



# Specialty Pharmacy



AT THE FOREFRONT  
**UChicago**  
**Medicine**



**ACCREDITED**  
Specialty Pharmacy

11/01/2026



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# University of Chicago Medicine Specialty Pharmacy

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

Our staff understands that your medical needs may be complex and that there is a lot to know when working with your doctor and insurance company.

We want to provide you with the kind of personal service you need to make sure you get the most benefit from your therapy including:

- Enrollment in the Patient Management Program 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
- Working with your insurance company to make sure your medication cost is covered
- Enrollment in programs to help with the cost of your medication



## Location

Pick up your Specialty Pharmacy prescriptions at:

**Duchossois Center for Advanced Medicine (DCAM), First Floor**

5758 South Maryland Ave. Chicago, IL 60637

Phone: (773) 834-2285 Fax: (773) 926-0700

Toll Free: (844) 826-8277 Email: [specialtypharmacy2@uchicagomedicine.org](mailto:specialtypharmacy2@uchicagomedicine.org)

Website: [www.uchicagomedicine.org/specialty-pharmacy](http://www.uchicagomedicine.org/specialty-pharmacy)

## Hours

**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.

**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 UChicago Medicine Specialty Pharmacy

# University of Chicago Medicine Specialty Pharmacy

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.

## Our Services

### **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.

### **Medication 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.

### **Support 24 hours and 7 days a week:**

A pharmacist is here 24 hours a day, 7 days a week. We are always here to answer any questions or deal with any concerns you may have. Call us at **(773) 834-2285**, press 0, and ask the operator to page the Specialty Pharmacist On Call.

# Important Information

## Patient Management Program

As a patient of our specialty pharmacy program, we will keep watch over your medications and your overall progress with 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. However, 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.

## Medication Refills

A member of our team will contact you 5 to 7 days before your refill date.

If you want to contact us for a refill, call and speak to our staff at (773) 834-2285. Call at least 5 to 7 days before you run out of your medication.

It is important to speak live with a staff member when you refill your medication. Your medication will not be filled right away by using our phone voicemail system or using MyChart.

## 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 we are no longer able to provide your medication, we will transfer your prescription to another specialty pharmacy that can and let you of the transfer of care.

## Delivery and Storage of Your Medication

We can deliver medication to your home, doctor's office, or other location at no cost to you. 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, can get the shipment. You or another adult must sign for each 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.

# Important Information

## Reporting a problem or concern with 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.

If you believe there is an error with your medication, call us at (773) 834-2285

## 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.

## Proper Disposal of Sharps

Dispose of (throw away) all needles, syringes, and other sharp objects **only 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 if you can bring full sharp containers to throw away at their office.

## Proper Disposal 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>

<https://www.fda.gov/drugs/ensuring-safe-use-medicine/safe-disposal-medicines>

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

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

# Important Information

## Emergency Disaster Information

In the event of a disaster (such as a flood or tornado or other emergency) in your area, contact UCM Specialty Pharmacy at (773) 834-2285 to tell us how to deliver your medication. This will make sure your therapy is not interrupted.

## Concerns or Possible Problems

We want you to be completely satisfied with the care we provide. If you have any concerns with your medication, the services we provide, or any other problems with your order, call us 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 make complaints 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:** Phone: (202) 216-9010  
Website: <https://www.urac.org/complaint/>

**ACHC:** Phone: (855) 937-2242  
Website: <http://achc.org/contact/complaint-policy-process>

**Illinois Department of Federal and Professional Regulation:** Phone: (312) 814-6910  
Website: <https://www.idfpr.com/admin/DPR/DPRcomplaint.asp>

**National Association of Boards of Pharmacy (NABP):**  
Website: <https://nabp.pharmacy/about/boards-of-pharmacy/>

## Call Us at (773) 834-2285 if:

- You have any questions or concerns about your medication and need to speak to a pharmacist.
- 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 have a question about your insurance claim.
- 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

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 provide this information if there is a change in your insurance plan. If you ask, we will also provide you with the cash price of the medication.

## Insurance Claims

UChicago Medicine 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 the reason why, and work with you to solve the problem.

If the claim is rejected because our pharmacy is not in network with your insurance, we will let you know and work to transfer your care.

## Co-Payments

You may have to pay a part of your medication cost, called a co-payment or co-insurance. If you have a co-payment or co-insurance, 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 and safe place.

If our pharmacy is out of network, and there is any cost for you to use our service, we will let you know.

## Financial Assistance

We will help enroll you in financial assistance programs to help with co-payments, and make sure there are no financial problems with starting your medication.

These programs include discount coupons from drug manufacturers and help from many different disease management foundations.

# Patient Rights and Responsibilities

UChicago Medicine Specialty Pharmacy knows that all patients have basic rights. Patients who feel their rights have not been respected, or who have questions or concerns, can talk to the Director of Ambulatory Pharmacy.

Patients and their families also have responsibilities when under the care of UChicago Medicine Specialty Pharmacy in order to help us provide safe, high-quality health care for themselves and others. The following patient rights and responsibilities will be provided to, and expected from, patients or legally authorized persons.

To make sure you are getting the best care possible, as a patient getting our specialty pharmacy services, you must 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 will be refused admission or treatment on the basis of their 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 Healthcare

- Receive quality health care, whatever your 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 group protected by any laws that apply, and to be treated with dignity and courtesy.
- Be given foreign language or sign language interpretation or other reasonable accommodation of special needs or disabilities.
- Have access to protective and advocacy services and get pastoral care or spiritual services.
- Ask for and take part in an Ethics consultation.
- Ask for a second opinion or to talk with another doctor and to have a transfer to another health care facility.

# Patient Rights and Responsibilities

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

### Information about Your Health Care Team and Treatment

- To be given information about diagnosis and treatment plans, in language that is easy to understand. This includes risks and benefits, with an explanation of any other options, so you can make an informed decision.
- Know the names and professional responsibilities of your health-care team and the role they take in your care.
- Be given information about the outcomes of care, treatment and services, including any unanticipated outcomes.
- Be told about ongoing health care needed such as return visits and following hospital treatment.
- Be given an explanation for and other options to a proposed transfer to another facility.
- Understand that you may get two different bills. One for UChicago Medicine hospital and another for doctor services. Be given a reasonable explanation of your bills, including a detailed list of each charge.
- Be given written notice of your rights when admitted or as soon as possible after being admitted.

### Make Informed Decisions

- Take part in the development and giving of your plan of care and treatment.
- Give your permission for medical treatment or to refuse medical treatment to the extent allowed by law. The patient does not have the right to services deemed medically unnecessary or inappropriate.
- Create and have advance directives (with the right to change or remove your advance directive at any time) and have hospital staff and practitioners who provide care at UChicago Medicine comply with those directives. This includes end-of-life wishes. When asked, UChicago Medicine will provide you with information about advance directives, including statutory living wills or powers of attorney.
- Have a family member or representative and your doctor told as soon as is possible when you are admitted to the hospital.
- Take part in volunteer research projects with the possible risks and side effects or possible outcomes fully explained before taking part. This includes those that informed consent will be needed. You can refuse to take part in research projects without the refusal impacting your care.

# Patient Rights and Responsibilities

**As our patient, you have the Right to:**

## **Be Safe and Comfortable**

- Be given information about ways to relieve pain and access to the proper pain assessment and pain management by dedicated pain control specialists.
- Be free from restraints of any kind that are not medically needed or not used to prevent harm to self or others, or are used as a means of coercion, discipline, convenience or retaliation by staff.
- Be given care in a safe setting, free from all forms of abuse or harassment.

## **Privacy**

- Have my personal privacy respected and my private medical records kept secure. See UChicago Medicine Notice of Privacy Practices or details.
- Ask for restrictions or to limit the medical information UChicago Medicine uses or shares about you and to get private messages from UChicago Medicine.
- To see and copy your medical record in a format you request, if that format is available, within a reasonable amount of time after leaving the hospital. To ask to change or add to your health information and to be given information about the sharing of your medical records in accordance with laws and regulations that apply.
- To give your permission or to refuse permission to be filmed or recorded and that this will not affect the health care you are given.
- Have visitors, mail and phone calls as long as they do not interfere with treatment.

## **Be Heard**

File a complaint by calling or writing to the UChicago Medicine Patient and Family Insights Department, any UChicago Medicine representative, or the UChicago Medicine Hospital Operations Administrator on Call (HOA) at (773) 702-1000, pager 188-7500.

This includes complaints by patients who believe that they have been mistreated, denied services or discriminated against because of a handicap.

You or your representative may also file a complaint with the Illinois Department of Public Health (“IDPH”) at 525 West Jefferson Street, Springfield, IL 62761-0001.

Fax: (217) 524-2913. Phone: (800) 252-4343.

TTY (hearing impaired use only): (800) 547-0466.

If you get Medicare benefits, you or your representative may file a complaint about the quality of care or coverage decisions, or appeal your having to leave the hospital. To file a complaint, contact the Illinois Foundation for Quality Healthcare (a Medicare-approved Quality Improvement Organization (QIO)) at 1776 West Lakes Parkway, West Des Moines, IA 50266. Fax: (515) 223-2141 or phone (800) 647-8089.

# Patient Rights and Responsibilities

## Patients have the Responsibility to:

- Tell a family member or representative if you have made an advanced directive and to tell caregivers when you are admitted to UChicago Medicine.
- Give correct and complete information about your present condition and past medical history to your doctor.
- Follow the treatment plan and tell your doctor or nurse of changes in your health.
- Ask questions to get a better understanding.
- Share your concerns and disagreements with health care recommendations and accept responsibility for health care decisions.
- Ask for pain relief when pain first begins and talk about pain management options to help in developing the right pain management plan for you.
- Keep appointments for follow-up care or tell the clinic ahead of time if you need to cancel.
- Be considerate of other patients and respect their privacy and property.
- Provide UChicago Medicine with complete and correct financial information and comply with agreed-upon payment plans.

# Patient Rights and Responsibilities

## Healthcare Team Member Assignments

- For reasons of mutual trust and respect, the University of Chicago Medical Center will not allow patients or their family members to ask that a member of the health care team be changed or assigned when the request is based on discriminatory bias against the member's legally protected characteristics.

Legally protected characteristics include 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 law.

- The Medical Center will consider requests to change a member of the healthcare team at sometimes when it has to do with the patient's own legally protected characteristics.

This includes, for example, in matters of reproductive and sexual health, matters involving a patient's sincerely held religious beliefs or when getting care from a provider of a particular gender may cause the patient discomfort.

Decisions whether to honor a request of this type will be made on a case-by-case basis and follow the law as it applies. No request will be honored if it is based on discriminatory bias against legally protected characteristics.

- This policy applies to patients and their family members seeking treatment within the Medical Center. This includes the inpatient setting and in the outpatient care setting (such as X rays and treatments in clinics). It does not extend to the choice made by patients in making appointments and making ongoing doctor and patient relationships with outpatient care physicians (including, for example and without limitation, primary care physicians, obstetricians and gynecologists.)

- The Medical Center will offer to plan the transfer of a patient to another hospital or provider organization if a patient or the patient's family members have made a discriminatory request as described above.

This transfer will be made if the patient or the patient's family members will not, after talking with representatives of the Medical Center, agree to get care from that member of the health care team, provided the patient is medically stable.

# Patient Rights and Responsibilities

## More Specialty Pharmacy Patient Rights and Responsibilities

**UChicago Medicine Specialty Pharmacy patients also have these Rights and Responsibilities.**

### **All patients have the rights to:**

- Be fully told in advance about care and service to be provided, including the medical staff that provide the care, how often the visits will be, and any changes to the plan of care
- Be told about financial responsibility in advance of care and service being provided
- Be given information about all the services that the organization will provide and any limits on those services
- Take part in developing and making changes to their plan of care
- Refuse care or treatment after being told about the possible health problems that may come from having or refusing care or treatment
- Have their property and person treated with respect and consideration, and recognizing their dignity and individual person
- Be able to identify care team members and staff by their proper identification
- Be free from mistreatment, neglect, and verbal, mental, sexual, or physical abuse, including injuries of unknown source, and misusing or misplacing of patient property
- Report any grievances and complaints about treatment, care, or lack of respect of personal property. Recommend changes in policy, personnel, or care and service. Reporting or recommendations can be made without restraint, interference, coercion, discrimination, or punishment
- Have an investigation done of grievances and complaints about treatment or care that is [or fails to be] given, or lack of respect of property
- Have all information in the patient record and Protected Health Information be kept confidentiality and private
- Be told of the agency's policies and procedures about the sharing of clinical records
- Choose a healthcare provider, including an attending physician, if needed
- Be given the care needed without discrimination following the doctor's orders, if needed

# Patient Rights and Responsibilities

## More Specialty Pharmacy Patient Rights and Responsibilities

### Patient Rights (Continued):

- Be told of any financial benefits when referred to an organization
- Be told about my responsibilities
- Have personal health information shared with the patient management program only according and following state and federal law
- Know of the program's staff members, including their job title, and to speak with a staff member's supervisor if I ask to
- Speak to a health professional
- Be given information about the patient management program
- Decline to take part, or stop and no longer take part at any point in time

### Patient Responsibilities:

- Give correct clinical and medical and contact information and tell the patient management program of changes in this information
- Tell health professional giving treatment and prescribing medications about taking part in the services provided by the pharmacy such as the patient management program.
- Submit forms that are needed in order to be given services
- Maintain (take care of) any equipment provided
- Tell the organization of any concerns about the care or services provided

For a minor or a patient needing help in understanding these rights, both the patient and the parent, legal guardian, or other responsible person must be fully informed of these rights.

All pharmacy employees will be able to talk about patient rights and responsibilities with the patient and caregiver. Employees will be trained on rights and responsibilities when hired and every year following.

# University of Chicago Medicine Notice of Privacy Practices

UChicago Medicine has hospitals, outpatient clinics and doctors' offices through Chicago, its suburbs and Northwest Indiana. This notice applies to all records regarding your care at UChicago Medicine entities, including its affiliated UCM Care Network entities, Ingalls Memorial Hospital entities and its group health plans.

Each time you visit a hospital, doctor or other health care provider in our system, a record of your visit is made. The record typically has information about your symptoms, diagnosis, examination, test results, treatment plan and bill-related information.

This notice also applies to the following health plans: The University of Chicago Medical Center Health Plan, The University of Chicago Group Health Plan and Ingalls Memorial Hospital Group Health Plan. The health plans maintain enrollment, claims adjudication and other records about health plan members who are employees and their dependents.

**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:

- Look at and get a copy of your health information in the way you choose and we are able to provide
- Get confidential (private) communications
- Ask for changes to your medical records or health plan records
- Know who your information has been shared with
- Ask us to not share your medical information
- Be told if there was unlawful access or use of your medical information
- Get more information about your privacy rights or to make a complaint

**See pages 16 to 17 for more information on these rights and how to exercise them.**

## Your Choices

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

- Share your medical information with relatives, friends and caregivers
- Contact you by mail, phone, text message or email about appointments and other things
- Include your information in our patient directory
- Contact you to raise money for our programs and services

**See page 18 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
- Bill for your services
- Resolve claims for the health plans
- Run our organizations
- Do research
- Comply with the law
- Help with public health and safety issues
- Address workers' compensation or requests from the government
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director

**See pages 19 to 22 for more information on these uses and disclosures**

# Your Rights About Your Medical Information

## Looking at and Getting a Copy of Your Medical Information

You may look at and get a copy your medical records, billing and payment records, and other health information used to make decisions about your treatment in the format you want. There may be times when we may not allow access to some records, or we may not be able to provide them in the way you want. We will tell you if this is the case.

If you want to see your records or get a copy, call UCM Health Information Management (Medical Records) at (773) 702-1637 or Ingalls specific records at 708-915-6201.

We may ask you to fill out, sign, and return a **Record Request form**. We may charge you for the cost to copy your medical record and postage, but only what the law allows us to charge and will tell you in advance. You can find information here:

<https://www.uchicagomedicine.org/patients-visitors/patient-information/request-medical-records>.

## Getting Confidential (Private) Communications

You may ask us to send papers that have your **Protected Health Information** (PHI) to an address different from the one you gave us, or to send the information in another way.

We may ask you to put this in writing, and 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 or send an electronic copy by email, fax, or in an electronic portal or other electronic application.

## Making Changes to Your Medical Records

You have the right to ask us to make changes by correcting or adding information in the medical record we keep about you. If you believe information is not correct or not complete and you want to ask us to change your information, you may get an **Amendment Request Form** from the Privacy Program. There may be times when we may deny your request.

## Knowing Who Your Information Has Been Shared With

You may ask for a list (accounting) of people or organizations that we have shared your medical information with outside the University of Chicago Medicine.

We will not go back more than 6 years before the date of your request. This list will not include when we have shared information:

- With you
- For your treatment
- To get payment for your treatment
- Allowed with your permission
- As described in this Notice

## Asking Us to Not Share Your Medical Information

You have the right to ask us to not share or to limit the medical information we use or share to treat you, get payment for our services to you, and to run our hospitals and clinics. Your request must be made in writing and given to the Privacy Program.

### **By law, we must agree to not share or limit your medical information if:**

- It is for making payment or health care operations
- We are not required by law to not share or limit the information
- It is for an item or service you have paid for in full, out-of-pocket

We are not required to agree to your request except as noted above. If we do agree, we will follow your request unless the information is needed for an emergency.

## Unlawful Access or Use of Your Information

You may have the right to be told if your medical information was accessed or used in a way that was not allowed or not secure. If the law requires us to tell you of this kind of access, use, or disclosure then we will tell you as soon as possible giving you the following information:

- A description of what happened
- The types of medical information that was accessed, used or disclosed
- Things you can do to protect yourself from harm
- What we did about this
- How and who to contact for more information

## For More Information or to Make Complaints

You may contact the UChicago Medicine Privacy Program for more information about:

- Your privacy rights
- If you believe we have violated your privacy rights
- If you do not agree with a decision we made about access to your Protected Health Information (PHI)

You may also make complaints in writing to the **Office for Civil Rights (OCR)** of the United States Department of Health and Human Services. The UChicago Medicine Privacy Program will provide you with the address for the OCR. We will not take any action against you if you file a complaint with us or with the OCR, and we will not ask you to not file a complaint as a condition of treatment or payment.

### **You may contact the Privacy Program at:**

The University of Chicago Medicine: Privacy Program  
5841 South Maryland Avenue, MC 1000, Room WSB-06  
Chicago, IL 60637

**Phone:** (773) 834-9716 or 708-915-6789 or

**Email:** [hpo@bsd.uchicago.edu](mailto:hpo@bsd.uchicago.edu) or [privacy@ingalls.org](mailto:privacy@ingalls.org)

**Anonymous Report Phone Line** (you do not have to identify who you are):

1 (877) 440-5480, option 2

## You Can Chose How We Use and Share Your Medical Information

### Your Relatives, Friends, and Caregivers

**If you want us to and agree**, we will share your medical information with your family member, relative, close personal friend, or another person you chose. If, for some reason such as medical emergency, you are not able to agree or do not agree, we may use our professional judgment to decide if sharing your information is in your best interest. This includes information about your location and general condition.

### To Contact You

We may use and share your medical information to contact you by mail, phone, text message or email about appointments and other health care related things. We will use the contact information you gave us when we mail, call, text or email you.

Any message left on voice mail, with a person who answers the phone, text or in an email may include:

- Your name
- The clinic and location
- The doctor or other health care provider you have the appointment with

We will follow anything reasonable you ask of us in sending an appointment reminder in a different way.

We may contact you to:

- Follow up about test results, care given or treatment options
- Tell you about health-related products or services that may interest you offered by the University of Chicago Medicine
- Tell you about possible research you may be interested in participating if you agree

### In Our Patient Directory

If you are an inpatient in our hospital, we may include information about you in our patient directory. Anyone who asks for you by name can be given your location in the hospital and your general health condition. We may share directory information in emergency situations. Members of the clergy can also see the religion listed in your medical record.

You must tell us if you do not want information about you shared in our patient directory.

### For Fundraising

To raise money for our programs and services, we may use some information about you including your name, address, phone number, date of birth, gender, dates that we provided health care to you, the doctor who treated you, outcome information, and health insurance status.

You can chose not to get these communications at any time by contacting our University of Chicago Medical Center Development Office by phone at (773) 834-9166 or by e-mail at [supportUCMC@bsd.uchicago.edu](mailto:supportUCMC@bsd.uchicago.edu) or our Ingalls Hospital Development Office by phone at (708) 915-6115 or by email at [foundation@ingalls.org](mailto:foundation@ingalls.org).

# How We Use and Share Your Medical Information

## Who Will Follow this Notice?

This notice of privacy practices will be followed by:

### UCMC-Covered Entities

1. The University of Chicago Medical Center (UCMC), including its nurses, residents, other staff, and volunteers
2. Parts of the University of Chicago that take part in or support the activities of health care, including its doctors, nurses, students, volunteers, and other staff

### UCM-Care Network Covered Entities

3. UCM Community Physicians, LLC
4. UCM Care Network Medical Group, Inc.
5. Primary Healthcare Associates, SC

### UCM-Ingalls Covered Entities

6. Ingalls Memorial Hospital, including its doctors and other health care professionals on its medical staff, nurses, residents, other staff, and volunteers.
7. Ingalls Home Care
8. Ingalls Same Day Surgery, LP
9. Ingalls Health Ventures

### Group Health Plans

10. The University of Chicago Group Health Plan
11. The UCMC Group Health Plan
12. Ingalls Group Health Plan

The UCMC-Covered Entities, the UCM-Care Network Covered Entities, and the UCM-Ingalls Covered Entities have designated themselves as an affiliated covered entity for purposes of complying with HIPAA. In addition, UCM has established an organized health care arrangement with all of the organizations listed above.

This means we may share your health information among the organizations for our activities as a health system, including treating you, getting payment for services, handling claims for our health plan, and running our hospitals, clinics and health plans, which may include utilization review, education, patient safety and risk management and joint quality assessment and improvement.

The affiliated covered entity and organized health care arrangement allow the UCM organizations to use and disclose your medical information in compliance with HIPAA and provide this joint notice to you, but do not create any legal relationships between or among any of the organizations. The organizations are not agents or joint venturers of each other. They are independent entities responsible for their own activities. We will share your medical information as permitted by the Health Insurance Portability and Accountability Act (HIPAA) with one another to:

- Treat you
- Get payment for our services
- Run our hospitals and clinics and health plans

## Your Representatives

If you are under 18 years old, a parent or guardian is often responsible for your privacy and your medical information. There are a few exceptions.

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

## Our Responsibility for Your Medical Information

We respect the privacy of your medical information. Information we keep about you includes:

- A record of the care you are given each time you visit
- Outside information we are given about you
- Information to get payment for our services.

This medical information is also called your **Protected Health Information (PHI)**. These records may be kept on paper, electronically on a computer, or kept by other media. You can request and we will provide you access to the medical information we keep. We will work with you to provide this in the way you would like it and in the way we are able to provide this.

**By law, UCM must keep your PHI private and secure and we must:**

- Tell you if there has been a breach of your unsecured PHI, if required by law
- Give this Notice to you and tell you the ways we may use and share your PHI
- Tell you of your rights about your PHI
- Follow the terms of this Notice

We have the right to make changes to this document at any time and to apply new privacy or security practices to medical information we keep. Our website will have the most current Notice. Go online to <https://www.uchicagomedicine.org/about-us/privacy-practices> for more information. You can also ask for a paper copy of this notice from our Privacy Program.

## Sharing Your Medical Information Without Permission

**The following** notice is about how and when we may use and share medical information about you in order to provide health care, get payment for that health care, and run our business.

**We do not need your authorization (permission) to use your medical information during the following times.**

**To Treat You:** We keep records of the care and services we provide to you. We may use and share your information with doctors, nurses, technicians, medical, professional health care 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 or other conditions that may slow the leg's healing process. To treat a patient, we may need to share medical information and talk with doctors and others involved in the patient's health care who are not employed by us for care collaboration, referrals or care management.

**Example 2:** We use medical information to tell you about products or services we offer that are related to your health or may be of interest to you and to or recommend other kinds of treatment.

**To Bill and Pay for Services:** 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 get payment from you, your insurance company, or another person you identify. Our health plans use and share information to process claims for payment for services provided to you.

**Example:** When we submit claims to get payment for services we provided, we use medical information about the services. We may share this information with insurance companies including Medicare, family members or others responsible for paying a patient's bill.

## Sharing Your Medical Information Without Permission

**To Run Our Organization:** We may use and share information about you to run our business and operations. This may be to improve the quality of care, train staff and students, provide customer service, or other things to help us better serve our patients and community.

We may also share your medical information with individuals or organizations we hire to help us provide services and programs on our behalf.

**Example 1:** The University of Chicago Medicine is an academic medical center. We provide education and training for many kinds of health care professionals including medical students, nursing students, and other kinds of health care professions. Your medical information may be used for training purposes.

**Example 2:** We may use your information to jointly assess and to improve the quality of the health care services we provide, to improve the process or outcome of your care, or to improve how happy you are with the care we provide.

**Example 3:** We may share your information with outside groups we use to help us in carrying out our operational activities such as benefit management or data analysis.

**Research:** We perform research at UCM to support learning of new knowledge and treatments that may help all patients and the community. As required by law, we will tell you about and get your permission for any research that involves information that may show who you are.

All human subject research is looked over by an Institutional Review Board (IRB). Protected health information that is approved by the IRB and used for research is then considered research information and is not part of the health record. UCM researchers may look at your medical information to know if future studies are possible or to find and contact you to see if you want to take part in research.

We may also gather information to publish an educational article. However, we will not share who you are without your written permission. **Our researchers may use or share your information without your authorization:**

- a. If the group that oversees research (IRB) gives them permission to do so
- b. If the patient data is being used to prepare for a research study
- c. At times when the research is limited to information of patients who have died

**Permitted and Required by Law:** We are required and permitted by federal, state and local laws to share medical information to some government agencies and others including 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
- Tell a person who may have been exposed to an infectious disease or may be at risk of developing or spreading a disease or condition
- Report information to your employer as required under laws about 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 some government agencies with special functions
- Report proof of student immunization to your schools

## Sharing Your Medical Information Without Permission

### We may also share your medical information with:

- A government agency that oversees the health care system and makes sure the rules of government health programs and other rules that apply to us, are being followed
- A court or administrative proceeding about a legal order or other lawful process
- The police or other law enforcement officials. For example, reporting about some physical injury, crimes, victims or unknown patients
- A special government program. For example, programs related to veterans or the military

**Organ and Tissue Donation:** We may share your medical information with an organization that manages organ, tissue, and eye donation and transplantation.

**Deceased Patients:** We may share medical information about patients who have died to the coroner, medical examiner or funeral director.

**Other:** We will not use or share your medical information other than those talked about in this notice without written permission signed by you or your personal representative. A written authorization (or permission) is a document you sign allowing us to use or share some information for a particular purpose.

- You may change your mind at any time about giving permission to share this information.
- You can remove your permission by sending a written statement to the Privacy Program.
- Your statement to remove your permission will not apply if we have already taken action on something that you have already given us your permission for.

### Unless we are allowed by law, we will get your written permission:

1. Before we share your Highly Confidential (private) 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 and AIDS testing, diagnosis or treatment
  - In vitro fertilization (IVF)
  - Mental health and developmental disabilities
  - Sexually transmitted diseases
  - Sexual assault
2. To use or share your medical information to contact you to sell others products or services.
3. For the sale of your medical information.
4. Sharing of psychotherapy notes (your mental health provider's written notes) will only be done with your written permission and the agreement of your mental health provider.

# University of Chicago Medicine Locations and Effective Date

All UCM health care providers providing health care to the public at all of their delivery sites, including on-campus and off-site locations in and around Chicago and Northwest Indiana follow this Notice. A complete list of all locations is available on the University of Chicago Medicine external website.

- The University of Chicago Medicine Main Campus: All Adult and Pediatric Sites, including Emergency Departments, Chicago
- The University of Chicago Medicine Center for Advanced Care: All Ambulatory Offsite Clinics, Greater Chicagoland and Northwest Indiana Locations
- The University of Chicago Medicine Physician Offices: All Primary Care and Specialty Care Clinics, Greater Chicagoland and Northwest Indiana Locations
- The UCM Care Network Medical Group Office locations, Greater Chicagoland and Northwest Indiana
- Ingalls Memorial Main Campus; All Adult and Pediatric Sites, including Emergency Departments, Harvey
- Ingalls Memorial Ambulatory and Emergency Offsite Clinics, Greater Chicagoland Locations
- Ingalls Home Care; Greater Chicagoland and Northwest Indiana Locations
- Ingalls Same Day Surgery; Greater Chicagoland Locations
- Ingalls Health Ventures; Greater Chicagoland and Northwest Indiana Locations

This notice does not imply any other special association or legal relationship between UCM organizations and its independent doctors. This notice is an administrative tool required by federal law to allow UCM and its doctors to tell you about our common privacy practices. Independent doctors are responsible for their own acts, and UCM hospitals are not responsible for the clinical services provided by independent doctors to you at a UCM location. A list of our care sites is also available on our website. All these care sites are called we or us in this document.

**Effective Date:** Our original Notice took effect in April 2003. It was revised in May 2012, September 2013, January 2017, November 2019, February 2020. This version takes effect December 2021.







**AT THE FOREFRONT**

# **UChicago Medicine**

**Health Literacy and Plain Language by  
Urban Health Initiative  
Office of Diversity, Equity and Inclusion  
10-18-2023**