

YOUR NOTICE OF PRIVACY

This notice describes the privacy policies and procedures followed by the physicians and employees connected with Midwest Eye Institute. It is designed to help you understand and appreciate the steps your Midwest Eye Institute providers take to protect your privacy as it relates to your visits and/or treatments; as well as advise you of your rights regarding the personal information on record with your Midwest Eye Institute provider. Our goal is to take appropriate steps to attempt to safeguard any medical, or other personal information, that is provided to us.

OUR RESPONSIBILITIES

The Privacy Rule under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires us to: (i) maintain the privacy of medical information; (ii) provide notice of our legal duties and privacy practices; (iii) abide by the terms of our Notice of Privacy Practices currently in effect.

Please review this Notice carefully. Your signature will be required for our records indicating you have read this Notice of Privacy Practices, and that you were offered a copy for yourself. Don’t hesitate to ask questions or express any concerns you might have about your privacy while you are a patient at Midwest Eye.

INFORMATION COLLECTED ABOUT YOU

In the ordinary course of receiving treatment and health care services, you will be providing your Midwest Eye Institute provider with personal information such as:

- Your name, address, phone number, and other similar demographic information.
- Your medical history and current medical status.
- Your insurance information and coverage.
- Information concerning other medical providers who may be involved with your medical treatment.
- Information regarding current, and possibly historical medications.

Others providing information about you might include your referring physician, other doctors, health plans, close friends and/or family members. All of this collected information is considered Protected Health Information [a/k/a PHI].

HOW YOUR PROVIDER MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Your Midwest Eye Institute provider may use and disclose your PHI for a variety of purposes. The explanations and examples described in this notice are merely illustrations and therefore should not be considered an all-inclusive listing of potential uses or disclosures.

REQUIRED DISCLOSURE:

Your Midwest Eye Institute provider may use/disclose your PHI:

- When required to do so by federal/state/local law.
- In connection with certain public health reporting activities to a public health authority or government agency.
- When a physician believes a patient is a victim of abuse, neglect or domestic violence.
- Disclosure may also be necessary to prevent a serious threat to your health and safety, or the health and safety of others. A drug recall is a good example.
- To comply with a subpoena, court order, or other legal requirement.
- To a coroner, medical examiner, or funeral director.
- To organ procurement organizations, transplant centers, and eye or tissue bank, if you are an organ donor.
- As required for workers’ compensation programs.
- For research purposes. Your physician will always be discreet with such disclosures, and remove your identity whenever possible.
- If you are a member of the Armed Forces, your physician may release information about you for activities deemed necessary by military command authorities.
- For national security and intelligence activities.
- For disaster relief efforts and/or to notify persons responsible for a patient’s care about a patient’s location, general condition or death.

OTHER DISCLOSURES ALLOWED

- **TREATMENT:** To provide, manage and coordinate care. May involve using your medical history, sharing information with other providers that assist with/consult about your treatment.
- **PAYMENT:** With your insurance company, or another authorized third party payer, as needed to bill, to obtain prior approval, and/or collect payment for the medical services furnished. [If you are paying out-of-pocket in full for your health care services, disclosure of your PHI to your health plan can be restricted by you upon request.]
- **HEALTHCARE OPERATIONS:** For general health care operations such as, sending an announcement or calling you to remind that you have an appointment; disclosure to another provider involved in your care.
- **DISCLOSURE TO PERSONS ASSISTING IN YOUR CARE, OR RESIDING AT YOUR SAME RESIDENCE:** Information may be disclosed to individuals involved in your care for general information and purpose of medical treatment.
- **BUSINESS ASSOCIATES:** Your provider may work with outside individuals and businesses that help operate their medical practice successfully. Your information may be disclosed to these business associates to assist your Midwest Eye provider with treatment, payment, or health care operations. These Business Associates are bound to protect your privacy just as your treating provider does.
- **MARKETING OPPORTUNITIES:** To a third party to encourage you to purchase or use a product or service your provider believes might be beneficial to you. *However, a written authorization will be obtained from you before such communications.*

YOUR INDIVIDUAL RIGHTS

You have the right to:

- Receive an electronic copy of the medical record your Midwest Eye Institute provider maintains based on your visits here. Depending on the format in which your medical record is maintained, it may take up to 30 days to provide a summary. In addition, be aware your provider may charge a reasonable, cost based fee for this service.
- Request, in writing, changes to your health information. Your request will be reviewed based on your provider's policy and procedures. Your provider has the right to deny the request if they are inconsistent with known facts, or contrary to your provider's professional medical opinion.
- Request, in writing, that all, or portions, of your medical record be either shared with or withheld from a family member, friend, or another medical provider.
- Request a list of those to whom your Midwest Eye provider may have shared or disclosed your PHI (Health Protected Information) with. However, be aware when such disclosures are related to treatment, payment and/or health care operations they will not be a part of such list, as these are "permitted" disclosures.
- Request your preferred method of communication such as: home phone, cell phone, fax, email or text, at home or office. We will only communicate appointment dates and times via email or text, no other information from your medical record can/will be communicated in this fashion.
- Written authorization from you is required for any use and disclosure of your PHI outside the required and allowed disclosures. Such permission can be revoked in writing, at any time as well.

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IN THE CASE OF AN UNAUTHORIZED DISCLOSURE

Should an unauthorized disclosure of any portion of your medical record maintained by a Midwest Eye Institute provider occur at any time, your provider is required to notify you in writing regarding the specifics of that situation. This is called a "Breach Notification" and it will be provided in a timely manner, and will include details of what information was breached, and suggestions regarding what additional precautionary steps you might take.

CHANGES TO THIS NOTICE

We reserve the right to make changes to this notice at any time. In the event there is a material change to this notice, the revised notice will be shared with you and made available to you. You may also be asked again to sign and indicate that you were offered a copy of any substantially new Notice that is implemented at Midwest Eye Institute.

To exercise any of your rights relative to this privacy notice, please contact us in writing at the following address.

Midwest Eye Institute, P.C.

BARBARA BERNHARD

Executive Director/Chief Operating Officer
10300 North Illinois Street, Suite 1000
Indianapolis, IN 46290

Attn: Patient Privacy Request

To file a formal complaint about a violation of the rights afforded to you as explained in this Notice, you can contact the address shown above. You can also make a complaint in writing to the:

U.S. Department of Health and Human Services, Office
for Civil Rights, (OCR)
200 Independence Ave., Washington D.C., 20201
1(877) 696-6775 or visit
www.hhs.gov/ocr/privacy/hipaa/complaints



NOTICE OF PRIVACY PRACTICES