AIK FAMILY HEALTH PLLC

NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Your privacy is very important to us. This Notice explains how we may use and disclose your health information and your rights regarding that information.

1. OUR LEGAL DUTIES

We are required by federal law to:

- Maintain the privacy and security of your protected health information ("PHI")
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of the Notice currently in effect
- Notify you if a breach occurs that may compromise the privacy or security of your information

Protected Health Information (PHI) includes any information about your health, medical care, or payment for medical care that can identify you.

2. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use or disclose your PHI without your written authorization for the following purposes, as permitted by law:

a) Treatment

We may use your information to provide medical care and treatment.
Examples include:

- Communicating with you about symptoms or treatment
- Consulting with other healthcare providers
- Ordering prescriptions, labs, imaging, or referrals

b) Payment

Although our practice operates on a membership/direct care model, we may still use PHI for payment-related purposes such as:

- Processing membership payments
- Providing billing documentation to you

c) Healthcare Operations

We may use your information for activities necessary to operate the practice, including:

- Quality improvement and care coordination
- Internal audits and compliance
- Staff training
- Business management and administrative activities

d) Business Associates

We may share PHI with companies that help us operate the practice, such as:

- Electronic medical record vendors
- Payment processors
- Laboratory services
- IT and data security providers

These companies are required by law to protect your information.

e) AI-Assisted Documentation and Technology Use

We may use secure artificial intelligence-assisted tools, including ambient listening technology, to assist with medical documentation, transcription, and workflow efficiency. These tools may process information during your visit for documentation purposes. All such tools are used in compliance with applicable privacy and security laws, including HIPAA, and are subject to appropriate safeguards.

3. OTHER PERMITTED DISCLOSURES
We may disclose PHI without your authorization when required or permitted by law, including:

- Public health reporting
- Law enforcement requests when legally required
- Court orders or subpoenas
- Serious threats to health or safety
- Workers' compensation claims
- Health oversight activities

4. COMMUNICATION WITH YOU
As part of our Direct Primary Care model, we may communicate with you through various methods, including:

- Phone calls
- Email
- Text messaging
- Patient portal messaging

These communications may include medical information. While we take reasonable precautions, electronic communication may carry some privacy risks.

By participating in our practice, you acknowledge and accept these communication methods and associated risks.

5. USES THAT REQUIRE YOUR WRITTEN AUTHORIZATION
We will obtain your written permission before using or disclosing your PHI for:

- Marketing purposes
- Sale of protected health information
- Any other uses not described in this Notice

You may revoke your authorization at any time in writing.

6. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION
You have the following rights under HIPAA:

A. Right to Access
- You may request a copy of your medical records in paper or electronic form.

B. Right to Amend
- If you believe information in your record is incorrect or incomplete, you may request an amendment.

C. Right to an Accounting of Disclosures
- You may request a list of certain disclosures of your PHI made by the practice.

D. Right to Request Restrictions
- You may request limits on how we use or share your information. While we will consider your request, we are not required to agree to all restrictions.

E. Right to Confidential Communications
- You may request that we contact you in a specific way (for example, only by phone or only by email).

F. Right to a Paper Copy of This Notice
- You may request a paper copy of this notice at any time.

G. Right to Restrict Certain Disclosures to Health Plans
- You have the right to request that we do not disclose information about services for which you have paid out-of-pocket in full to a health plan. We will comply with such requests when required by law.

7. BREACH NOTIFICATION
If a breach occurs that may compromise the privacy or security of your protected health information, we will notify you as required by law.

8. CHANGES TO THIS NOTICE
We reserve the right to change this Notice at any time. Updated versions will be posted on our website and made available upon request. The revised Notice will apply to all information we maintain.

9. QUESTIONS OR COMPLAINTS
If you believe your privacy rights have been violated, you may contact us:

PRIVACY OFFICER:
Naeem Patel, MD
3755 W. Lawrence Ave
Chicago, Illinois 60625

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

We will not retaliate against you for filing a complaint.

10. MEMBER ACKNOWLEDGEMENT
By signing below, you acknowledge that you have received or been provided access to this Notice of Privacy Practices.