Notice of Privacy Practices

Your information. Your rights. Our responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Effective date: November 16, 2026

At All Star Pediatrics, keeping your family's health information private is part of caring for your child. This notice explains how we may use and share your child's health information, your rights, and how we protect it. In this notice, **"you"** means our patient and, for a child, the parent or guardian who acts for them.

Your privacy at a glance

Your rights. You have the right to: get a copy of your paper or electronic medical record; correct your record; ask for confidential communication; ask us to limit what we share; get a list of those we've shared your information with; get a copy of this notice; choose someone to act for you; and file a complaint if you believe your privacy rights have been violated.

Your choices. You have some choices in the way we use and share information as we: tell family and friends about your condition; provide disaster relief; provide mental health care; market our services; and sell your information.

Our uses and disclosures. We may use and share your information as we: treat you; run our organization; bill for your services; help with public health and safety issues; do research; comply with the law; respond to organ and tissue donation requests; work with a medical examiner or funeral director; address workers' compensation, law enforcement, and other government requests; and respond to lawsuits and legal actions.

Your rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our duties to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how.
- We'll give you a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. Much of your child's record is free in our Patient Portal.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is wrong or incomplete. Ask us how.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a certain way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We don't have to agree, and we may say "no" if it would affect your care. If we agree, we may still share this information if your child needs emergency treatment.
- If you pay for a service or health care item out of pocket and in full, you can ask us not to share that information with your health insurer for payment or our operations. We will say "yes" unless a law requires us to share it.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information in the 6 years before the date you ask. It shows who we shared it with, and why.
- We'll include all disclosures except those for treatment, payment, and health care operations, and certain others (such as any you asked us to make). We'll give you one accounting a year for free. We'll charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you agreed to get it electronically. We'll give you a paper copy promptly.

Choose someone to act for you

- If you've given someone medical power of attorney, or someone is your legal guardian, that person can use your rights and make choices about your health information. Parents and guardians usually act for their children.
- When Illinois law lets a minor consent to their own care (for example, some sexual health, substance use, and mental health care for teens), the minor may control the information about that care. See “Extra protections” below.
- We'll make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights. Call us at 708-352-4448 or send us a message in the Patient Portal.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. Send a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, call 1-877-696-6775, or visit https://www.hhs.gov/hipaa/filing-a-complaint/index.html.
- We will not retaliate against you for filing a complaint.

Your choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations below, talk to us. Tell us what you want, and we'll follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care or in paying for it.
- Share information in a disaster relief situation.

If you can't tell us your preference, for example if you are unconscious, we may share your information if we believe it's in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising: We do not contact families to raise money.

Our uses and disclosures

How do we typically use or share your health information? We typically use or share it in these ways.

We may	What it means
Treat you	We can use your health information and share it with other professionals who are treating you. ***Example:*** A specialist treating your child's asthma asks our doctor about your child's overall health.

We may	What it means
Run our organization	We can use and share your health information to run our practice, improve your care, and contact you when needed. ***Example:*** We use health information about your child to manage their care, send appointment and vaccine reminders, and improve the quality of our services.
Bill for your services	We can use and share your health information to bill and get payment from health plans or other entities. ***Example:*** We give information about your child to your health insurance plan so it will pay for their checkup.

How else can we use or share your health information? We are allowed or required to share your information in other ways, usually ways that help the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- Preventing disease, including reporting to the Illinois immunization registry (I-CARE) and the newborn screening program
- Helping with product recalls
- Reporting adverse reactions to medications or vaccines
- Sharing certain reportable lab results with the appropriate public health departments
- Reporting suspected abuse, neglect, or domestic violence (our team members are mandated reporters under Illinois law)
- Preventing or reducing a serious threat to anyone's health or safety
- Sharing proof of your child's immunizations with a school that is required to have it, when you agree (this may be a verbal OK)

Do research

- We can use or share your information for health research, under the conditions the law sets.

Comply with the law

- We will share information about you if state or federal laws require it. This includes the Department of Health and Human Services, if it wants to see that we're following federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena, following the rules in the law.

Business associates

- We work with companies that help us run our practice (for example, our electronic health record, billing, reminder, and AI note-taking (AI scribe) services). They must protect your information under a written agreement.

Extra protections for some kinds of information

Some kinds of health information have extra protection under federal or Illinois law. When those laws are stricter than HIPAA, we follow them.

Substance use disorder treatment records (42 CFR Part 2)

- If we receive records from a federally assisted substance use disorder treatment program (a "Part 2 program"), we protect them as federal law requires. If you give a single consent for treatment, payment, and health care operations, we may use and share those records for those purposes as described in this notice.
- Substance use disorder treatment records that we receive from a Part 2 program, or testimony relaying the content of those records, will not be used or disclosed in any civil, criminal, administrative, or legislative investigation or proceeding against you unless you give written consent, or a court orders it after you have been given notice and an opportunity to be heard. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

Illinois protections

- **Mental health and therapy records**, including care with our therapist, are protected by the Illinois Mental Health and Developmental Disabilities Confidentiality Act. We generally need written consent to share them. Teens ages 12 to 17 have their own rights over these records.
- **HIV/AIDS information** and **genetic testing information** are protected by the Illinois AIDS Confidentiality Act and the Genetic Information Privacy Act, and are shared only as those laws allow.
- **Care a teen can agree to on their own** under Illinois law (for example, testing and treatment for sexually transmitted infections, and substance use treatment for teens 12 and older) is kept confidential as the law requires, except when sharing is needed to protect health or safety.

Once information is shared with someone who is not covered by HIPAA, it may no longer be protected by federal privacy rules.

Our responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you do. (This won't undo anything we already shared with your permission.)

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the terms of this notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available on request, in our office, and on our website (aspeds.com).

Questions or concerns? We're here

All Star Pediatrics, 6410 Joliet Road, Countryside, IL 60525

Contact: Laura Dabisch, Director of Practice Operations (Privacy Officer)

Phone: 708-352-4448 · **Patient Portal:** send us a message

Privacy questions, requests, or complaints? Please call or use the portal, not email.

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