

Saint Xavier University Health Center

3925 W. 103rd Street, Chicago, IL 60655

T: 773-298-3712 F: 773-298-3906

Consent to Treatment, ePrescribing, Financial Responsibility and Privacy Statement

Assignment of Insurance Benefits:

I hereby choose SXU Health Center and the healthcare professionals that work here to provide medical care to me or my dependent whose name appears above. I make this choice willfully with the knowledge that some of the healthcare providers that provide care may not be participating in my health plan. In consideration of those medical services rendered by SXU Health Center, I hereby assign, transfer and give to SXU Health Center all of my rights, title and interest to medical expense reimbursement benefits under any insurance policy, subscription certificate, Medicare Benefits or any other public or private health care benefit indemnification program or agreement otherwise payable to me for those services rendered by SXU Health Center. This agreement specifically includes, but is not limited to, an assignment of the rights to designate a beneficiary, add dependent eligibility, obtain payment of any other third party liability policy medical expense benefits due for this treatment and to have an individual or group policy converted or continued in accordance with its terms and benefits.

Out of Network Plans, Managed Care Pre-certification, Referral or Authorization of Services:

I understand that my health plan may require a precertification, referral or authorization of services to be done by the member notifying their insurance plan before services are provided. Payment for services denied due to my failure to comply with the notification requirements of my insurance company will be my responsibility. I also understand that I may have greater financial responsibility for services provided by health care professionals at the SXU Health Center who are not under contract in my health care plan, and that it is my responsibility to direct my questions regarding coverage or verification of benefit levels to my health care plan.

Guarantee of Payment:

I acknowledge and understand that if any of the charges I incur at the Health Center are not paid by my medical insurance, I will be fully responsible for payment of the balance due as consideration for medical services rendered. I agree to pay the established rates of SXU health Center. Should it become necessary to resort to outside collection procedures, SXU Health Center reserves the right to charge the patient its collection costs and reasonable attorney fees. I also agree to return any equipment, which was provided by SXU Health Center, for my home use. If I fail to return medical equipment, I agree to pay the Health Center any associated costs with replacement.

Consent for Treatment:

I, (or the below named patient) understand my condition requires medical care that also may necessarily include laboratory tests, diagnostic procedures and medical treatment as deemed necessary in the judgment of my health care provider and such associates and assistants. I hereby voluntarily consent to the recommended care and affirm that the information presented about my medical history is complete and accurate to the best of my knowledge. I acknowledge and understand that the practice of medicine is not an exact science that no guaranteed outcomes can be provided regarding the results of any diagnosis, treatment, test, or examinations conducted or performed at SXU Health Center. This consent to treat will expire 12 months from the time of signing unless otherwise noted.

Privacy Practices:

Furthermore, I hereby acknowledge that I have been presented with a copy of the Saint Xavier University Health Center Notice of Privacy Practices and have been provided the opportunity to retain a copy for my personal files. In an emergency situation where: (a) I am lacking the capacity to give informed consent; or (b) when a delay in treatment could result in serious disability or death, I acknowledge and understand that my patient information may be disclosed or obtained, as necessary, to the appropriate officials who are seeking to address my needs to protect my health and safety.

ePrescribe Program. The SXU Health Center has adopted an ePrescribing program in order to improve the quality of our services. The SXU Health Center will electronically send prescriptions to the pharmacy of your choice.

CONSENT for Obtaining Medication History. An accurate medication history is very important to helping us treat you properly and to avoid potentially dangerous drug interactions. Your signature below is consent for our providers to securely connect to your medication history data stored in the databases of community pharmacies and pharmacy benefit managers. This history is a list of prescription medicines that we or other healthcare providers have prescribed for you in the last two years. This list is collected from a variety of sources, including your pharmacy and your health insurer.

The medication history is a useful guide, but it may not be completely accurate. Some pharmacies do not make drug history available to us, and the drug history from your health plan might not include drugs that you purchased without using your health insurance. Your medication history might not include over-the-counter medications, supplements or herbal remedies. It is still very important for us to take the time to discuss everything you are taking, and for you to point out to us any error in your medication history.

By signing this consent form you give us permission to collect the medication history information that is available from our ePrescribing module within our electronic medical record and pull the information into your medical record at the SXU Health Center. This includes, but is not limited to, prescription medicines to treat HIV/AIDS and medicines used to treat mental health conditions. This information will never be shared outside of the SXU Health Center unless written consent is given.

This consent will remain in effect until the day you revoke your consent. You may revoke this consent at any time in writing but if you do, it will not have an effect on any actions taken prior to receiving this revocation.

You may decide not to consent to ePrescribing. Your choice will not affect your ability to get medical care, payment for your medical care, or your medical care benefits. I hereby provide informed consent to the SXU Health Center to access my medication history (or my dependent).

How Saint Xavier University Health Center May Use or Disclose Your Health Information

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE READ IT CAREFULLY.

Federal law requires Saint Xavier University Health Center to maintain the privacy of individually identifiable, protected health information (PHI) and to provide you with notice of its legal duties and privacy practices with respect to such information. Saint Xavier University Health Center must abide by the terms and conditions of this Privacy Notice, and Saint Xavier University Health Center may revise this Privacy Notice.

A. Uses or Disclosures of Health Information for Treatment, Payment & Health Care Operations

Saint Xavier University Health Center may use your individually identifiable health information for treatment, payment and health care operations. Examples of treatment, payment and health care operations include:

"Treatment" includes sharing your information with any provider who is providing you with health services. This includes coordinating your care with other providers and providing referrals to other providers. The type of health information that Saint Xavier University Health Center could use or disclose includes, but is not limited to, such health conditions as blood type, diagnosis of your condition or pregnancy status. Saint Xavier University Health Center may use or disclose your individually identifiable health information for its own provision of treatment or may disclose such information for the treatment activities of another health care provider.

"Payment" includes Saint Xavier University Health Center's efforts to obtain reimbursement from you or a responsible third party for services that Saint Xavier University Health Center has provided to you. Saint Xavier University Health Center may use or disclose your individually identifiable information for its own payment or for the payment and activities of another health care provider or health plan or health care clearinghouse, or another party. We will submit a bill that identifies you, your diagnosis and the treatment provided.

"Health care operations" includes using your medical information to support and ensure quality health services are being provided to you at Saint Xavier University Health Center. Some of the activities which would be part of our operations are quality assessment and improvement activities, employee review, licensure and accreditation, and audits of the process of billing you or a third party for health care services Saint Xavier University Health Center provides to you. As part of Saint Xavier University Health Center's treatment of you and operation of health care organization, Saint Xavier University Health Center may contact you, by phone or by mail, to provide appointment reminders or to provide information about treatment alternatives or other health-related services that may be of interest to you. Saint Xavier University Health Center may also contact you for fundraising purposes. You have the right to opt out of receiving any fundraising communication received from, or on behalf of, Saint Xavier University Health Center. Saint Xavier University Health Center may use or disclose your individually identifiable health information for its own health care operation or for limited health care operations of a health plan, health care clearinghouse, or health care provider that is subject to certain federal health information privacy laws. Subject to limited exceptions, the entity which receives this information must have or have had a treatment relationship with you and the information we disclose must pertain to that relationship.

B. Uses or Disclosures Saint Xavier University Health Center May Make Without Your Authorization

In addition to treatment, payment and health care operations, and unless this Privacy Notice recites a more stringent restriction in Section, C, the law permits or requires Saint Xavier University Health Center to make, use and/or disclose individually identifiable health information without your written authorization: (1) for certain public health activities and purposes, including reporting of adverse product events to the Food and Drug Administration, (2) to report suspected abuse, neglect or domestic violence, (3) to assist an organ procurement organization or organ bank in facilitating organ or tissue donation and transplantation, (4) to further research, provided that Saint Xavier University Health Center complies with federal requirements, (5) to avert a serious and imminent threat to public health safety, (5)(a) to avert a serious threat to your health or safety or the health and safety of others, (6) for specialized government functions, including activities related to the military, veterans, or national security, (7) to comply with workers' compensation or similar laws. Saint Xavier University Health Center will make the above uses and/or disclosures of information in accordance with applicable law. In addition, Saint Xavier University Health Center may use and/or disclose your individually identifiable health information as follows:

Business associates: There are some services provided in Saint Xavier University Health Center through contracts with business associates which are vendors, professionals and others who perform some treatment, payment or health care operations function on behalf of Saint Xavier University Health Center or who otherwise provide services and have access to or use your protected health information. We may

disclose your health information to our business associates so that they can perform the job we have asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information by requiring that they enter into an appropriate agreement with Saint Xavier University Health Center or, in the case of a subcontractor, an appropriate agreement with a business associate of Saint Xavier University Health Center.

Directory: Unless you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to other people who ask for you by name. If you are unable to object, we may use and disclose this information consistent with your prior expressed preference, if known and the health professional's judgment.

Notification: Unless you object, health professionals, using their best judgment, may use or disclose information to notify or assist in notifying a family member, personal representative, or any person responsible for your care or individuals involved in the payment of your care, your location, and general condition. If you are unable to object, we may exercise our professional judgment to determine if a disclosure is in your best interest and disclose only information that is directly relevant to the person's involvement with your health care.

Disaster Relief: We may use or disclose information for disaster relief purposes.

Incidental Uses and Disclosures: We are permitted to use and disclose information incident to another user disclosure of your protected health information permitted or required under law.

Limited Data Sets: We may use or disclose a limited data set (i.e. in which certain identifying information has been removed) of your protected health information for purposes of research, public health, or health care operations. Any recipient of that limited data set must agree to appropriately safeguard your information.

C. More Stringent Protection for Your Health Information

In certain cases, Illinois law provides more stringent privacy protections of your health information than this Privacy Notice recites above. For example, in some cases, Illinois requires that you provide permission for the use or disclosure of your individually identifiable health information. In those cases, Saint Xavier University Health Center must follow the state law even though certain federal health information privacy laws may not require permission. State law provides more stringent protection in the following areas of your PHI subset that: (1) is maintained in psychotherapy notes; (2) is about mental health and developmental disabilities services; (3) is about alcohol and drug abuse prevention, treatment and referral; (4) is about HIV/AIDS testing, diagnosis or treatment; (5) is about sexually transmitted disease diagnoses; (6) is about genetic testing; (7) is about child abuse or neglect; (7) is about domestic abuse of an adult with a disability; or (8) is about sexual assault. In order for us to use or disclose your highly confidential information for a purpose other than those required by law, we must obtain your written authorization.

D. Marketing

We will need your written authorization to use and disclose your PHI for marketing purposes.

E. No Other Uses or Disclosures without Your Written Authorization

Saint Xavier University Health Center may not make any other uses and disclosures of your individually identifiable health information without your written authorization. In particular, uses and disclosures of your psychotherapy notes, or of your individually identifiable health information for marketing purposes, or uses or disclosures that constitute a sale of your individually identifiable health information, will be made only with your written authorization, unless otherwise permitted or required by law, as described above. You may revoke your authorization at any time if you provide written notice to Saint Xavier University Health Center, but only to the extent no action has been taken in reliance on your prior authorization.

F. Your Rights

Federal and state laws protect your right to keep your individually identifiable health information private.

Your Right to Receive Confidential Communications and to Request Restrictions

You may request that you receive communication from Saint Xavier University Health Center regarding individually identifiable health information by alternative means or at alternative locations. You must make your request for confidential communications in writing and must submit this request to the office listed below. Saint Xavier University Health Center reserves the right to condition your request on the receipt of information regarding how you desire Saint Xavier University Health Center to handle payment and/or on the availability of an alternative address or method of contact that you may request. You may request other restrictions on certain uses and disclosures of protected health information for purposes of treatment, payment, and health care operations; however, the law does not require Saint Xavier University Health Center to agree to the requested restrictions unless one of two scenarios exists. First, Saint Xavier University Health Center must agree to a restriction request that is a reasonable restriction on communication. Second, Saint Xavier University Health Center must comply with your request to restrict disclosure of your individually identifiable information to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law and the information pertains solely to a health care item or service for which you, or any person other than the health plan on your behalf, has paid Saint Xavier University Health Center in full.

Your Right to Inspect and Copy

You generally have the right to inspect and obtain a copy of any protected health information in your medical record, with the exception of psychotherapy notes, information compiled in anticipation of use in a civil, criminal, or administrative proceeding and certain other health information which the law restricts Saint Xavier University Health Center from disseminating. However, if you are a patient of certain types of providers or facilities, you may have a right to access your patient records or information on an unqualified basis. Specifically, the following: If you are a patient of a physician, you have the right to access your medical data on an unqualified basis upon request.

If you are a recipient of mental health or developmental disabilities services and if you are age 12 or older, you have an unqualified right to inspect and copy your records. The following persons also have this right: (1) your guardian if you are age 18 or older; (2) an appointed agent under a power of attorney for health care which authorizes record access; (3) your parent or guardian if you are under age 12; (4) your parent or guardian if you are, at least, age 12 but under 18 and if certain conditions are satisfied; and (5) a guardian ad litem representing you in any judicial or administrative proceeding if you are age 12 or older.

Request for Records

To see and obtain copies of your medical information, you must sign an Authorization for Release of Information form. This form is available for health center records from front desk at the University Health Center. There may be a fee for the costs of copying and providing the copies and other expenses associated with complying with your requests as allowed by state law. We may deny your request to see and/or obtain copies of medical information in very limited circumstances. If that event occurs, you will be given an explanation. Your medical records are the physical property of Saint Xavier University Health Center or your physician. Original records will not be given to you or to anyone on your behalf.

Your Right to Amend

You also have the right to amend your individually identifiable health information, unless Saint Xavier University Health Center did not create such information or unless Saint Xavier University Health Center determines that your medical record is accurate and complete in its existing form.

Your Right to An Accounting

You have the right to request and receive an accounting of disclosures of your individually identifiable health information that Saint Xavier University Health Center has made in either the six (6) years prior to the request date, but no earlier in time than 04/14/03, the date that federal law required Saint Xavier University Health Center to comply with federal privacy regulations, whichever is more recent. This information is available from the University Health Center via Correspondence Request(s). This is a list of the disclosures we made of medical

information about you. Such an accounting may not include disclosures made to carry out treatment, payment or health care operations, to create an accurate patient directory or notify persons involved in your care, to ensure national security, to comply with the authorized request of law enforcement, to inform you of the content of your medical records, or those disclosures which you have previously authorized pursuant to a validly executed authorization form. There may be a charge associated with providing the disclosure; you will be notified of the costs. If you would like more information on how to exercise these rights, please contact Saint Xavier University Health Center's Director at 773-298-3712 to request the form "Request for Accounting of Disclosures."

Your Right to Breach Notification

You have the right to be notified of a breach of unsecured protected health information that affects you.

G. The Right to Get This Notice by E-Mail

You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of this notice.

H. Grievances or Further Inquiries

If you believe that Saint Xavier University Health Center has violated your privacy rights with respect to individually identifiable health information, you may file a complaint with Saint Xavier University Health Center and the Department of Health and Human Services. To file a complaint with Saint Xavier University Health Center, please contact the Privacy Officer at 773-298-3344. Saint Xavier University Health Center will not retaliate against you for filing a complaint. You may also contact the Health Center at 773-298-3712 for a copy of this Privacy Notice or for further information regarding its contents.

I. Amendments

Saint Xavier University Health Center reserves the right to amend the terms of this Privacy Notice at any time and to apply the revised Privacy Notice to all individually health information that it maintains. If Saint Xavier University Health Center amends this Privacy Notice, you will be provided with a revised copy at your next visit to Saint Xavier University Health Center, or upon your request. The revised Privacy Notice will also be available on Saint Xavier University Health Center's web site, www.sxu.edu.

J. I-CARE

The Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE) is an immunization registry developed and managed by the Illinois Department of Public Health. Immunization registries are utilized by every state and provide a confidential computerized system to store necessary immunization records and provide immediate access to a patient's immunization status. Only authorized health care providers are allowed to search and update the immunization records of Illinois residents in I-CARE. I-CARE has the ability to update immunization information, relieve parents of the burden of manually tracking their child's immunization records, print school physical forms, remind parents/patients when their immunizations are due and print a complete immunization record for patients to keep. I-CARE: Keeps your immunization information continually updated, preserves immunization records if you change health care providers; move and lose paper records, or lose vital records in the event of an unexpected natural disaster; provides a copy of your immunization record when needed; and prevents your child from getting unnecessary or extra immunizations. All information in I-CARE is confidential. The registry only collects information necessary information to identify a patient and track his/her immunization history. Individuals can fill out the following "Opt Out of Registry Form" if they do not want SXU to electronically transmit vaccine information to ICARE. Choosing to opt out of the registry will make it more challenging for your health care provider to remind you of upcoming and overdue immunizations. I-CARE stores the information on the immunizations received, and calculates the immunizations needed to stay healthy and remain protected from vaccine-preventable diseases.