

Eye Plastic & Facial Cosmetic Surgery (Plastic & Reconstructive Eye Surgery, P.C.)  
Notice of Privacy Practices Effective April 14, 2003 (revised September 4, 2013)

*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.*

Our goal is to take appropriate steps to attempt to safeguard any medical and personal information that is provided to us. By law, we are required to maintain the confidentiality of health information that identifies you. We are required to provide you with this notice of our legal duties and concerning your protected health information (PHI). By federal and state law we must file a report with the Department of Health & Human Services should a breach occur.

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this notice. Any revision or amendment to this notice will be effective for all past and future records maintained by our practice. Our office will post any changes to this notice and at any time you may request a copy of our most current notice.

#### INFORMATION COLLECTED ABOUT YOU

In the ordinary course of receiving treatment and health care services from us, you will be providing us with personal information such as your name, address, phone number, medical history, insurance information, and information regarding other medical providers. In addition, we will be collecting data about you during our examinations which will be contained within your medical record. Some information may also be provided to us by other individuals or organizations that are part of your "circle of care", such as the referring physician, other doctors, your health plan and close friends and family.

#### HOW INFORMATION MAY BE DISCLOSED

We may use and disclose personal and identifiable health information for a variety of purposes including treatment planning, billing and health care operations (such as internal audits). We sometimes work with outside business associates. We may disclose your health information so they can perform the tasks that we hire them to do. They must promise to respect the confidentiality of your personal and identifiable health information. (examples of outside business associates: billing and insurance companies, pharmacies we prescribe medications to, laboratories and facilities we order patient tests from) We are required by law to provide information in cases of review by the Secretary of Health and Human Services in determining our compliance with privacy laws or when served a subpoena, court order or warrant. We also may disclose information in cases of public health issues, child or other abuse cases, or if necessary to prevent a serious health and safety threat to yourself or others. For those in the military we may disclose PHI if required by the proper authorities. Our practice may disclose PHI of federal officials for intelligence and national security activities authorized by law. Your information may be released to workers' compensation or similar programs, which provide benefits for work related injuries or illnesses without regard to fault. If you are an inmate, we may release protected information to the correctional institution if it is deemed necessary for your treatment or the health and safety to yourself or others. Your personal information may be used by the office to contact you regarding upcoming or missed appointments, give updates on insurance issues, test results and treatment options. We may disclose information to the individuals involved in your care including, pharmacies, laboratories, your spouse, your doctors or an aide who may be providing services to you. In case of an emergency situation, we may make disclosures without your agreement. If you sign an authorization to disclose information to another individual or company, you may revoke it in writing and stop any future uses and disclosures. Our practice may disclose PHI for research purposes in certain limited circumstances such as scientific papers or demonstrations. We will obtain your written authorization to use your PHI for research purposes except when an Internal Review Board (IRB) has determined that your PHI involves no more than a minimal risk to your privacy based on an adequate plan to protect the identifiers from improper use and disclosure and adequate written assurances that the PHI will not be reused or disclosed to any other entity (except as required by law). Our practice may release PHI to organizations that handle organ, eye or tissue procurements or transplantations as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

#### INDIVIDUAL RIGHTS

You have the right to ask for restrictions on the way we use and disclose your health information for treatment, payment and health care operation purposes. You have the right to make a reasonable, written request that our office communicate with you about PHI in a particular manner or at a certain location. You have the right to request that you receive communications containing your personal information by alternative means or locations (such as only by mail or only at home). You may also request that we limit our disclosures to persons assisting in your care or payment for your care. You have the right to restrict disclosure to your health plan if you choose to pay out of pocket. We will consider your request, but are not required to accept it. Such requests must be made in writing. If you believe information in your record is incorrect or incomplete, you have the right to ask us to correct or amend the information. Under certain circumstances, we may deny your request, such as when the information is accurate and correct.

Except under certain circumstances, you have the right to inspect and obtain copies of your medical records and billing information. You may be charged a fee for copying and mailing. You have the right to receive a list of certain instances when we have used or disclosed your medical information. We are not required to include in the list uses and disclosures for your treatment, payment for services furnished to you, our health care operations, disclosures to you, disclosures you give us authorization to make, and used and disclosed before April 12, 2003, among others. If you ask for this information more than once every 12 months, you may be charged a fee. You have the right to a copy of this notice in paper form at any time. To exercise any of your rights, please notify us in writing at Eye Plastic & Facial Cosmetic Surgery, (Plastic & Reconstructive Eye Surgery, P.C.), 2757 Leonard St. NE, Grand Rapids, MI 49525.

We reserve the right to make changes to this notice at any time. In the event of a change, the revised notice will be posted. You may also request a copy.

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

\* Date: \_\_\_\_\_

#### COMPLAINTS

If you have any complaints regarding our privacy practices, you may contact our privacy officer at the above address, or the Secretary of the Department of Health and Human Services at 200 Independence Ave. Room 509F, HHH Big, Washington DC, 20201. YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.