

**Advanced Ophthalmology of Michiana**  
**South Bend, IN 46601**

**707 N. Michigan Street, Suite 210**  
**(574) 233-2114 fax # (574) 288-8921**

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

The confidentiality of your health information is a priority at Advanced Ophthalmology of Michiana

**How Advanced Ophthalmology of Michiana uses your information:**

**TREATMENT:** To provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party that already obtained your permission to have access to your protected health information. An example would be to communicate, **via paper, orally and/or electronically** with other health care professionals who participate in your care. *With the addition of a new Electronic Health Record (EHR) system we will conduct or review a security analysis, including addressing the encryption/security of data at rest and implementing security updates as necessary.*

**PAYMENT:** Your PHI will be used, as needed, to obtain payment for your health care services; **includes electronic communication and payment.**

**Please note: you have the right to restrict certain disclosures of protected health information to a health plan if you pay out of pocket in full for a health care item or service.\***

**HEALTHCARE OPERATIONS:** We may use or disclose your PHI as needed in order to support the business activities of our physician's practice. This may include using a sign-in sheet at the registration desk, contacting you by phone, **or by email** to remind you of an upcoming appointment and calling your name in the waiting room when it is time to see your physician. Other activities may include but are not limited to, quality assessment activities and training of medical students.

We will share your PHI with third party "business associates" that perform various activities (e.g. billing, electronic filing company) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms protecting the privacy of your PHI.

We may use and disclose your PHI as necessary to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you and for marketing activities. For example – we may send a newsletter about our practice, products and services we offer that we believe would be beneficial to you. You may contact our Privacy Contact to request these materials not be sent to you if you so choose.

You may revoke your Consent at any time by giving us written notice. Your revocation will be effective when we

receive it, but it will not apply to any uses and disclosures that occurred before that time.

If you do revoke your Consent, we will not be permitted to use or disclose information for purposes of treatment, payment or healthcare operations, and we may therefore choose to discontinue providing you with healthcare treatment and services.

**SPECIAL SITUATIONS:** We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:

**Public Health** – we may disclose PHI to a public health authority that is permitted by law to collect or receive the information for the purpose of controlling disease, injury or disability.

**Communicable Diseases** – we may disclose PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting and/or spreading the disease or condition.

**Health Oversight** – we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigation and inspections. These agencies include government agencies that oversee the health care system, government benefit programs, or other regulatory programs such as the National Registry for the Blind.

**Abuse and Neglect** – we are required by law to report to the appropriate authorized agencies your PHI if we believe that you are a victim of abuse, neglect or domestic violence.

**Food and Drug Administration** – we may disclose your PHI to a person or company as required by the Food and Drug Administration to report adverse events or product defects/problems to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance, as required.

**Legal Proceedings** - we may disclose your PHI when so requested/ordered by law for any judicial or administrative proceeding or lawful process.

**Law Enforcement** – we may disclose PHI for law enforcement purposes such as 1. Legal processes, 2. For identification and location purposes, 3. Pertaining to victims of a crime, 4. Suspicion that death has occurred as a result of criminal conduct, 5. In the event that a crime occurs on the premises of the practice, and 6. Medical emergency elsewhere and it is likely a crime has occurred.

## SPECIAL SITUATIONS (cont.)

Coroners, Funeral Directors and Organ Donation – we may disclose your PHI to a coroner or medical examiner for identification purposes, determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose necessary information to a funeral director if needed, as authorized by law. PHI may also be disclosed for cadaver organ, eye or tissue donation purposes.

Research – we may disclose PHI to researchers only after privacy protocols have been reviewed and established.

Criminal Activity – Consistent with applicable federal and state laws, we may disclose your PHI if we believe that disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose your PHI to law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security – we may disclose PHI of individuals who are Armed Forces personnel 1. For activities deemed necessary by appropriate military command authorities, 2. The Department of Veterans Affairs to determine benefit eligibility or 3. To foreign military authorities/federal officials for conducting national security and intelligence activities.

Workers' Compensation – your PHI may be disclosed as authorized to comply with workers' compensation laws and other similar legally established programs.

Inmates – we may use or disclose the PHI of inmates to the correctional facility in the course of providing care.

Required Uses and Disclosures – Under the law, we must make disclosures as required by the Secretary of the Department of Health and Human Services, to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

### **Your Rights**

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

#### **You have the right to:**

Inspect and receive a copy of your PHI. This means you may inspect and obtain a copy of your PHI as long as we maintain that record. Covered Entities must provide access to on-site records within thirty (30) days of a request.

Request a restriction of your protected health information (PHI). \*This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restrictions requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure, your PHI will not be restricted. If your physician does agree to the

requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by contacting our Privacy Contact and filling out the proper paper work.

Receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact.

Have your physician amend your protected health information. If you feel there is an error in the documentation of your PHI, you may request an amendment by contacting our Privacy Contact. In some cases your physician may deny your request and will provide a written statement of denial. All amendments and attempted amendments become a permanent record of your PHI for as long as the records are maintained.

Notification of a breach of your unsecured protected health information. You will receive notifications of any breaches in your unsecured protected health information.

Receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations and excludes disclosures we may have made to you, a facility directory, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions and limitations.

Obtain a paper copy of the notice from us. Upon your request we will provide you a paper copy even if you have agreed to accept this notice electronically.

#### **Authorization is required for use or disclosure including but not limited to:**

- Use of PHI for marketing purposes
- The sale of PHI
- Psychotherapy notes (we do not create or maintain psychotherapy notes at this practice)

You can opt out of any of the above including fundraising communications.

Complaints: You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Contact. We will not retaliate against you for filing a complaint. Our Privacy Contact is Gayle Williams, Office Manager. She can be reached at (574) 233-2114. This notice was published and becomes effective on **April 14, 2003**.

**This notice was updated effective March 1, 2013**

*This notice was updated effective Jan. 1, 2014*

This notice was updated effective Nov. 1, 2015