

Notice of Privacy Practices

Protected health information (PHI) is information about you, including demographic information (i.e., name, address, phone, etc.), that may identify you and relates to your past, present or future physical or mental health condition and related health care services. This Notice describes your rights to access and control your PHI. It also describes how we (Eye Center of Grand Rapids) follow the applicable rules to use and disclose your PHI to provide treatment, obtain payment, manage our healthcare operations and for other purposes that are permitted or required by law. Please read this Notice carefully.

Your Rights Under the HIPAA Privacy Rule

(1) You have the right to **receive a copy of this Notice**, and we will adhere to its terms. We reserve the right to change the terms of this Notice at any time. Upon your request, we will provide you with a revised Notice. A copy will be posted in our office. (2) You have the right to **authorize any use or disclosure of PHI that is not specified within this notice**. You may revoke an authorization, at any time, in writing, except to the extent that action has been taken in reliance of this authorization. (3) You have the right to **request an alternative means of confidential communication** (email, phone, and/or address) to the main contact info we have on file. All requests must be in writing. We will honor all reasonable requests. (4) You have the right to **inspect or get a copy of your complete health record**. We have the right to charge a reasonable fee for paper or electronic copies as established by professional, state, or federal guidelines. (5) You have the right to **request a restriction on the use or disclosure of your PHI** for treatment, payment or healthcare operations. Requests must be in writing. We are not required to agree to every request, but if we do, we will abide by it, except in cases of emergency. You have the right to restrict us, upon written request, from communication to your health plan regarding a specific treatment or service that has been paid for in full, out-of-pocket, and we are bound by this request. (6) You may have the right to **request an amendment to your PHI** for as long as we maintain this information. In certain cases, we may deny your request. (7) You have the right to **request a disclosure accountability**, a listing of disclosures that have been made of your PHI to entities or persons outside of Eye Center of Grand Rapids. (8) You have the right to **receive a privacy breach notice**, a written notification if we discover a breach of your unsecured PHI and determine through a risk assessment that notification is required.

**If you have questions regarding your privacy rights, please feel free to contact our office. Contact information is provided below under Privacy Complaints.

Some of The Ways That We May Use or Disclose Your PHI

(1) To **provide, coordinate, or manage your treatment** and any related services, we may use and disclose your PHI to third parties, such as pharmacies or other Healthcare Providers, who may be involved in your care. (2) **Special notices**: we may contact you by phone or other means to remind you of your appointment, to provide test results, and to describe or recommend treatment alternatives. Also, we may contact you to provide information about health-related benefits and services offered by our office, for fund-raising activities, or with respect to a group health plan, to disclose information to the health plan sponsor. You will have the right to opt out of such special notices, and each such notice will include instructions for opting out. (3) Your PHI may be used, as needed, to **obtain payment** for your healthcare services or to determine eligibility for insurance benefits. (4) We may use or disclose your PHI in order to support our **healthcare operations**, which includes (but is not limited to) business planning and development, quality assessment and improvement, medical review, legal services, auditing functions and patient safety activities. (5) We may elect to use a **health information organization** to facilitate the electronic exchange of information for the purposes of treatment, payment, or healthcare operations. (6) Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person that you identify, your PHI that directly relates to that **person's involvement in your care**. If you are unable to agree or object to such a disclosure, we may disclose only such PHI as is necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, of your general condition or death. (7) Other **permitted or required uses**: We are permitted to use or disclose your PHI without your written authorization for the following purposes: as required by law; for public health activities; health oversight activities; in cases of abuse or neglect; to comply with Food and Drug Administration requirements; research purposes; legal proceedings; law enforcement purposes; coroners; funeral directors; organ donation; criminal activity; military activity; national security; worker's compensation; when an inmate in a correctional facility; and if requested by the Department of Health and Human Services in order to investigate or determine our compliance with the requirements of the Privacy Rule.

Privacy Complaints

You have the right to complain to Eye Center of Grand Rapids, or directly to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated by us. Without any threat of retaliation, you may file a complaint with Eye Center of Grand Rapids by contacting us at:

Eye Center of Grand Rapids, 1000 East Paris Ave SE Ste 218, Grand Rapids, MI 49546; (616) 719-3821.