

Any health care professional authorized to enter information into your medical record and all employers, staff, and other personnel will follow the terms of this Notice. In addition, these entities, sites and locations may share patient information with each other for treatment, payment or health care operation purposes described in this notice.

OUR PLEDGE REGARDING PATIENT INFORMATION

We understand that patient information about you and your health is personal. We are committed to maintaining the confidentiality of patient information. We create records of the care and services you receive in our facility and payment for the care and services. We need these records to provide you with quality care and to comply with certain legal requirements. This Notice applies to patient information and the records of your care and payment for your care.

This Notice tells you about the ways in which we may use and disclose patient information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of patient information.

We are required by law to:

- Assure that patient information that identifies you is kept confidential in accordance with law;
- Give you this Notice of our legal duties and privacy practices with respect to patient information;
- Follow the terms of this Notice or, if this Notice is later revised, a future notice then in effect; and
- Notify you in the event of a breach of your patient information.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for patient information we already have about you as well as any information we receive in the future. We will post a copy of our current Notice of Privacy Practices in Ann & Robert H. Lurie Children's Hospital of Chicago's inpatient admission and outpatient registration departments (including Outpatient Centers), and on our Web site at www.luriechildrens.org. Upon your request to our Privacy Office, we will provide you a revised Notice.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Director of the Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, Patient Relations will provide you with the correct address of the Director. To file a complaint with us, please contact Patient Relations at 312.227.4940. We will not retaliate against you or end our services to you if you file a complaint with us or the Director of the Office of Civil Rights.

HOW WE MAY USE AND DISCLOSE YOUR PATIENT INFORMATION

The following categories describe different purposes for which we may use and disclose your patient information without the specific written authorization of you (or your parent or other personal representative). We explain each category of use or disclosure below and include examples, but we do not list every use or disclosure in a category.

However, for certain other activities and purposes, we must obtain your written authorization to use or disclose your patient information. For instance, we will obtain written authorization before disclosing any of your patient information when required by law, including laws providing extra protection for information or records about HIV/AIDS testing, mental health or developmental disability services, alcohol or drug abuse treatment services, genetic testing, child abuse or sexual assault. We will also obtain your written authorization to use the telephone number(s) and email address(es) you provide for marketing, fundraising, payment and collection purposes.

Treatment: We may use patient information about you to provide you with treatment services, for example, to diagnose or treat your injury or illness. We may disclose patient information about you to physicians, nurses, counselors, or other treatment personnel who are involved in taking care of you. Our different treatment areas may share patient information about you in order to coordinate the different services you need, such as prescription drugs, lab tests, or radiology tests. We also may disclose patient information about you to health care providers outside our facilities and offices who are involved in your treatment.

Payment: We may use and disclose patient information about you so that the treatment and services you receive may be billed to and payment may be collected from you, a health insurance company, another health plan or other third party responsible for paying for your treatment. For example, we may need to give your health plan information about treatment you received so your health plan will pay us or reimburse you for your treatment. We may also contact your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will pay for the treatment.

Health Care Operations: We may use and disclose your patient information for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use patient information to evaluate the quality and competence of our physicians, nurses and other treatment personnel. We may disclose patient information to our Patient Relations representatives in order to resolve any complaints you may have and ensure that you have a comfortable visit with us.

Appointment Reminders: We may also use and disclose patient information to contact you for appointment reminders, or to reschedule a missed appointment. If available, we may provide appointment reminders via text message to your cellular device per your authorization and as the law permits.

Treatment Follow-up Alternatives: We may use and disclose patient information to tell you about or recommend possible continuing care options that will benefit you.

Research: We may use or disclose your patient information without your authorization if our Institutional Review Board approves a waiver of authorization. If a waiver has not been approved, your written authorization will generally be required before your health information is used for research.

Directory of Individuals in Ann & Robert H. Lurie Children's Hospital of Chicago : We may include your name, location in Ann & Robert H. Lurie Children's Hospital of Chicago , general health condition and religious affiliation in a patient directory unless you object to inclusion in the directory or are located on a unit which indicates you are receiving treatment for a mental illness or developmental disability. Unless you request restrictions on the disclosure of directory information, it may be disclosed to anyone who asks for you by name or members of the clergy; provided, however, that the religious affiliation will only be disclosed to members of the clergy.

Relatives, Close Friends, and Other Caregivers: If we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object or (3) reasonably infer that you do not object to the disclosure, we may disclose your patient information to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure.

If you are not present or in the case of your incapacity or an emergency, we may exercise our professional judgment to determine whether a disclosure is in your best interests and then disclose only information that we believe is directly relevant to the person's involvement with your health care or payment related to your health care.

We may also disclose your patient information in order to notify (or assist in notifying) your caregivers of your location, general condition or death. For instance, in the event of a disaster, we may disclose your location, general condition or death to a disaster relieve organization so that it may notify your caregivers of such information.

Philanthropic Communications: In the continuing effort to enhance Ann & Robert H. Lurie Children's Hospital of Chicago 's capacity to conduct its mission of service to children and families periodic communications and invitations to consider philanthropic support may be sent to patient families and friends of the hospital. In connection with any such communication or request, we may use demographic information, information about the department of service and treating physician, health insurance status, and dates on which we provide health care to you or your child or disclose that information to Ann & Robert H. Lurie Children's Hospital of Chicago Foundation or its related philanthropic organizations. You have the right to opt out of receiving such communications.

Marketing: We will obtain your written authorization before using patient information about you to send you any marketing materials. However, we may provide you with marketing materials in a face-to-face encounter and/or give you a promotional gift of minimal value. We may also communicate with you about products or services relating to your treatment, care settings or alternative therapies.

As required by law: We will disclose patient information when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose patient information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or avoid the threatened or imminent harm.

Workers' Compensation: We may release patient information about you to comply with state laws regulating workers' compensation or similar programs providing benefits for work-related injuries or illness.

Public Health Activities: We may disclose patient information about you for public health activities authorized or required by laws. These activities include disclosures:

- To public health authorities to prevent or control disease, injury, or disability;
- To report child abuse or neglect to the Department of Children and Family Services;
- To report reaction to medication or problems with products to the United States Food and Drug Administration; or
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Health Oversight Activities: We may disclose patient information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose patient information about you in response to a proper court order, subpoena, or other lawful process from someone else involved in the dispute.

Law Enforcement: We may release patient information about you to the police or other law enforcement officials if the release is required or allowed by applicable law or to comply with a proper court order, grand jury or administrative subpoena or similar legal process.

Specialized Government Functions: Under limited circumstances authorized by law and for national security and intelligence purposes, we may release patient information about you to authorized federal government officials for intelligence, counterintelligence, and other national security purposes.

Medical Examiners: We may also release patient information about a decedent to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Organ and Tissue Procurement: We may disclose your patient information to organizations that facilitate organ, eye, or tissue procurement, banking, or transplantation.

Community Connect Health Information Exchange: We, along with certain other health care providers and practice groups in the area, participate in a health information exchange operated by Lurie Children's (the "Exchange"). The Exchange facilitates the electronic sharing and exchange of medical and other individually identifiable health information regarding patients among health care providers that participate in the Exchange. Through the Exchange, we may electronically disclose demographic, medical, billing, and other health-related information about you to other health care providers that participate in the Exchange and request such information for purposes including but not limited to facilitating or providing treatment, arranging for payment for health care services, or otherwise conducting or administering their health care operations.

CareEverywhere®: We have a software product called CareEverywhere® that allows us to exchange health information with other providers that have the CareEverywhere® product. The CareEverywhere® exchange facilitates the electronic sharing and exchange of medical and other individually identifiable health information regarding patients among health care providers who also have the CareEverywhere® software. Through the software CareEverywhere®, we may electronically disclose demographic, medical, billing, and other health-related information about you to other health care providers that participate in the Exchange and request such information for the purposes including but not limited to facilitating or providing treatment, arranging for payment for health care services, or otherwise conducting or administering their health care operations. Due to our participation in the Exchange, your electronic health information from our practice may be made available to other providers through Lurie Children's shared electronic medical record.

Illinois Health Information Exchange EHR Connect: Your electronic medical records may be shared with the Illinois Health Information Exchange (ILHIE). The ILHIE facilitates the electronic exchange of electronic health information among health care providers that participate in the ILHIE, and with the ILHIE Authority, for the purposes including but not limited to facilitating or providing treatment, arranging for payment for health care services, or otherwise conducting or administering health care operations. Participation is voluntary, unless required by law. The ILHIE is helpful if you require treatment at other participating health care facilities in Illinois because it enables other facilities to obtain your medical history and coordinate care.

Illinois Immunization Registry: We may disclose information concerning your immunization records to the Illinois Department of Public Health ("IDPH") for inclusion in a centralized database of children's immunization records. Such

information may be used by IDPH, public vaccine providers, community health centers, the Centers for Disease Control and Prevention, or any other person or entity providing immunization services or approved by IDPH as needing to know your health or immunization status. Such information may be used by these recipients to: provide immunization services to you; monitor your immunization status; promote adherence to recommended immunization schedules; assist in the preparation of vaccination documentation required by your school; prepare statistical reports on immunization status of groups of patients in which neither you nor any other patient may be individually identified; and otherwise monitor and promote your health and the health of children in Illinois generally. You have the right to opt out of participating in this registry.

YOUR RIGHTS REGARDING PATIENT INFORMATION ABOUT YOU

Right to Inspect and Copy: You have the right to inspect and obtain a copy of patient information within your medical and billing records and other records used to make treatment or payment decisions about you. Under limited circumstances, we may deny you access to a portion of your records.

You have a right to obtain a copy of your medical records in electronic format and, if you choose, to direct Ann & Robert H. Lurie Children's Hospital of Chicago to transmit an electronic copy of your medical records directly to an entity or person designated by you.

To inspect or obtain a copy of your medical records or other records used to make treatment decisions about you, you must submit your request to the Ann & Robert H. Lurie Children's Hospital of Chicago Health Information Management Department. To inspect or obtain a copy of your Ann & Robert H. Lurie Children's Hospital of Chicago billing records, you must submit your request to the Ann & Robert H. Lurie Children's Hospital of Chicago Patient Financial Services Department. To inspect or obtain a copy of another provider's billing records about you, you must submit your request to that provider's Patient Financial Services Department. If you request a copy of your records, we may charge a reasonable fee in accordance with Illinois law for the costs of copying and mailing them.

Right to Amend: If you feel that any of the patient information that we maintain in your medical and billing records and other records used to make decisions about you is incorrect or incomplete, you may request that we amend the information.

To request an amendment to patient information in your medical records or other records used to make treatment decisions about you, you must make your request in writing, include a reason in support of your request and submit the request to the Ann & Robert H. Lurie Children's Hospital of Chicago Health Information Management Department. To request an amendment to patient information in your Ann & Robert H. Lurie Children's Hospital of Chicago billing records, you must make your request in writing, include a reason in support of your request and submit the request to the Ann & Robert H. Lurie Children's Hospital of Chicago Patient Financial Services

Department. We will comply with an amendment request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

Right to an Accounting of Disclosure: You have the right to request an "accounting of disclosures." This is a list of certain disclosures we have made of your patient information. We are not required to account for all disclosures, such as, disclosures for your treatment, to obtain payment for treatment or our health care operations.

To request this accounting of disclosures, you must submit your request in writing, to the Ann & Robert H. Lurie Children's Hospital of Chicago Health Information Management Department. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first accounting you request within a twelve-month period is free of charge. For additional accountings, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before you can incur any costs.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we only contact you at work or by mail. We will not ask you the reason for your request. We will accommodate only reasonable requests. 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 copy of this Notice. You may request a copy of this Notice at any time from our Privacy Office.

Right to Request Restrictions: You have the right to request a restriction on the patient information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the patient information we disclose about you to a family member or someone else who is involved in your care or the payment for your care. Finally, you have the right to request a restriction on the patient information that we may use or disclose to notify or assist in the notification of your caregivers regarding your location and general condition. While we will comply with your request to the extent required by law and consider all requests for additional restrictions carefully, we are not required to agree to requested restrictions, except in the case of disclosure to a health plan for purposes of carrying out payment or healthcare operations, where the patient information pertains solely to a healthcare item or service for which we have been paid out-of-pocket in full. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Right to Revoke Your Authorization: You may revoke any written authorization that you have given us to authorize our use or disclosure of your patient information, except to the extent that we have acted upon it. A form of written revocation is available from us upon request.

Notice of Privacy Practices

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

This Notice of Privacy Practices ("Notice") describes how we may use and disclose patient information for treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes a patient's, parent's, legal guardian's, or other authorized personal representative's rights to access and control of patient information. "Patient information" is information that may identify the patient and that relates to the patient's past, present or future physical or mental health or condition and related healthcare services or payment for such services.

Generally, when this Notice uses the words "you" or "your" it is referring to the patient who is the subject of patient information. However, when this Notice discusses rights regarding patient information, including rights to access or authorize the disclosure of patient information, "you" and "your" may refer to a minor-patient's parent(s), legal guardian or other personal representative, or, as applicable, an adult patient's personal representative.

If you have any questions about this Notice, please contact our Privacy Office at Ann & Robert H. Lurie Children's Hospital of Chicago, 225 East Chicago Avenue, Box 261, Chicago, Illinois 60611-2605 or by phone at 312.227.4857.

WHO WILL FOLLOW THIS NOTICE

This Notice describes the privacy practices of Children's Hospital of Chicago Medical Center, Ann & Robert H. Lurie Children's Hospital of Chicago, Stanley Manne Children's Research Institute, Pediatric Faculty Foundation, Inc., Children's Surgical Foundation, Inc., Pediatric Anesthesia Associates, Ltd., Lurie Children's Medical Group, LLC, Lurie Children's Primary Care, LLC (also known as Town & Country Pediatrics), Almost Home Kids, Lurie Children's Health Partners Care Coordination, LLC, and their physicians, nurses, other personnel and business associates (collectively, "we" or "us"). It applies to services provided to you at the following locations in Chicago, Illinois: Ann & Robert H. Lurie Children's Hospital of Chicago, Ann & Robert H. Lurie Children's Hospital of Chicago Outpatient Centers in Lincoln Park and Uptown, and our outpatient services offered in Lincoln Square and Lakeview. It also applies to our outpatient centers in Arlington Heights, Glenview, New Lenox, Lake Forest, Westchester, and Winfield, our outpatient services offered in Gurnee and Grayslake, and Almost Home Kids locations in Naperville and Chicago.