

Koch Family Medicine, S.C.
411 Maxine Dr.
Morton, IL 61550

Notice of Privacy Practices

This notice of privacy has been created by Koch Family Medicine to help insure that personal health care information is protected for privacy. This was also created in order to provide standard for certain health care providers to obtain their patient's consent for uses and disclosure of health information about the patient to carry out treatment, payment, or health care operations.

As our patient we want you to know that we respect the privacy of your personal medical records and will do all we can do to secure and protect that privacy. We strive to always take reasonable precautions to protect your privacy. When it is appropriate and necessary, we provide the minimum necessary information to only those we feel are in need of your health care information and information about treatment, payment, or health care operations, in order to provide health care that is in your best interest.

We also want you to know that we support your full access to your personal medical records. We may have indirect treatment relationships with you (such as laboratories that only interact with physicians and not patients), and may have to disclose personal health information for purposes of treatment, payment, or healthcare operations. These entities are most often not required to obtain patient consent.

You may refuse to consent to the use of disclosure of your personal health information, but this must be in writing. Under this law, we have the right to refuse to treat you should you choose to refuse to disclose your Personal Health Information (PHI). If you choose to give consent in this document, at some future time you may request to refuse all or part of your PHI. You may not revoke actions that have already been taken which relied on this or a previously signed consent.

If you have any objections to this form, please ask to speak with our HIPAA Compliance office. You have the right to review our privacy notice, to request restrictions and revoke consent in writing after you have reviewed our privacy notice.

Patient's Bill of Rights

1. Information for patients:
You have the right to accurate information about your health plan.
2. Choice of providers and plans:
You have the right to choose health care providers.
3. Access to emergency services:
If you have any severe pain, or symptoms you have the right to any emergency services
4. Taking part in treatment decisions
You have the right to know your treatment options and take part in decisions about your care.
5. Respect and non-discrimination
You have the right to considerate, respectful care from doctors and medical staff.
6. Confidentiality of health information
You have the right to talk privately with health care providers and to have your health care information protected. You also have the right to read and copy your own medical records.
7. Complaints and appeals
You have the right to fair, fast, and objective review of medical care.
8. Consumer responsibilities
Patients are expected to follow and comply with treatment plan agreed upon with medical staff. Medical staff cannot be held responsible for change in health condition due to a patient's failure to comply with medical treatment plan.