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

Summary
Rush University Medical Center, Rush University, Rush Oak Park Hospital, Rush South-Triumph Health, Rush Parkside Health Center, Rush 911, Rush Health, Rush Physicians and other health care providers, as well as Rush employees, business associates and agents who perform functions or services on behalf of Rush University Medical Center or Rush University may disclose medical information about you to authorized persons for the purposes described in this notice or to carry out the activities and functions of this Medical Center. However, we will not disclose protected health information about you without your written permission (a ‘‘waiver’’ or an ‘‘authorization’’). As required by law, we may use or disclose medical information for the following purposes: to carry out treatment activities, for payment purposes, for health care operations activities, to comply with law, to notify or assist in the notification of your next of kin or other person to whom you wish to have your health care information released, to carry out activities relating to funeral arrangements for you when authorized by you, to carry out activities relating to public health agencies to protect the health and safety of others, to carry out activities relating to health oversight agencies, to carry out activities relating to health care quality improvement activities, to carry out activities relating to other purposes described in this notice, or to carry out activities relating to fund-raising activities.

Future Communications: You have the right to receive a list of instances in which we or our business associates disclosed your protected health information for a fee. Contact us using the information listed at the end of this notice to obtain a paper copy of this notice.

Access to Records: If you believe that we have incorrectly used or disclosed your protected health information or if you believe that we have failed to provide services or disclosed your health information in a manner consistent with this Notice of Privacy Practices, you have the right to request that we correct or amend the record.

Records of Uses and Disclosures: If you believe that we have incorrectly used or disclosed your protected health information, you have the right to request that we restrict the uses and disclosures of your protected health information for treatment, payment or health care operations to which you object. In your request you must provide a clear explanation of the restriction you are requesting and state the feasible limitations you wish to impose on our use and disclosure of your protected health information. For example, you may request that we not use or disclose information about your mental health to your insurance company. We will, however, not be required to agree to these restrictions. If we agree to the restriction, we will abide by it. If we do not agree to the restriction, we will provide you with an explanation as to why we are not agreeing to the restriction. We may continue to use or disclose your protected health information in the manner described in this Notice of Privacy Practices unless you request that we restrict its use or disclosure at the time of our initial treatment of you.

We may use or disclose your protected health information for quality assessment activities, if you have requested in writing that we not disclose this information.

Copies of this notice: If you would like to obtain a paper copy of this notice, you may request a copy by either calling us or writing to us. We will provide you with a paper copy of this notice at no cost to you. We will provide you with a copy of this notice if you are a resident of a foreign country and have been denied access to your records or have not agreed to the proposed treatment or payment arrangements.

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This Notice applies to protected health information that we create or receive, whether in paper or electronic form. This Notice covers the period from January 1, 2018, to the end of the month specified in the Notice of Privacy Practices that is in effect. We will notify you if we change the terms of this Notice and we make the changes effective for all protected health information that we create or receive on or after the effective date of the changes. You will receive notice of the changes if you are a resident of a foreign country and have been denied access to your records or have not agreed to the proposed treatment or payment arrangements.

You have the right to receive a list of instances in which we or our business associates disclosed your protected health information for a fee. Contact us using the information listed at the end of this notice to obtain a paper copy of this notice.

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