

## NOTICE OF PRIVACY PRACTICE AND ACKNOWLEDGEMENT

This notice is to inform you that the following entities shall operate as one single affiliated covered entity for HIPAA purposes only, and shall be collectively referred to as Little Company of Mary, herein after referred to as: **LCM**:

**Little Company of Mary Hospital and Health Care Centers** (2800 W. 95th St., Evergreen Park, IL 60805)

- **LCM Home Health Equipment Center** (5610 W. 95th St., Oak Lawn, IL 60453)
- **LCM Home Based Services / Hospice** (9800 S. Southwest Highway, Oak Lawn, IL 60453)
- **LCM Mobile Medical and its Physicians** (9800 S. Southwest Highway, Oak Lawn, IL 60453)
- **LCM Health Education Center** (831 Chicago Ridge Drive, Chicago Ridge, IL 60415)

**Ambulatory Outpatient Facilities**

- **Mary Potter Physicians Pavilion** (2850 W. 95<sup>th</sup> St., Evergreen Park, IL 60805)
- **LCM Diagnostic Center** (12432 S. Harlem, Palos Heights, IL 60463)
- **LCM Halsted Medical Center** (736 West 95th St., Chicago, IL 60628)
- **LCM Oak Lawn Care Station** (5660 W. 95th St., Oak Lawn, IL 60453)
- **LCM Burbank Medical Center** (4901 W. 79th St., Burbank, IL 60459)

**Little Company of Mary Affiliated Services, Inc.**

- **LCM Affiliated Physicians [Mary Potter]** (2850 W. 95<sup>th</sup> St., Evergreen Park, IL 60805)
- **LCM Affiliated Physicians [Palos]** (12450 S. Harlem, Palos Heights, IL 60463)
- **LCM Affiliated Physicians [Halsted]** (736 West 95th St., Chicago, IL 60628)
- **LCM Affiliated Physicians [Care Station]** (5660 W. 95th St., Oak Lawn, IL 60453)
- **LCM Affiliated Physicians [Burbank]** (4901 W. 79th St., Burbank, IL 60459)
- **LCM Affiliated Physicians [Vista]** (10961 S. Kedzie, Chicago, IL 60655)
- **LCM MSO Billing Office** (2800 W. 87th St., Chicago, IL 60652)

*And all other LCM affiliated locations as they become available*

This notice describes the uses and disclosures of my protected health information by LCM and informs me of my rights with respect to my protected health information.

LCM shall operate as an **Organized Health Care Arrangement (OHCA) for HIPAA purposes only**, with all physicians who are credentialed and members of the Hospital's medical staff. **This Joint Privacy Notice** describes the uses and disclosures of my protected health information by all who participate in this aforementioned OHCA because of HIPAA.

I have been informed, understand and agree that the use of a Joint Notice and Acknowledgement Form, as part of an OHCA, is being done only for my convenience as a patient and to improve access to delivery of health care services. Finally, I understand, acknowledge and agree that the physician(s) providing services to me through the aforementioned OHCA are independent contractors and not agents of LCM and are solely responsible for their judgment and conduct in treating me and for their compliance with state and federal law.

If you would like a list of the LCM Physicians and/or more information, please contact the **Privacy Officer at 708.229.6400**.

**I acknowledge receipt of this Joint Notice of Privacy Practices.**      DATE \_\_\_\_\_

\_\_\_\_\_  
**Signature of Patient / Personal Representative**

\_\_\_\_\_  
**Printed name of Patient / Personal Representative**

**If you signed as a "representative" – please indicate your relationship to the patient:** \_\_\_\_\_

*Because the HIPAA regulations apply to all healthcare providers, this is not the only notice you may receive. You may receive a notice from other healthcare entities, providing care and services, including other facilities and healthcare plans.*