

## **Introduction**

This notice describes how medical information about you may be used and shared and how you can get access to this information. Please review it carefully. The law requires us to maintain the privacy of certain health information called “Protected Health Information” (“PHI”). PHI is the information that you provide us or that we create or receive about your health care. The law also requires us to provide you with this Notice of our legal duties and privacy practices. When we use or disclose (share) your Protected Health Information, we are required to follow the terms of this Notice or other notice in effect at the time we use or share the PHI. Finally, the law provides you with certain rights described in this Notice.

## **Ways We Can Use and Share Your PHI Without Your Written Permission (Authorization)**

In many situations, we can use and share your PHI for activities that are common in many hospitals and clinics. In certain other situations, which we will describe in Section IV, we must have your written permission to use and/or share your PHI. We do not need any type of permission from you for the following uses and disclosures:

1. **Uses and Disclosures for Treatment, Payment and Health Care Operations**
  - a. We may use and share your PHI to provide “treatment,” obtain “payment” for your treatment, and perform our “health care operations.” These three terms are defined as:
    - i. **Treatment:** We use and share your PHI to provide care and other services to – for example, to diagnose and treat your injury or illness. In addition, we may contact you to provide appointment reminders or information about treatment options. We may tell you about other health-related benefits and services that might interest you. We may also share PHI with other doctors, nurses and others involved in your care.
    - ii. **Payment.** We may use and share your PHI to receive payment for services that we provide to you. We may share your PHI to request payment and receive payment from Medicare, Medicaid, your health insurer, HMO or other company or program that arranges or pays the cost of some or all of your health care (“Your Payor”) and to confirm that your Payor will pay for health care. We may share your PHI with the person(s) who you told us is primarily responsible for paying for your treatment, such as your spouse or parent.
    - iii. **Health Care Operations.** We may use and share your PHI for our health care operations which include management, planning and activities that improve the quality and lower the cost of the care that we deliver. We may use PHI to review the quality and skill of our doctors, clinical staff, and other health care providers, and to resolve any complaints you may have and make sure that you have a comfortable visit with us. We may share PHI with certain others who help us with our activities, including those we hire to perform services. We may use a sign-in sheet at the registration desk and we may also call you by name in the waiting room when your doctor is ready to see you. We may use or disclose your protected health information, as necessary, to contact you by telephone or mail to remind you of your appointment.
2. **Your Other Health Care Providers.** We may also share PHI with your doctor and other health care providers when they need it to provide treatment to you, to obtain payment for the care they give to you, to perform certain Health Operations, such as reviewing the quality and skill of health care professionals, or to review their actions in following the law.
3. **Disclosure to Relatives, Close Friends and Your Other Caregivers.** We may share your PHI with your family member/relative, close/personal friend or another person whom you identify if we (1) first provide you with the chance to object to the disclosure and you do not object; (2) infer that you do not object to the disclosure; or (3) obtain your agreement to share your PHI with these individuals. If you are not present at the time we share your PHI, or you are not able to agree or disagree to our sharing your

PHI because you are not capable or there is an emergency circumstance, we may use our professional judgment to decide that sharing the PHI is in your best interest. We may also use or share your PHI to notify (or assist in notifying) these individuals about your location and general condition.

4. **Public Health Activities.** We are required or are permitted by law to report PHI to certain government agencies and others. We may share your PHI for the following:
  - a. to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability;
  - b. to report abuse and neglect to the Illinois Department of Children and Family Services, the Illinois Department of Human Services or other government authorities, including a social service or protective services agency, that are legally permitted to receive the reports;
  - c. to report information about products and services to the U.S. Food and Drug Administration;
  - d. to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of developing or spreading a disease or condition;
  - e. to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance; and
  - f. to prevent or lessen a serious and imminent threat to a person for the public's health or safety, or to certain government agencies with special functions such as the State Department.
5. **Health Oversight Activities.** The Practice may use and disclose PHI as required by law for health oversight activities. The information may be used and released for audits, investigations, licensure issues, and other health oversight activities, including, but not limited to hospital peer review, managed care peer review or Medicaid or Medicare peer review.
6. **Judicial and Administrative Proceedings.** In general, the Practice discloses information for judicial and administrative proceedings in response to a legal order, subpoena or other lawful process.
7. **Law Enforcement Purposes.** The Practice may disclose PHI for law enforcement purposes to law enforcement officials.
8. **Organ and Tissue Procurement.** The Practice uses and discloses PHI with organizations that facilitate organ, eye, or eye tissue donations.
9. **Avert a Serious Threat to Health or Safety.** The Practice may use and disclose PHI to public health officials and other authorities as required by law to avert a serious threat to health or safety.
10. **Specialized Government Functions.** The Practice may use and disclose PHI for military and Veteran's activities, national security and intelligence activities and other activities as required by law.
11. **Emergency Situations.** The Practice use and discloses PHI as appropriate to provide treatment in emergency situations. In those instances where the practice has not previously provided its Notice of Privacy Practices to a patient who receives direct treatment in an emergency situation, the Practice will provide the Notice to the individual as soon as practicable following the provision of the emergency treatment.

**Use or Disclosure with Your Permission (Authorization)**

1. Use or Disclosure with Your Permission (authorization). For any purpose other than the ones described above in Section III, we may only use or share your PHI when you grant us your written permission. Example, you will need to give us your permission before we send your PHI to your life insurance company.
2. Marketing and Fundraising. We must also obtain your written permission prior to using your PHI to send you any marketing materials. However, we may communicate with you about products or services related to your treatment, case management, or care coordination, or alternative treatments, therapies, health care providers or care settings without your permission. We may not sell your PHI without your written authorization. You may notify us if you do not wish to be contacted during fundraising campaigns and we will not use or disclose your information for these purposes.
3. Uses and disclosures of Your Highly Confidential Information. Federal and State law require special privacy protections for certain highly confidential information about you (“Highly Confidential Information”), including any portion of your PHI that is: (1) kept in psychotherapy notes; (2) about mental health and development disabilities services; (3) about alcohol and drug abuse prevention, treatment and Referral; (4) about HIV/AIDS testing, diagnosis or treatment; (5) about sexually transmitted disease(s); (6) about child abuse and neglect; (7) about domestic abuse of an adult with a disability; (8) about sexual assault; or (9) In vitro Fertilization (IVF). (10) We are prohibited by law from using or disclosing genetic information for underwriting purposes. Before we share your Highly Confidential Information for a purpose other than those permitted by law, we must obtain your written permission.

**Your Rights Regarding Your Protected Health Information**

1. For further Information: Complaints/Breaches. You have a right to receive notifications whenever a breach of your unsecured PHI occurs. If you want more information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to your PHI, you may contact our Privacy Officer, Chris Albanis at (708) 798-6633 or in writing. Correspondence must be addressed to the attention of the Practice’s Privacy Officer at: Arbor Centers for EyeCare, 2640 West 183rd Street, Homewood, IL 60430. You may also file written complaints with the Office for Civil Rights (OCR) of the U.S. Department of Health and Human Services. Complaints to the Secretary of the Department of Health and Human Services must be in writing, must name the Practice, must describe the facts or omissions that are the subject of the complaint, and must be filed within 180 days of the time the patient became aware or should have become aware of the violation. Complaints may be addressed to: Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL. 60601, Voice Phone (312) 886-2359, FAX (312) 886-1807, TDD (312) 353-5693. We will not take any action against you if you file a complaint with us or with the OCR.
2. Right to Receive Confidential Communications. You may ask us to send papers that contain your PHI to a different location than the address that you originally gave us, or in a special way. You will need to ask us in writing. We will try to grant your request if we feel it is reasonable. Example, you may ask us to send a copy of your medical records to a different address than your home address.
3. Right to Revoke Your Written Permission (Authorization). You may change your mind about your authorization or any written permission regarding your PHI by giving or sending a written “revocation statement” to the Privacy Officer. The revocation will not apply to the extent that we have already taken action where we relied on your permission.

4. **Right to Inspect and Copy Your Health Information.** You may request access to your medical record file, billing records and other records used to make decisions about your treatment and payment for your treatment. You can review these records and/or ask for copies. Under limited circumstances we may deny you access to a portion of your records. If you want to access your records, you may obtain a record request from the Medical Records Department. If you request copies, we will charge you according to IL state regulation, including postage costs if you request that we mail the copies to you. For copies of records, materials or information that cannot routinely be copied on a standard photocopy machine such as x-rays or pictures we may charge for the reasonable cost of the duplication. Requests for the inspection and copying of records must be sent to the Practice in writing and should be marked to the attention of the Medical Records Department.
5. **Right to Amend Your Records.** You have the right to request that we amend PHI maintained in medical records, electronic medical records, billing records and other records used to make decisions about your treatment and payment for your treatment. If you want to amend your records, you may obtain an amendment request form from the Privacy Officer. After which, you can return the completed form to the Privacy Officer (or designated person). We will comply with your request unless we believe that the information to be amended is correct and complete or that other circumstances apply. In the case of a requested amendment concerning information about the treatment of a mental illness or developmental disability, you have the right to appeal to a state court our decision not to amend your PHI.
6. **Right to Request Restrictions.** You have the right to request that certain protected health information be restricted from disclosure to health plans where you pay out of pocket, in full for the care and you request such a restriction. The Practice accepts all requests for restrictions of disclosures of protected health information. All requests for restrictions of disclosures must be submitted in writing and must be sent to the attention of the Practice's Privacy Officer or Designee.
7. **Right to Change Terms of this Notice.** We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in common areas throughout our Practices. You also may obtain any new notice by contacting the Privacy Officer.