



Specialty Pharmacy



**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

Your medication will be mailed to you by UChicago Medicine Pharmacy Services.

You can request to pick up your medication. Medication can be picked up 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

Website: www.uchicagomedicine.org/specialty-pharmacy

Hours

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

We are closed on most 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 can deliver medication to your home or other location at no cost to you. 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. This may be by phone or by MyChart.

If you want to contact us about your refill, please call (773) 834-2285 to speak to our staff. Call at least 5 business days (Monday to Friday) before you run out of your medication to allow time to prepare and ship 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 know of the transfer of care.

Important Information

Delivery and Storage of Your Medication

We can deliver medication to your home 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 accept the package. You or another individual may sign for each medication delivery if needed by the carrier (FedEx or other company).

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 a higher cost for you to use our pharmacy, 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 worries before starting your medication.

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

Patient Rights and Responsibilities

The University of Chicago Medical Center (UCMC) respects the rights of patients as listed below. Patients also have responsibilities to other patients, UCMC staff, physicians (doctors), and other health care providers.

UCMC is committed to having a supportive, healing space for all patients, staff, physicians, and other health care providers. We treat patients and their families (including spouses or partners) without discrimination. We follow all state and federal laws that apply. This includes but is not limited to Section 1557 of the Affordable Care Act.

As our patient, you have the right to:

Be Admitted or Treated

No person will be refused admission or treatment on the basis of their:

- Race
- Ethnicity
- Culture
- Language
- Color
- Age
- Sex (including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotype)
- Physical or mental disability
- Socio-economic status
- National origin (including limited English proficiency and primary language)
- Marital status
- Veteran status
- Religion
- Source of payment
- Any other classification protected by law

Quality Healthcare

A. To be given quality health care, whatever your:

- Race
- Ethnicity
- Culture
- Language
- Color
- Age
- Sex (including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity and sex stereotype)
- Physical or mental disability
- Socio-economic status
- National origin (including limited English proficiency and primary language)
- Marital status
- Veteran status
- Religion
- Any other classification protected by law

B. Be treated with dignity and respect.

C. Be given, in a timely manner and free of charge, language assistive services (including foreign language or sign language interpretation) needed auxiliary aids and services, or other reasonable accommodation of special needs or disabilities.

- These rights apply to patients and their families (including spouses or partners) who may be helping with access to health programs and activities to make sure they have meaningful access to UCMC's health programs and activities.
- For details about UCMC's language assistance and auxiliary aids and services, please see UCMC's A5-02 Language Assistance Policy.

D. Have access to protective and advocacy services and get pastoral care or spiritual services.

E. Ask for and take part in an ethics consultation. An Ethics consultation is a meeting with an ethics consultant to help patients, families, and all health care professionals know about, deal with, and resolve ethical problems and issues. Ethical issues deal with questions about what a person believes is right or wrong.

F. Ask for a second opinion, talk to another doctor, or 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

- A.** Be given information about diagnosis and treatment plans, in language that is easy to understand. This includes risks and benefits. It must include an explanation of any other options, so you can make an informed decision.
- B.** Know the names and professional responsibilities of your health-care team and the role they have in your care.
- C.** Be given information about the outcomes of care, treatment, and services, including any outcomes not expected (not likely or known to happen).
- D.** Be told about ongoing health care needed such as return visits after hospital treatment.
- E.** Be given an explanation for a proposed transfer to another facility and be told about other options.
- F.** Know that you may get two different bills: one for UCMC hospital services and another bill for doctor services. Be given a reasonable explanation of your bills, including a detailed list of each charge.
- G.** Be given written notice of your rights when admitted or as soon as possible after being admitted.

Make Informed Decisions

- A.** Take part in the development and giving of your plan of care and treatment.
- B.** Give your permission for medical treatment or refuse medical treatment according to what the law allows. You do not have the right to services deemed medically not needed or not appropriate.
- C.** Create and have advance directives, with the right to change or remove your advance directive at any time. It is also your right to have hospital staff and practitioners who provide care at UChicago Medicine comply with (follow) those directives.

This includes end-of-life wishes. When asked, UCMC will provide you with information about advance directives, including statutory living wills or powers of attorney.
- D.** Have a family member or representative and your doctor told as soon as possible when you are admitted to the hospital.
- E.** Take part in volunteer research projects and have possible risks and side effects or possible outcomes fully explained before taking part. This includes studies where informed consent will be needed. You can refuse to take part in such research projects without the refusal having any effect on your care. Some research projects are not volunteer, and you do not need to give consent for the research.

Patient Rights and Responsibilities

As our patient, you have the Right to:

Be Safe and Comfortable

- A.** Be given information about ways to lessen or stop pain and have proper pain assessment and pain management by pain control specialists.
- B.** Be free from restraints of any kind that are not medically needed or not used to prevent harm to self or others. This includes restraints that are used as a means of coercion, discipline, convenience, or retaliation by staff.
- C.** Be given care in a safe setting, free from all kinds of abuse or harassment.

Privacy

- A.** Have a chaperone with you for any breast, genital, or rectal exam whatever the sex or gender of the person giving the exam. UCMC will also provide a chaperone for any other physical exam if you ask.
- B.** Have your personal privacy respected and your private medical records kept secure. See UChicago Medicine Notice of Privacy Practices for details.
- C.** Ask for restrictions or to limit the medical information UCMC uses or shares about you and to get private messages from UChicago Medicine.
- D.** To see and copy your medical record, including current medical records, in a format you ask for, if UCMC has that format. This is to be done within a reasonable amount of time after leaving the hospital. To ask to change or add to your health information. To be given information about sharing of your medical records following all laws and regulations that apply.
- E.** To give your permission or refuse permission to be filmed or recorded. This will not affect the health care you are given.
- F.** Have visitors and get mail and phone calls if they do not prevent or get in the way of providing treatment.

Patient Rights and Responsibilities

As our patient, you have the Right to:

Be Heard

A. File a complaint. This includes complaints by patients who believe that they have not been treated well, denied services, or discriminated against because of one of the following:

- Race
- Ethnicity
- Culture
- Language
- Color
- Age
- Sex (including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotype)
- Physical or mental disability
- Socioeconomic status
- National origin (including limited English proficiency and primary language)
- Marital status
- Veteran status
- Religion
- Any other classification protected by law

To file a complaint, contact:

- **UCMC's Office of Patient Family Insights** by phone at (773) 834-0500, by email at patientinsights@uchicagomedicine.org or by writing to 850 East 58th Street, MC 1135 Chicago, IL 60637
 - **UCMC Hospital Operations Administrator** on Call (HOA) at pager 188-7500
 - **UCMC's Section 1557 Coordinator** in the UCMC's Office of Corporate Compliance. The Coordinator can be reached by phone at 1-877-440-5480, by email at compliance@bsd.uchicago.edu, or by mail at 5841 South Maryland Ave., MC1000, Chicago, IL 60637.
 - Note: The Coordinator must be told of all actual or possible violations of Section 1557.
 - NOTE: Allegations of abuse related to patient care must be reported right away to the Risk Manager on call at pager 1241.
 - **Illinois Department of Public Health (IDPH)** at 525 West Jefferson St., Springfield, IL 62761-0001, fax (217) 524-2913, or telephone (800) 252-4343, TTY (for hearing impaired only) (800) 547-0466.
 - **Joint Commission, Office of Quality Monitoring**, at One Renaissance Blvd. Oakbrook Terrace, IL 60181, telephone (800) 994-6610 or email at complaint@jointcommission.org.
- B. If you get Medicare benefits**, you or your representative may file a complaint about the quality of care, coverage decisions, discharge from inpatient services, or downgrades from inpatient to observation status by appealing to the Medicare approved Quality Improvement Organization (QIO).

Patient Rights and Responsibilities

Patients have the Responsibility to:

- Tell a family member or your representative when you are admitted to UCMC if you have made an advanced directive. Advance Directives are written instructions about your health care if you are not able to make your own decisions.
- Tell your care team if you have an advance directive and provide a copy.
- Give correct and complete information to your doctor about your condition now and your past medical history.
- Follow the treatment plan and tell your doctor or nurses of changes in your health.
- Ask questions to get a better understanding.
- Share your concerns and anything you do not agree with including recommended health care. You also are responsible for all health care decisions you make.
- 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.
- Respect other patients including their privacy and property.
- Provide UCMC with complete and correct financial information and follow the payment plans agreed to.

Patient Rights and Responsibilities

Healthcare Team Member Assignments

For reasons of mutual trust and respect, **(UCMC) 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 health care team member based on their legally protected characteristics.

Legally protected characteristics include

- Race
- Sex (including intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotype)
- Ethnicity
- Culture
- Language
- Color
- Age
- Physical or mental disability
- Socio-economic status
- National origin
- Marital status
- Veteran status
- Religion
- Any other classification protected by law

1. UCMC 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, patient reproductive and sexual health, sincerely held religious beliefs, or when getting care from a provider of a particular gender may cause the patient discomfort.
- Decisions to honor a request of this kind are made on a case-by-case basis and follow any laws that apply. No request will be honored if it is based on discriminatory bias against a person based on legally protected characteristics.

2. This policy applies to patients and their family members seeking treatment at UCMC.

- This includes the inpatient setting, and in the outpatient care setting (such as X rays and treatments in clinics).
- The policy 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.)

3. UCMC will offer to transfer a patient to another hospital or provider 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 UCMC, agree to get care from that member of the health care team. The transfer will be made only when the patient is medically stable.

Patient Rights and Responsibilities

Pharmacy 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. This is to help us provide safe, high-quality health care for themselves and others. The following patient rights and responsibilities will be provided to patients or legally authorized persons and must be followed.

To get the best care possible and take part in your plan of care, you must know your role, your rights, and your responsibilities.

All Pharmacy patients have the right to:

1. Be told about all care and service to be provided before care is given. This includes about the kind of medical staff that provide the care, how often visits will be, and any changes to the plan of care.
2. Be told about your financial responsibility before care and service are provided.
3. Be given information about all services provided and any limits on those services.
4. Take part in planning your care and making changes to your plan of care.
5. Refuse care or treatment after being told about the possible health problems that may come from having or refusing care or treatment.
6. Be told of your rights under state law to make an Advanced Directive.
Advance Directives are written instructions about your health care if you are not able to make your own decisions.
7. Have you and your property treated with respect and concern. This also means that we recognize your dignity as an individual person.
8. Know who is able to provide care by seeing the proper ID badge that care team members and staff carry with them.
9. Not be mistreated or neglected. To never be the victim of verbal, mental, sexual, or physical abuse. This includes an injury that cannot be explained and the improper use or the loss of patient property.
10. 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.

Patient Rights and Responsibilities

Pharmacy Patient Rights and Responsibilities

Patient Rights (Continued):

11. Have an investigation done of grievances and complaints about treatment or care that is or is not given, or about lack of respect of personal property.
12. Have all information in the patient record and Protected Health Information be kept confidential and private.
13. Be told of any policies and procedures about sharing clinical records.
14. Choose a healthcare provider, including a doctor or attending physician, if needed.
15. Be given patient-centered care (focused on your needs) that follows your doctor's orders.
16. Be told of any financial benefits to UChicago Medicine when you are referred to another organization.
17. Have personal health information shared with the patient management program only as state and federal law allows.
18. Speak to a health professional.
19. Be given information about the patient management program.
20. To refuse to take part, or stop and no longer take part at any point in time.
21. Be told about all responsibilities I have as a patient.

Patient Responsibilities:

1. Submit forms that are needed in order to be given services.
2. Give correct medical and contact information and tell the patient management program if this information changes.
3. Tell the health care team members treating you and prescribing medications that you are taking part in pharmacy services such as the patient management program.
4. Maintain (take care of) any equipment provided.
5. Tell the organization of any concerns about the care or services provided.

Our staff are trained to talk to you about these rights and responsibilities. Talk to your pharmacy team if you or your caregiver need help in knowing more about your rights and responsibilities.

University of Chicago Medicine Notice of Privacy Practices

UChicago Medicine (UCM) has hospitals, outpatient clinics and doctors' offices across Chicago, its suburbs and Northwest Indiana. This notice applies to all records about your care at UChicago Medicine entities. These include the University of Chicago Medical Center covered entities, the University of Chicago Health Care covered components as designated, its affiliated UChicago Medicine Network entities, and its group health plans (as further described below).

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, exam, 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/HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION**
- **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**
- **HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION**

YOU HAVE THE RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE CHIEF PRIVACY OFFICER OR DESIGNEE AT 773-834-9716 OR PRIVACY@UCHICAGOMEDICINE.ORG IF YOU HAVE ANY QUESTIONS.

PLEASE REVIEW IT CAREFULLY.

University of Chicago Medicine Notice of Privacy Practices

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 3 to 4 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 5 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
- Participate in organized health care arrangements

See pages 6 to 10 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. 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 way.

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
- With your permission
- As described in this Notice

Your Rights About Your Medical Information

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 (looked at) 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 (sharing of information), 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 were 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 Chief Privacy Officer in the Privacy Program at:

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

- **Phone:** (773) 834-9716 **Email:** privacy@uchicagomedicine.org
- **Anonymous Report Phone Line** (you do not have to say or give information that shows who you are): 1 (877) 440-5480, option 2

Language interpreter services for patients and caregivers are free of charge.

Please contact us at: (773) 702-6330 or InterpreterServices2@uchicagomedicine.org

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 reasonable requests to send 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 taking part in

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 choose 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 givetomedicine@bsd.uchicago.edu
- Ingalls Hospital Development Office by phone at (708) 915-6115 or by email at 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

UChicago Medicine Network Covered Entities

3. UCM Community Physicians, LLC
4. UCM Medical Group, Inc.
5. UCM Medical Group Sub, LLC
6. UCM Home Care
7. Ingalls Memorial Hospital
8. Ingalls Same Day Surgery, LP
9. UChicago Medicine Northwest Indiana, Inc.

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 and the UChicago Medicine Network 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. This includes information for treating you, getting payment for services, handling claims for our health plan, and running our hospitals, clinics and health plans. It can 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 above UCM organizations to use and share your medical information. This must be 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.

One example is if you are an adult who has other people making decisions for you. This may be your health care surrogate or health care agent (your medical decision maker). They may make decisions about your privacy and your medical information.

How We Use and Share 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 ask for and we will provide you access to the medical information we keep. We will work with you to provide this in the way you want 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

Substance Use Records:

- We follow the HIPAA standard for sharing Substance Use Disorder (SUD) Records.
- Federal law (42 CFR Part 2) protects the confidentiality (privacy) of SUD records.
- Most times, we will not disclose (share) SUD records without written permission.
 - You may revoke (take back) this written permission.
 - You have the right to ask for restrictions of disclosures made with prior consent for the purposes of treatment, payment, and health care operations. (You can ask to limit information shared even when you agreed to share it in a past consent form)
 - For example, we require your written permission to share SUD records with your employer.
- You have the right to provide one consent to tell us how your SUD records can be used and shared for future treatment, payment, and health care operations.
- **We may share SUD records without your written permission in the following cases:**
 - We will only share with public health authorities if the records do not identify you (show who you are) and follow the Health Insurance Portability and Accountability Act (HIPAA).
 - We may share for research, audit, or evaluation under certain conditions.
 - Records will not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on specific written consent or court order and only after notice and an opportunity to be heard is provided to you. We will share SUD records in response to a court order with a subpoena or similar legal mandate.
- Records disclosed (shared) to others not part of UCM who are HIPAA covered entities, other programs that must comply with 42 CFR Part 2, and business associates, may re-share your information without your consent to the extent allowable under HIPAA.

How We Use and Share Your Medical Information

Sharing Your Medical Information Without Permission

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.

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. This includes for care collaboration (care team members working together), 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 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.

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.

How We Use and Share Your Medical Information

Sharing Your Medical Information Without Permission

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

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

How We Use and Share Your Medical Information

Sharing Your Medical Information Without Permission

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 with the coroner, medical examiner, or funeral director.

Organized Health Care Arrangements

We may participate in organized health care arrangements with other covered entities that are not agents of each other. This is for purposes of joint utilization review, quality assessment and improvement activities, or payment activities. Each are independent entities responsible for their own activities.

You may find out more information about this on our website:

<https://www.uchicagomedicine.org/about-us/privacy-practices/organized-health-care-arrangements>.

We will share your medical information as permitted by HIPAA.

Other

We will not use or share your medical information other than as described 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 to do.

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. For 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 hospitals, doctor offices, and other UCM 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 on the University of Chicago Medicine external website <https://www.uchicagomedicine.org/>.

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, December 2021, November 2023. This version takes effect August 2025.

This notice of privacy practices is being provided to you as required by the Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR (Code of Federal Regulations) Part 2.

- If you want a paper copy of this notice, contact the Privacy Program.
- UCM is required by law to maintain the privacy of health records and provide this notice of its legal duties with respect to these records.
- UCM is required to abide by the terms of the notice currently in effect.
- UCM reserves the right to change the terms of this notice and make the new notice provisions effective for the records it maintains.
- Revisions to this notice are available to patients in electronic form on the UCM website, in paper form upon request, and posted.



UChicago **Medicine**

**Plain Language by
Urban Health Initiative
Health Literacy Department
6-7-2026**