

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.

#### TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

By law, we are allowed to use or disclose your protected health information (PHI) without your written consent for the purpose of treatment, payment or health care operations.

- **Treatment Examples include:** scheduling appointments; examinations; prescribing corrective lenses or medications and providing prescription information to suppliers; referrals for other medical care; getting copies of past records.
- **Payment Examples include:** acquiring insurance information; processing bills or claims; use of collection agencies.
- **Health Care Operations Examples include:** quality assessment; employee review and training; legal defense.

#### USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some other limited situations, the law allows us to use or disclose your PHI without your permission. Examples include :

- **Disclosures required by law** include subpoenas or court orders; reporting threats to health or safety; suspected abuse or neglect; knowledge relating to a crime; public health oversight; organ procurement; worker's compensation disclosures.
- **Incidental disclosures** include unavoidable by-products of permitted disclosures.
- **Research disclosure** of limited data sets are permitted for research and public health care operations.
- **Business associates** are other entities that provide services on our behalf and who commit to respect the privacy of your PHI.
- **Appointment confirmation** - We may call, write, or e-mail you to notify you of routine examinations due, scheduled appointments, order status and services or offers available at our office. Unless you tell us otherwise, we may mail you an appointment reminder on a post card at the address given and/or call you at the number you have given us. We may leave a message if you are not available.

- **Family or Friends** - Unless you object we may also share information about your care with family or friends helping with your care.
- **Minimum information** - Any information that is disclosed will be limited to the minimum information required and will only be given to parties with the proper authorization to obtain this information.

#### OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your PHI unless you sign a written **‘authorization form’** the content of which is determined by federal law. The authorization may be revoked at any time by writing to the contact below.

#### YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

All requests must be made in writing and will be responded to within the time allowed by law (usually 30 days).

- You may ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to this, but if we do, we must honor the restrictions that you want.
- You may ask us to communicate with you in a confidential way, such as using a specific phone number or address. We will accommodate reasonable requests. There may be charge for any extra cost involved with the request.
- You may ask to see or to get photocopies of you PHI. You may have to pay for photocopies in advance. By law, there are a few limited situations in which we can refuse to permit access or copying. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally available.
- You may ask us to amend PHI that you think is incorrect. If we agree, we will amend the information within 60 days and will send the corrected information to persons who we know got the wrong information, and others that you specify. If we do not agree, a statement of your position and any rebuttal statement that we may write will be included in you PHI and will be included any time we disclose your PHI.
- You may request a list of our disclosures of your PHI that have been made within the past six years. By law, the list will not include: disclosures for purposes of treatment, payment, or health care operation; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. You are entitled to one such list per year without charge.

- You may receive additional paper copies of this Notice of Privacy Practice upon request.

### OUR NOTICE OF PRIVACY PRACTICES (NPP)

By law, we must abide by the terms of this NOTICE OF PRIVACY PRACTICES (NPP). We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. Any changes will be posted in our office and copies available.

### COMPLAINTS

If you think we have not properly respected the privacy of your PHI, you may feel free to complain to our office directly or the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you wish to complain to us, send a written complaint to the office contact person at the address shown below. If you prefer, you can discuss your complaint in person or by phone.

### CONTACT INFORMATION

For more information, contact the privacy officer at:

Primary Eyecare  
1059 Hwy. 15 S., Hutchinson, MN 55350

Primary Eyecare  
967 E. Frontage Rd., Litchfield, MN 55355

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ACKNOWLEDGEMENT OF RECEIPT      Date: \_\_\_\_\_

I acknowledge that I received a copy of Primary EyeCare's Notice of Privacy Practices.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Signature