

Notice of Privacy Practices

Aspen Medical Group, LLC
Alexander Potermin, M.D.

Effective October 24, 2026

This notice explains how your medical information may be used or shared, how you can obtain it, and the privacy rights you may exercise. Please read it carefully.

This notice applies only to Aspen Medical Group, LLC, the practice of Alexander Potermin, M.D. It is not a joint notice with another provider. A facility, pharmacy, hospital or independent consulting clinician may have a separate notice.

Privacy contact Alexander Potermin, M.D. at (847) 354-8086. Call to ask about a privacy right, request a paper notice, or make a privacy complaint.

Your rights

See or obtain your records. Ask to inspect or receive a paper or electronic copy of information in your medical record. We will explain how to make the request and respond within the applicable legal deadline, ordinarily within 30 days under HIPAA. A reasonable cost-based fee may apply where permitted by law.

Request a correction. Ask us to amend information you believe is inaccurate or incomplete. We may deny the request in circumstances allowed by law; we will explain a denial in writing, ordinarily within 60 days, and explain your right to submit a statement of disagreement.

Choose confidential communications. Ask to be contacted in a particular way or at a different location. We will accommodate reasonable requests.

Request limits on sharing. You may request restrictions on treatment, payment or practice operations. We need not agree to most restrictions. If you pay in full yourself, we must honor a request not to disclose that service to your health plan for payment or operations unless the law requires disclosure.

Receive a disclosure accounting. Ask for an accounting of certain disclosures during the previous six years. Treatment, payment, operations and other legally excluded disclosures are not generally included. One accounting in a 12-month period is free; a reasonable cost-based fee may apply for additional accountings.

Obtain this notice. Ask for a paper copy at any time, including if you agreed to receive it electronically.

Act through a representative. An authorized personal representative may exercise your rights within the scope of their legal authority. We will verify that authority; exceptions permitted by law may apply.

Make a complaint. You may complain to the practice or to the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you.

How we may use and share information

Treatment We may use information to evaluate and treat you, prescribe medicines, coordinate care, and communicate with other professionals involved in your treatment, subject to additional legal protections described below.

Payment and practice operations We may use and share information to submit claims, obtain payment and respond to coverage questions. We may also use information to run the practice, review care quality, keep records, and contact you about your care. Service providers handling protected information for us must meet applicable privacy requirements.

Other legally permitted or required uses Where the law permits or requires it, information may be disclosed for public health and safety; reports of suspected abuse or neglect; health oversight; approved research; organ donation; coroners, medical examiners or funeral directors; workers' compensation; certain government functions; and lawful judicial or law-enforcement requests. Each disclosure must satisfy the conditions and limits of the applicable law. A request or subpoena does not automatically authorize release of every record.

Your choices and written permission

You may tell us whether information can be shared with family, friends or others involved in your care or payment. When you cannot express a choice, sharing may occur as the law permits based on professional judgment and your best interests, or for a serious and imminent safety threat.

Uses and disclosures not described in this notice require written authorization when the law requires it. Most uses or disclosures of separately maintained psychotherapy notes, marketing uses, and sales of protected information require authorization. You may revoke an authorization in writing, except to the extent action has already been taken in reliance on it. Signing an acknowledgment that you received this notice is not an authorization to disclose information.

Fundraising We do not use your health information for fundraising.

Information with additional legal protection

If we hold substance use disorder patient records protected by 42 CFR Part 2, those records generally cannot be used or shared in a civil, criminal, administrative or legislative proceeding against you without the required consent, or a qualifying court order and subpoena. Other Part 2 requirements continue to apply.

Illinois and other applicable laws may protect mental health, developmental disability, HIV and other sensitive information more strictly than HIPAA. We apply the more protective law where required. Illinois mental health and developmental disability records are disclosed only with the specific written consent required by law or when a statutory exception permits disclosure. A general consent does not replace a legally required specific consent. The treatment, payment and other uses described above do not override these protections; sharing records for billing must also meet these requirements.

Our duties and changes to this notice

We must protect the privacy of your protected health information, give you this notice, follow the notice currently in effect, and notify you after a breach of unsecured protected information when the law requires notice. We may revise this notice and make changes apply to information we already hold. The current notice will be available on request and prominently on our practice website once published.

For a practice privacy complaint, call (847) 354-8086 and ask for the privacy contact. You may also file directly with HHS Office for Civil Rights; you do not need the practice's permission.

HHS privacy complaint instructions

Aspen Medical Group

Language assistance and communication aids

English / English

ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-8473548086 or speak to your provider.

Español / Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-8473548086 o hable con su proveedor.

Polski / Polish

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-8473548086 lub porozmawiaj ze swoim dostawcą.

繁體中文 / Traditional Chinese

注意：如果您說中文，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-8473548086 或與您的提供者討論。

简体中文 / Simplified Chinese

注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-8473548086 或咨询您的服务提供商。

한국어 / Korean

주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-8473548086번으로 전화하거나 서비스 제공업체에 문의하십시오.

Tagalog / Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-8473548086 o makipag-usap sa iyong provider.

العربية / Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-8473548086 أو تحدث إلى مقدم الخدمة.

Русский / Russian

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-8473548086 или обратитесь к своему поставщику услуг.

ગુજરાતી / Gujarati

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-8473548086 પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

اردو / Urdu

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ رسائی قابل فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 1-8473548086 پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

Việt / Vietnamese

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-8473548086 hoặc trao đổi với người cung cấp dịch vụ của bạn.

Italiano / Italian

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-8473548086 o parla con il tuo fornitore.

हिंदी / Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-8473548086 पर कॉल करें या अपने प्रदाता से बात करें।

Français / French

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-8473548086 ou parlez à votre fournisseur.

Ελληνικά / Greek

ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το 1-8473548086 ή απευθυνθείτε στον πάροχό σας.

Deutsch / German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-8473548086 an oder sprechen Sie mit Ihrem Provider.