



Pharmacy



AT THE FOREFRONT
UChicago
Medicine



ACCREDITED

Mail Service
Pharmacy
Expires 08/01/2024

Table of Contents

	Page
Welcome	2
Our Services	3
Important Information	4-6
Medication Refills	4
Prescription Transfers	4
Delivery and Storage of Your Medication	4
Reporting a Problem or Concern with Your Medication	4
Drug Changes	5
Proper Throwing Away of Sharps	5
Drug Recalls (Medication that needs to be sent back)	5
Emergency Disaster Information	6
Concerns or Possible Problems	6
When to Call Us	6
Payment Policy	7
Insurance Claims, Co-Payments and Financial Assistance	7
Patient Rights and Responsibilities	8-11
Patient's Rights and Quality Healthcare	8
Information about Your Health Care Team and Treatment	9
Make Informed Decisions	9
Be Safe and Comfortable	10
Privacy	10
Be Heard	10
Patient Responsibilities	11
Healthcare Team Member Assignments	12
Notice of Privacy Practices	13-19
Our Organization and Your Representatives	13
Our Responsibility Regarding Your Medical Information	14
How We May Use and Share Your Medical Information	15-18
Treatment, payment, healthcare options	15
Relatives, Close Friends, and Caregivers	15
Contacting You, Patient Directory, Fundraising	15
Research and Permitted and Required by Law	15-16
Your Rights About Your Medical Information	17-18
University of Chicago Medicine Locations	18
Further Information and Complaints	18

University of Chicago Medicine Pharmacy

Welcome to the UChicago Medicine Pharmacy. We are excited to provide you with all your 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:

- 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

The UChicago Medicine Pharmacy is located in the first level of the **Duchossois Center for Advanced Medicine (DCAM)**
5758 South Maryland Ave. Chicago, IL 60637

Phone: (773) 834-7002 Fax: (773) 834-7005

Toll Free: (877) 834-7002 Email: ambulatoryRX@uchospitals.edu

Hours

We are open:

Monday to Friday 7am to 7pm

Saturday 7am to 3pm, closed from 11am to 12 noon for lunch.

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 Pharmacy

University of Chicago Medicine 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) 834-6245**, press 0, and ask the operator to page the Mail Order Pharmacist On Call.

Important Information

Medication Refills

You will be contacted by the pharmacy team 5 to 7 days before your refill date.

- If you have an active MyChart account, you will receive a message that you are due for a refill.
- If you do not have an active My Chart account, you will receive a phone call from a team member.
- If you want to request a refill, you can request it through your MyChart account or call and speak to our staff at (773) 834-7002.

Prescription Transfers

If you feel that UChicago Medicine Pharmacy is not able to meet your needs, we can transfer your prescription to the pharmacy of your choice. Please call us at (773) 834-7002.

If we are no longer able to provide your medication, we will transfer your prescription to another 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) 834-7002.

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 UChicago Medicine Pharmacy as soon as possible.

If you believe there is an error with your medication, call us at (773) 834-7002.

Important Information

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 UChicago Medicine 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 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 in your area, contact UChicago Medicine Pharmacy at (773) 834-7002 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 UChicago Medicine 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.uran.org/complaint/>

Illinois Department of Federal and Professional Regulation: Phone: (312) 814-6910

Website: <https://www.idfpr.com/admin/DPR/DPRcomplaint.asp>

Call Us at (773) 834-7002 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 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 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 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 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 shall be refused admission or treatment on the basis of his or her 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.

Notice of Privacy Practices

This notice of privacy practices is being provided to you as required by the Health Insurance Portability and Accountability Act (“HIPAA”). If you want a paper copy of this notice at any time contact the Privacy Program. This notice describes how medical information about you may be used and disclosed (shared) and how you can get access to this information. Please review it carefully.

Our Organization. This Notice tells the privacy practices of the University of Chicago Medicine (UCM) Organized Health Care Arrangement (OHCA). The UCM OHCA includes the:

1. The University of Chicago Medical Center (UCMC), including its nurses, residents, volunteers, and other staff;
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;
3. UCM Community Physicians
4. UCM Care Network Medical Group
5. Primary Healthcare Associates, SC

There is a list of our care sites at the end of this Notice and on our website. Together, all these entities will be referred to as “we” or “us” in this Notice. We will share your medical information with one another to treat you, get payment for our services and to run our hospitals and clinics as permitted by HIPAA.

Your Representatives. If you are under 18 years of age, 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 making decisions for you, such as your health care surrogate, 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, and information to seek 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.

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 Notice at any time and to apply new privacy or security practices to medical information we keep.

Our website will have the most current version of this Notice. **You can get the most current Notice at any time online at <https://www.uchicagomedicine.org/about-us/privacy-practices>.** You can also ask for a paper copy of this notice from our Privacy Program.

How We May Use and Share Your Medical Information

How We May Use and Share Your Medical Information. This Notice tells how 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. This Section also talks about several other times when we may use and share your medical information. **We do not need your authorization (permission) to use your medical information during the following times:**

Treatment. We keep records of the care and services we provide to you. We may use and share your information with doctors, nurses, technicians, medical or nursing 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, because diabetes may slow the leg's healing process. This may involve talking to doctors and others not employed by us. If they are involved in the patient's health care, we may share the patient's medical information with them in order to treat the patient.

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

Payment. 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.

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

Health Care Operations. We may use and share information about you for business tasks to run our operations. These tasks may be to improve the quality of care, train staff and students, provide customer services, or other business duties to help us better serve our patients and community. We may also share your medical information with others we hire to help us provide services and programs.

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 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: UCM 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 May Use and Share Your Medical Information

Relatives, Close Friends, and Caregivers. We may share your medical information with your family member, relative, close personal friend, or another person. We will do this if you do not object to sharing or you have agreed to share your information with them. If, for some reason such as medical emergency, you are not able to agree or disagree, 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.

Contacting You. We may use and share your medical information to contact you about appointments and other things by mail, phone, or email. When we call or email you we use the contact information you gave us.

Any message left on voice mail, with a person who answers the phone or in an email, may include your name, the clinic, the location, and the doctor or other health care provider you have the appointment with.

We will honor anything reasonable you ask of us in sending an appointment reminder in a different way. We may also contact you to follow up about test results, care given, or to tell you about treatment options or health-related products or services that may interest you.

Patient Directory. We may include information about you in a directory of patients in our hospital. Anyone who asks for you by name can be given your location in the hospital and your general health condition. Members of the clergy can also see your name and the religion listed in your medical record. You must tell us if you do not want information about you shared in our patient directory.

Fundraising. 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.

This information may be used to contact you to raise money for our programs and services. You can choose not to get these communications at any time by contacting our Development Office by phone at (773) 834-9166 or by e-mail at supportUCMC@bsd.uchicago.edu.

Research. We perform research at UCM to support learning of new knowledge and treatments that may help all patients. We will tell you about and get your permission for any research that involves information that may show who you are, as is required by law. All human subject research is looked over by our Institutional Review Board. 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 gives them permission to do so,
- (b) if the patient data is being used to prepare for a research study, or
- (c) under some circumstances if the research is limited to data of patients who have died

How We May Use and Share Your Medical Information

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. For example, we may share your medical information 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; and
- 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;
- As a part of a court or administrative proceeding in response to a legal order or other lawful process;
- With the police or other law enforcement officials. For example, reporting about some physical injury, crimes, victims or unknown patients; and
- For special government programs. 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 Uses of Your Medical Information. We will not use or share your medical information for any reason other than those talked about in this Notice without written permission signed by you or your personal representative. An authorization (or written permission) is a document that you sign that allows us to use or share some information for a particular purpose.

For example, if you want your medical information sent to a family member, we will ask you to sign an authorization.

We will get your written permission:

- 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/AIDS testing, diagnosis or treatment
 - In vitro Fertilization (IVF)
 - Mental health and developmental disabilities
 - Sexually transmitted diseases
 - Sexual assault

How We May Use and Share Your Medical Information

We will get your written permission (continued):

- To use or share your medical information to contact you to sell others' products or services.
- For the sale of your medical information.

Psychotherapy notes (your mental health provider's written notes) will only be shared with your written permission and the consent of your mental health provider. 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.

Your Rights About Your Medical Information

To Look at and Get a Copy of Your Medical Information. You may look at and get a copy your medical record file, billing records, and other similar records used to make decisions about your treatment and get payment for our services. There may be some times when we may deny access to a part of your records. If you want to see your records or get a copy, call Health Information Management (Medical Records) at (773) 702-1637. You must complete, sign, and return a Record Request form. We will charge you for the cost of the copy and postage costs to the extent that law allows.

Getting Confidential (Private) Communications. You may ask us to send papers that have your "Protected Health Information" ("PHI") to a different location than the address that you gave us, or in another way. You will need to ask us in writing. 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.

Change to Some Records. You have the right to ask to change (make an amendment to correct or add to) the medical information we keep about you. If you believe the information is not correct or not complete and you want to change your information, you may get an Amendment Request Form from the Privacy Program. We will decide if we will grant your request or there may be some times when we must deny your request.

Getting an Accounting of Disclosures: You may ask for a list (accounting) of people or organizations, outside of UCM, that we have shared (disclosed) your medical information with. This list will not include disclosures:

- To you
- For your treatment
- To get payment for your treatment
- Permitted by your authorization, or
- As described in this Notice.

We will not go back more than six (6) years before the date of your request.

Your Rights About Your Medical Information

Asking for Restrictions: You have the right to ask us to restrict or 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. We are not required to agree to your request with one exception specified below. If we do agree, we will follow your request unless the information is needed to provide emergency treatment. Your request for restrictions must be made in writing and given to the Privacy Program. By law, we must agree to your request to restrict the sharing of your medical information to a health plan if the disclosure is for the purpose of carrying out payment or health care operations, is not otherwise required by law or is for an item or service you have paid for in full, out-of-pocket.

Breach Notification: You may have the right to be told if there was an unpermitted (not allowed) access or use of unsecured medical information. If the law requires us to tell you of this kind of access or use, then we will tell you as soon as possible with the following information:

- A brief description of what happened
- A report of the medical information involved
- Recommended steps you can take to protect yourself from harm
- What steps were taken in response to the breach
- How and who to contact so you can get more information

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

University of Chicago Medicine Locations: 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. An up to date list of all locations can be found on the University of Chicago Medicine 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 Locations
- The University of Chicago Medicine Physician Offices;
All Primary Care and Care Clinics, Greater Chicagoland Locations

Further Information and Complaints: If you want more information about your privacy rights, are concerned that we have violated your privacy rights, or do not agree with a decision we made about access to your PHI, you may contact the Privacy Program.

You may also give written complaints to the Office for Civil Rights (OCR) of the U.S. Department of Health and Human Services. When you ask, the Privacy Program will provide you with the correct address for the OCR. We will not take any action against you if you file a complaint with us or with the OCR.

You may contact the Privacy Program at:

The University of Chicago Medicine: Privacy Program
5841 South Maryland Avenue, MC1000 Chicago, IL 60637

Phone Number: (773) 834-9716

Anonymous Report Line: 1-877-440-5480, Option 2

Email: hpo@bsd.uchicago.edu



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