informed decision
- » Know the names and professional responsibilities of your health-care team and the role they perform in your care
- » Receive information about the outcomes of care, treatment and services, including unanticipated outcomes
- » Be informed about continuing health care requirements -- such as return visits -- following hospital treatment
- » Receive an explanation for, and alternatives to, a proposed transfer, if a transfer to another facility becomes necessary
- » Receive written notice of your rights upon admission or as soon thereafter as practicable. Understand that you may receive separate bills for UCM hospital and doctor services and obtain a reasonable explanation of such bills, including an itemization of charges

## **Make Informed Decisions**

- » Participate in the development and implementation of your plan of care and treatment
- » Provide informed consent to, or to refuse, medical treatment to the extent allowed by law
- » Formulate advance directives (with the right to amend or revoke your advance directive at any time) and have hospital staff and practitioners who provide care at UCM comply with those directives, including end-of-life wishes. UCM will provide you with information about advance directives, including statutory living wills or powers of attorney as requested
- » Have a family member or representative and your doctor notified promptly upon your admission to the hospital
- » Participate voluntarily in research projects, the possible risks and consequences fully explained in advance, and for which informed consent will be requested

## **Be Safe and Comfortable**

- » Receive information about pain relief measures and to access appropriate pain assessment and pain management by dedicated pain control specialists.
- » Be free from restraints of any form that are not medically necessary or not used to prevent harm to self or others, or are used as a means of coercion, discipline, convenience or retaliation by staff.
- » Receive care in a safe setting, free from all forms of abuse or harassment.

# Patient Bill of Rights and Responsibilities *(continued)*



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As our patient, you have the right to:

## **Privacy**

- » Have personal privacy respected and confidentiality of medical records maintained
- » Request restrictions or limitations on the medical information UCM uses or discloses about you and to receive confidential communications from UCM
- » Examine and copy your medical record within a reasonable time frame after discharge, and request amendment to your health information and an accounting of disclosures
- » Consent to, or refuse to consent to, being filmed or recorded without such a decision affecting the health care received
- » Receive visitors, mail and telephone calls as long as they do not interfere with treatment

## **Be Heard**

- » File a grievance by either verbally contacting or writing to the UCM Patient and Family Insights Department at 773-834-0500 or any UCM representative.
- » You or your representative may also directly file a grievance with the Illinois Department of Public Health ("IDPH") at 525 W. Jefferson St., Springfield, IL 62761-0001, fax (217) 524-2913 or telephone (800) 252-4343. TTY-(hearing impaired use only) (800) 547-0466
- » You or your representative may also directly file a grievance with The Joint Commission at One Renaissance Blvd., Oakbrook Terrace, IL 60181, telephone (800) 994-6610 or email at [complaint@jointcommission.org](mailto:complaint@jointcommission.org)
- » If you are a Medicare beneficiary, you or your representative may file a grievance regarding the quality of care or coverage decisions, or appeal a premature discharge with KEPRO (a Medicare-approved Quality Improvement Organization ("QIO")) at 855-408-8557 or email complaints to [complaints@hcqis.org](mailto:complaints@hcqis.org)

# Patient Bill of Rights and Responsibilities *(continued)*

## Patients have the responsibility to:

- » Notify a family member or representative if you have established an advanced directive and to notify caregivers upon your admission to UCM
- » Provide accurate and complete information about your present condition and past medical history to your doctor
- » Follow the treatment plan and notify your doctor or nurse of changes in your health.
- » Ask questions to clarify understanding
- » Express concerns and /or disagreement with health care recommendations and accept responsibility for health care decisions
- » Ask for pain relief intervention when pain first begins and discuss pain management options to assist in developing an appropriate pain management plan
- » Keep appointments for follow-up care or notify the clinic in advance if a cancellation is necessary.
- » Be considerate of other patients; respect their privacy and property
- » Provide UCM with complete and accurate financial information and comply with agreed-upon payment arrangements

## UCM Specialty Pharmacy patients have the following rights and responsibilities

- » To know the mission and the work of the Patient Management Program
- » To have only personal health information that is required by state and federal law shared with the Patient Management Program
- » To know the name and job title of any program staff members, and to speak with a supervisor of a staff member if requested
- » To speak to a health professional
- » To be given information about the Patient Management Program
- » To be given administrative information about changes in or the ending of the Patient Management Program
- » To not take part in this program or to stop taking part in the program at any time
- » To submit any forms required by law in order to take part in the program
- » To give correct clinical and contact information and to let the Patient Management Program know of changes in this information
- » To let your doctor or other healthcare provider who prescribed this medication, know that you are taking part in this program
- » To take care of any equipment we provide to you
- » To be informed, both orally and in writing, in advance of the care being provided, of the changes, including payment for care/service expected from third parties and any charges for which you will be responsible
- » To choose a health care provider, including choosing an attending physician, if applicable
- » To be informed of any financial benefits when referred to an organization

# Notice of Privacy Practices



THIS NOTICE OF PRIVACY PRACTICES IS BEING PROVIDED TO YOU AS REQUIRED BY THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (“HIPAA”). IF YOU WISH TO RECEIVE A PAPER COPY OF THIS NOTICE AT ANY TIME CONTACT THE HIPAA PRIVACY PROGRAM IN THE OFFICE OF CORPORATE COMPLIANCE.

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.

## **I. Our Organization**

This Notice describes the privacy practices of the University of Chicago Organized Health Care Arrangement. It applies to services you receive at:

1. The University of Chicago Medical Center (UCM), including its nurses, residents, volunteers, and other staff;
2. Portions of the UCM that participate in or support the activities of health care, including its doctors, nurses, students, volunteers, and other staff.; and
3. UCM Community Doctors.

A list of our care sites is listed at the end of this Notice. Collectively, these entities will be referred to as “we” or “us” in this Notice. We will share your medical information with each other to treat you, obtain payment for our services and operate our hospitals and clinics as permitted by HIPAA.

## **II. Your Representatives**

If you are under 18 years of age, usually your parent(s) or guardian(s) handle your privacy and your medical information for you, although there are a few exceptions.

If you are an adult with others who make decisions for you, such as your health care surrogate, they may make decisions about your privacy and your medical information.

## **III. Our Responsibility Regarding Your Medical Information**

We respect the privacy of your medical information. Each time you visit us, we record information about the care you receive, including external information we receive about your health care and information to seek payment for our services (your “medical information”). This medical information is also called your “Protected Health Information” (“PHI”). These records may be kept on paper, electronically on a computer, or stored by other media.

UCM is required by law to:

- » Maintain the privacy and security of your PHI;
- » Notify you following a breach of your unsecured PHI, if required by law;
- » Provide this Notice to you and describe the ways we may use and share your PHI;
- » Notify you of your rights regarding your PHI;
- » Follow the terms of this Notice.

We reserve the right to make changes to this Notice at any time and to apply new privacy or security practices to medical information we maintain. Our website will contain the most current version of our Notice. You can access the Notice that is current at any time at <http://hipaa.bsd.uchicago.edu/npp.html>.



# Notice of Privacy Practices *(continued)*

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## **IV. How We May Use and Share Your Medical Information**

This Notice explains how we may use and share medical information about you in order to provide health care, obtain payment for that health care, and operate our business. This Section also describes several other circumstances in which we may use and share your medical information. We do not need your authorization (permission) to use your medical information in the following circumstances:

### **1. Treatment**

We keep records of the care and services we provide to you. We may use and share your information with doctors, nurses, technicians, medical or nursing students, or anyone else who needs the information to take care of you.

Example 1: A doctor treating a patient for a broken leg may need to ask another doctor if the patient has diabetes, because diabetes may slow the leg's healing process. This may involve talking to doctors and others not employed by us. If they are involved in the patient's health care, we may disclose the patient's medical information to them for purposes of the patient's treatment.

Example 2: We use medical information to notify you about products or services we provide that are related to your health, recommend treatment alternatives and to provide information about health-related benefits or services that may be of interest to you.

### **2. Payment**

We may use and share information about you so that we and other health care providers that have provided services to you, such as an ambulance company, may bill and collect payment for those services. Your information may be used to obtain payment from you, your insurance company, or another person you identify.

Example: We submit claims for services rendered using medical information about the services provided to obtain payment from insurance companies, including Medicare, and family members or others who are responsible for paying the patient's bill.

### **3. Health Care Operations**

We may use and share information about you for business tasks necessary for our operations, including, for example, to improve the quality of care, train staff and students, provide customer services, or conduct any required business duties to better serve our patients and community. Also, we may share your medical information with others we hire to help us provide services and programs.

### **4. Relatives, Close Friends, and Caregivers**

We may share your medical information with your family member or relative, a close personal friend, or another person you identify if you do not object to the disclosure or you agree to share your information with them. If, for some reason such as medical emergency, you are not able to agree or disagree, we may use our professional judgment to decide whether sharing your information is in your best interest.

This includes information about your location and general condition.

### **5. Contacting You**

We may use and share your medical information to contact you about appointments and other matters by mail, telephone, or email. When calling you at the number you give us to remind you of your appointment, we may include your name, the clinic, the location, and the doctor or other health care provider you have the appointment with in any message left on an answering machine or with an individual who answers the phone. We will honor any reasonable request you make to receive an appointment reminder in a different way. We may also contact you to follow up regarding test results, care received, or to notify you about treatment options or health-related products or services that may interest you.

### **6. Patient Directory**

We may automatically include your name, location in the hospital, general health condition and religious affiliation in a directory of patients in our hospital unless you tell us you do not want your information in the directory. Information in the directory may be shared in emergency situations and to members of the clergy. Directory information other than religious affiliation may also be shared with anyone who asks for you by name.

### **7. Fundraising**

We may use limited information about you (e.g., your name, address, phone number, date of birth, gender, dates on which we provided health care to you, your treating doctor, outcome information, and health insurance status) to contact you to raise money for our

## Notice of Privacy Practices *(continued)*



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programs and services. You can opt out of these communications at any time by contacting our Development Office by phone at (773) 834-9166 or by e-mail at [support UCM@bsd.uchicago.edu](mailto:support UCM@bsd.uchicago.edu).



## Notice of Privacy Practices *(continued)*

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### **8. Research**

We perform research at UCM. Our researchers may use or share your information without your authorization (a) if the group that oversees research gives them permission to do so, (b) if the patient data is being used to prepare for a research study, or (c) if the research is limited to data of deceased patients.

### **9. Permitted and Required by Law**

We are required and permitted by federal, state and local laws to share medical information to certain government agencies and others. For example, we may share your medical information to:

- » Report information to public health authorities for the purpose of preventing or controlling disease, injury, or disability;
- » Report abuse and neglect to government authorities, including social service or protective service agencies;
- » Report information about products and services to the FDA;
- » Alert a person who may have been exposed to a communicable disease or may otherwise be at risk of developing or spreading a disease or condition;
- » Report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance;
- » Prevent or lessen a serious and imminent threat to a person for the public's health or safety, or to certain government agencies with special functions; and
- » Report proof of student immunization to your schools.

We may also share your medical information:

- » With a government oversight agency that oversees the health care system and ensures the rules of government health programs and other rules that apply to us, are being followed;
- » As a part of a judicial or administrative proceeding in response to a legal order or other lawful process
- » With the police or other law enforcement officials for example, reporting about certain physical injuries, crimes, victims or unidentified patients; and
- » For special government programs, for example programs related to veterans or the military.

### **10. Organ and Tissue Donation**

We may release your medical information to organizations that manage organ, tissue, and eye donation and transplantation.

### **11. Deceased Patients**

We may share medical information about deceased patients to the coroner, medical examiner or funeral director.

## **V. Other Uses of Your Medical Information**

We will not use or share your medical information for any reason other than those described in this Notice without a written authorization signed by you or your personal representative. An authorization is a document that you sign that directs us to use or disclose specific information for a specific purpose. For example, if you want your medical information sent to a family member, we will ask you to sign an authorization.

We will obtain your written permission:

- » Before we share your Highly Confidential Information for a purpose other than those permitted by law, including information about:
  - › Abuse or neglect of a child, an elderly person, or an adult with a disability;
  - › Genetic testing;
  - › HIV/AIDS testing, diagnosis or treatment;
  - › In vitro Fertilization (IVF);
  - › Mental health and developmental disabilities;
  - › Sexually transmitted diseases; and
  - › Sexual assault.



## Notice of Privacy Practices *(continued)*

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- » To use or disclose your medical information to contact you to market others' products or services.
- » For the sale of your medical information.

Psychotherapy notes (your mental health provider's written notes) will only be disclosed with your written permission and the consent of your mental health provider.

You may change your mind about your authorization at any time by sending a written "revocation statement" to the HIPAA Privacy Program in the Office of Corporate Compliance. The revocation will not apply if we have already taken action for which we relied on your permission.

### **VI. Your Rights Regarding Your Medical Information**

#### **1. Inspect and Receive a Copy Your Medical Information**

You may access and receive a copy your medical record file, billing records, and other similar records used to make decisions about your treatment and obtain payment for our services. We may deny access to a portion of your records under limited circumstances. If you want to see your records or receive a copy, call Health Information Management (Medical Records) at (773) 702-1637. We will expect you to complete, sign, and return a Record Request form. We will charge you for the reasonable cost of the copy and postage costs to the extent state law allows it.

#### **2. Receive Confidential Communications**

You may ask us to send papers that contain your PHI to a different location than the address that you gave us, or in a special way. You will need to ask us in writing. We will try to grant any reasonable request. For example, you may ask us to send a copy of your medical records to a different address than your home address.

#### **3. Amend Certain Records**

You have the right to request an amendment (correct or add to) to your medical information that we maintain. If you believe that the information is either inaccurate or incomplete and you would like to amend your information, you may obtain an Amendment Request Form from the HIPAA Privacy Program in the Office of Corporate Compliance. We will decide if we will grant your request or, under limited circumstances, deny your request.

#### **4. Receive an Accounting of Disclosures**

You may request a list (accounting) of people or organizations, outside of UCM, with whom we have shared (disclosed) your medical information. This list will not include disclosures:

- » To you
- » For your treatment
- » To obtain payment for your treatment
- » Permitted by your authorization, or
- » As described in this Notice.

We will not go back more than six (6) years before the date of your request. If you request more than one accounting during a twelve-month period, we will charge you a reasonable cost for the accounting. Direct your request for an accounting to the HIPAA Privacy Program in the Office of Corporate Compliance.

#### **5. Request Restrictions**

You have the right to ask us to restrict or limit the medical information we use or disclose about you for treatment, payment, or health care operations. We are not required to agree to your request with one exception specified below. If we do agree, we will comply unless the information is needed to provide emergency treatment. Your request for restrictions must be made in writing and submitted to the HIPAA Privacy Program in the Office of Corporate Compliance. By law, we must agree to your request to restrict disclosure of your medical information to a health plan if the disclosure is a) for the purpose of carrying out payment or health care operations, b) is not otherwise required by law, and c) for an item or service you have paid for in full, out-of-pocket.





## Notice of Privacy Practices *(continued)*

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### **6. Breach Notification**

You may have the right to be notified in the event of unpermitted access or use of unsecured medical information. If the law requires us to notify you of this type of access or use, then we will notify you promptly with the following information:

- » A brief description of what happened,
- » A description of the medical information involved,
- » Recommended steps you can take to protect yourself from harm,
- » What steps were taken in response to the breach, and
- » Contact procedures so you can obtain further information.

### **Effective Date**

Our original Notice was effective in April, 2003. It was revised in May, 2012 and this version is effective September, 2013.

### **University of Chicago Medicine Locations**

We have numerous locations in and around Chicago. The on-campus and off-site locations that follow this Notice include:

- › The University of Chicago Medicine Campus
- › 150 East Huron Office
- › Center for Reproductive Medicine and Fertility, Downtown Chicago
- › Child Life Center, Flossmoor
- › Comprehensive Cancer Center at Silver Cross Hospital
- › Elmhurst Center for Health
- › Midwest ENT, Naperville
- › Obstetrics and Gynecological Services, MacNeal
- › Obstetrical and Gynecological Specialty Services, Downtown Chicago
- › University of Chicago Health Specialists, Schererville
- › University of Chicago Outpatient Senior Health Center at South Shore
- › University of Chicago Obstetrics and Gynecology Specialty Services, New Lenox
- › University of Chicago Pediatric Hematology and Oncology, New Lenox
- › University of Chicago Pediatric Orthopaedics, Elmhurst
- › University of Chicago Pediatric Sleep Medicine, Westmont
- › University of Chicago Pediatric Specialists, Palos Heights
- › University of Chicago Pediatric Specialists, Merrillville
- › University of Chicago Pediatric Specialists, Naperville
- › University of Chicago Pediatric Specialists at Adventist Hinsdale Hospital
- › University of Chicago Pediatric Specialists at LaRabida Children's Hospital
- › University of Chicago Pediatric Specialists at Mercy Hospital
- › University of Chicago Physicians at Matteson
- › University of Chicago Specialty Suite at NorthShore University Health System at Evanston Hospital
- › University of Chicago Specialty Suite at NorthShore University Health System at Glenbrook Hospital
- › University of Chicago Surgery at Weiss Memorial Hospital
- › University of Chicago Urogynecology and Reconstructive Pelvic Surgery, Hinsdale
- › University of Chicago Urogynecology and Reconstructive Pelvic Surgery, Riverside
- › University of Chicago Urology, Munster



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**UChicago  
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## Notice of Privacy Practices *(continued)*

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### **Further Information and Complaints**

If you would like more information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to your PHI, you may contact the HIPAA Privacy Program in our Office of Corporate Compliance. You may also file written complaints with the Office for Civil Rights (OCR) of the U.S. Department of Health and Human Services. When you ask, the HIPAA Privacy Program will provide you with the correct address for the OCR. We will not take any action against you if you file a complaint with us or with the OCR.

You may contact the HIPAA Privacy Program at:

The University of Chicago Medicine  
Office of Corporate Compliance, HIPAA Privacy Program  
5841 South Maryland Avenue, MC1000  
Chicago, IL 60637

Phone: (773) 834-9716