

**Notice of Privacy Practice**  
**3:16 Health Solutions**

We are required to notify you in writing, that by law, we must maintain the privacy and confidentiality of your Personal Health Information (PHI). In addition, we must provide you with the written notice concerning your rights to gain access to your health information, and the potential circumstances under which, by law, or as dictated by our business policy, we are permitted to disclose information about you to a third party without your authorization. Below is a brief summary of these circumstances.

**Permitted Disclosures:**

1. Treatment purposes—discussion with other health care providers involved in your care
2. For payment purposes—to obtain payment from an available collateral source
3. To obtain a recent address on you in the event you move and do not leave a forwarding address, we may use your contact information in whatever way necessary to locate you and collect any outstanding sums you may owe
4. Emergency—in the event of a medical emergency we may notify a family member
5. For Public health and safety—in order to prevent or lessen a serious or eminent threat to the health or safety of a person or the general public
6. To Government agencies or law enforcement—to identify or locate a suspect, fugitive, material witness or missing person
7. For military, national security, or prisoner purposes
8. Deceased persons—discussion with coroners and medical examiners in the event of a death
9. Telephone calls, emails, and texts—we may call/email/text you or call your home and leave messages regarding a missed appointment or to inform you of changes in practice hours or up coming events
10. Change of ownership—in the event this practice is sold the new owner would have access to your PHI

Note: At any time this practice may update the list of ways your PHI may be used and this notice will become retroactive.

**Your Rights:**

1. To receive an accounting of all disclosures
2. To receive a paper copy of the comprehensive Privacy Notice
3. To request mailings to an address different than residence
4. To request restrictions on certain uses and disclosures and with whom we release information to
5. To inspect your records and receive one copy of your records at no charge, with notice in advance
6. To request amendments to information, however, like restrictions we are not required to agree to them

**Complaints:**

If you wish to make a formal complaint about how we handle your health information please call 815-503-1052. If you are still not satisfied with the manner in which this practice handles your complaint, you can submit a formal complaint to:

DHHS Office of Civil Rights  
200 Independence Ave, SW  
Room 509F HHH Building  
Washington, DC 20201

I understand that this practice reserves the right to amend this notice of privacy practice at a time in the future and will make the new provisions effective for all information that it maintains past and present. My signature below is an acknowledgement that I have received a copy of 3:16 Health Solutions Patient Privacy Notice and I understand my rights as well the practice's duty to protect my health information. At this time, I do not have any questions regarding my rights or any of the information I have received.