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Notice of Privacy Practices Summary

This form summarizes our complete Notice of Privacy Practices (which has been made available in addition to this summary).

This summary of our Notice of Privacy Practices applies to patients and, as applicable, their parent(s), legal guardians or other authorized personal representatives.

Who Will Follow The Notice Of Privacy Practices:

This Notice describes the privacy practices of Children's Hospital of Chicago Medical Center, Ann & Robert H. Lurie Children's Hospital of Chicago, Stanley Manne Children's Research Institute, Pediatric Faculty Foundation, Inc., Lurie Children's Surgical Foundation, Inc., Lurie Children's Pediatric Anesthesia Associates, Lurie Children's Medical Group, LLC, Almost Home Kids, Lurie Children's Health Partners Care Coordination, LLC (also known as Lurie Children's at Arlington Pediatric Therapy), Lurie Children's Primary Care, LLC (also known as Town & Country Pediatrics and Chicago Area Pediatrics), and their physicians, nurses, other personnel and business associates (collectively, "we" or "us"). It applies to services provided to you at the following locations in Chicago, Illinois: Ann & Robert H. Lurie Children's Hospital of Chicago and Ann & Robert H. Lurie Children's Hospital of Chicago Outpatient Center in Lincoln Park and Uptown, and our outpatient services offered in Lincoln Square and Lakeview. It also applies to our outpatient centers in Arlington Heights, Glenview, Lake Forest, New Lenox, Westchester, and Winfield, outpatient services offered in Gurnee and Grayslake, pediatric therapy in Arlington Heights, and Almost Home Kids locations in Naperville and Chicago.

Our Pledge Regarding Patient Information:

We understand that patient information about you is personal. We are committed to protecting the confidentiality of your patient information. Our complete Notice of Privacy Practices describes how we may use and disclose your patient information without your written authorization to provide treatment, obtain payment for services, conduct our health care operations or for other purposes that are permitted or required by law. When required by law, we will obtain your authorization before using or disclosing any of your patient information. It also describes your rights to access and control your patient information. "Patient information" is information that may identify the patient and that relates to the patient's past, present or future physical or mental health condition and related health care services or payment for such services.

Your Rights Regarding Patient Information About You:

You have the following rights regarding patient information we maintain about you:

- Right to receive a copy of our complete Notice of Privacy Practices
- Right to inspect and copy patient information in your medical or billing records
- Right to request an amendment of patient information in your medical or billing records
- Right to an accounting of certain disclosures made by us
- Right to communicate with us via alternative means or have communications sent to alternative locations
- Right to request restrictions on how we use or disclose your patient information
- Right to revoke an authorization given to us

Although you have these rights, we may deny your requests if they do not meet certain requirements.

If you have any questions about this Notice, your privacy rights described above or believe your privacy rights have been violated, please contact our Privacy Office at Ann & Robert H. Lurie Children's Hospital of Chicago, 225 East Chicago Avenue, Box 261, Chicago, Illinois 60611-2605 or by phone at (312) 227-4857. Additionally, you may file a complaint with our Patient Relations Department and/or with the Director of the Office for Civil Rights of the U.S. Department of Health and Human Services.

By signing below, I hereby acknowledge receipt of the complete Notice of Privacy Practices.

_____ Signature of Parent or Patient's Other Personal Representative	_____, 20____ Date of Signature	_____ Time of Signature
_____ Patient Name	_____ Relationship of Personal Representative to the Patient	
_____ Interpreter (as applicable)	_____, 20____ Date of Signature	_____ Time of Signature

Effective Date: April 14, 2003