



# **Vitreoretinal Consultants, Inc.**

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## **Notice of Privacy Practices**

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.

**THE PROVISIONS OF THE NOTICE ARE EFFECTIVE AS OF APRIL 14, 2003.**

This notice describes our Practice's policies, which extend to:

- All areas of the Practice (front desk, administration, billing and collection, etc.);
- All employees, staff and other personnel that work for or with our Practice;
- All fellows, residents, medical students, and other trainees of, or affiliated with Vitreo-Retinal Consultants;
- Our business associates (including a billing service, or facilities to which we refer patients), on-call physicians, and so on.

The Practice provides this Notice to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

### **OUR THOUGHTS ABOUT YOUR PROTECTED HEALTH INFORMATION:**

We understand that your medical information is personal to you, and we are committed to protecting this information about you. As our patient, we create paper and electronic medical records about your health, our care for you, and the services and/or items we provide to you as our patient. We need this record to provide your care and to comply with certain legal requirements.

We are required by law to:

- make sure that the protected health information about you is kept private;
- provide you with a Notice of our Privacy Practices and your legal rights with respect to protected health information about you; and
- follow the terms of the Notice that is currently in effect.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose protected health information that we have and share with others. Each category of uses or disclosures provides a general explanation, and provides some examples of uses. Not every use or disclosure will be listed, though all of the permitted uses and disclosures would fall within one of the following categories.

## **Medical Treatment**

We use your protected health information to provide you with medical treatment, or information about prospective medical treatments or services. In the course of this process, we may disclose medical information about you to doctors, nurses, technicians, medical students, or hospital personnel who are involved in taking care of you. For example, a doctor to whom we refer you for ongoing or further care may need your medical record.

Different areas of the Practice also may share medical information about you including your record(s), prescriptions, requests of lab work and x-rays. We may also discuss your medical information with you to recommend possible treatment options or alternatives that may be of interest to you.

We also may disclose medical information about you to people outside the Practice who may be involved in your medical care after you leave the Practice; this may include your family members, or other personal representatives authorized by you or by a legal mandate (a guardian or other person who has been named to handle your medical decisions).

## **Payment**

We may use and disclose medical information about you for services and procedures so they may be billed and collected from you, an insurance company, or any other third party. For example, we may need to give your health care information, about treatment you received at the Practice, to obtain payment or reimbursement for the care. We may also tell your health plan and/or referring physician about a treatment you are going to receive to obtain prior approval, to determine whether your plan will cover the treatment, or to facilitate payment of a referring physician or hospital.

## **Health Care Operations**

We may use and disclose medical information about you so that we can run our Practice more efficiently and make sure that all of our patients receive quality care. These uses may include reviewing our treatment and services to evaluate the performance of our staff, deciding what additional services to offer, or deciding whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other Practices to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information, so that others may use it to study health care and health care delivery without learning who the specific patients are.

We may also use or disclose information about you for internal or external utilization review and/or quality assurance, to business associates for purposes of helping us to comply with our legal requirements, to auditors who verify our records, to billing companies who aid us in this process, and the like. We shall endeavor, at all times when business associates are used, to advise them of their continued obligation to maintain the privacy of your medical records.

## **Appointment and Patient Recall Reminders**

We may ask that you sign a "Sign In" log at our Reception Desk on the day of your appointment. We may use and disclose medical information to contact you as a reminder that you have an appointment for medical care with the Practice, or that you are due to receive periodic care from the Practice. This contact may be by phone, in writing, e-mail, or otherwise, and may involve the leaving an e-mail, a message on an answering machine, or otherwise which could (potentially) be received or intercepted by others. We typically ask patients to provide us with a secondary contact person – someone not living with you – in case we are not able to reach you at home with information regarding your appointment. If you provide us with that information, we may contact that person, or leave a message at their phone number, with your appointment information.

### **Emergency Situations**

In addition, we may disclose medical information about you to an organization assisting in a disaster relief effort or in an emergency situation so that your family can be notified about your condition, status and location.

### **Research**

Under certain circumstances, we may use and disclose medical information about you for research purposes. We will obtain an Authorization from you before using or disclosing your individually identifiable health information unless the authorization requirement has been waived by the Investigational Review Board approving the research project. If possible, we remove all information that specifically identifies any patient. If the information has been sufficiently de-identified, an authorization for the use or disclosure is not required.

### **Required By Law**

We will disclose medical information about you when required by federal, state or local law.

### **To Avert a Serious Threat to Health or Safety**

We may use and disclose medical information about you when necessary to prevent a serious threat either to your specific health and safety or the health and safety of the public or another person. Any disclosure would only be to someone able to help prevent or lessen the threat.

### **Workers' Compensation**

We may release medical information about you for workers' compensation or similar programs, if appropriate. These programs provide benefits for work-related injuries or illness.

### **Public Health Risks**

Law or public policy may require us to disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with medical products;
- to notify people of recalls of medical products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

### **Investigation and Government Activities**

We may disclose medical information to a local, state or federal agency for oversight activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the payor, the government and other regulatory agencies to monitor the health care system, government programs, and compliance with civil rights laws.

### **Lawsuits and Disputes**

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. This is particularly true if you make your health an issue. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We shall attempt in these cases to tell you about the request so that you may obtain an order protecting the information requested if you so desire. We may also use such information to defend ourselves or any member of our Practice in any actual or threatened legal action.

### **Law Enforcement**

We may release medical information if asked to do so by a law enforcement official:

- As required by law for reporting certain types of wounds or injuries;
- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the Practice; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

### **Inmates**

If you are an inmate of a correctional institution or are under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

### **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission, unless those uses can be reasonably inferred from the intended uses above. If you have provided us with your permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

## PATIENT RIGHTS

You have the following rights regarding medical information we maintain about you:

### **Right to Inspect and Copy**

You have the right to inspect and copy medical information that may be used to make decisions about your care. This includes your own medical and billing records, but does not include psychotherapy notes. Upon proof of an appropriate legal relationship, records of others related to you or under your care (guardian or custodial) may also be disclosed.

To inspect and copy your medical record, you must submit your request in writing to our Compliance Officer. Ask the front office personnel for the appropriate request form. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies (tapes, disks, etc.) associated with your request. We will notify you of the cost involved (which is regulated by state law) upon review of your request. You may choose to withdraw or modify your request before any costs are incurred. Payment of the fee must be made prior to the records being sent to you. (There will be no charge for forwarding your records to another physician for coordination of your care.)

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that our Compliance Committee review the denial. Another licensed health care professional chosen by the Practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome and recommendations from that review.

### **Right to Amend**

If you feel that the medical information we have about you in your record is incorrect or incomplete, then you may ask us to amend the information. You have the right to request an amendment for as long as the Practice maintains your medical record.

To request an amendment, your request must be made in writing, along with your intended amendment, and a reason that supports your request to amend. The amendment must be dated and signed by you and notarized. The amendment form is available from our front office personnel.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the Practice;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is inaccurate and incomplete.

### **Right to an Accounting of Disclosures**

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you, to others, other than those disclosures made for the purposes of treatment, payment or healthcare operations, as previously described.

To request this list, you must submit your request in writing. Your request must state a time period not longer than six (6) years prior, and may not include dates before April 14, 2003. We will notify you of the cost involved, and you may choose to withdraw or modify your request before any costs are incurred.

### **Right to Request Restrictions**

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations purposes. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care (a family member or friend). For example, you could ask that we not use or disclose information about a particular treatment you received. ***We are not required to agree to your request, and we may not be able to comply with your request.***

If we do agree, we will comply with your request except as required by law. To request restrictions, you must make your request in writing. Please ask our front office personnel for the appropriate request form. In your request, you must indicate:

- what information you want to limit;
- whether you want to limit our use, disclosure, or both; and
- to whom you want the limits to apply, (ie., disclosures to your children, spouse, etc.)

### **Right to Request Confidential Communications**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at home, only by mail, that we not leave voice mail or e-mail, or the like.

To request confidential communications, you must make your request in writing. Request forms are available from our front office personnel. We will not ask you the reason for your request. We will accommodate all *reasonable* requests. Your request must specify how or where you wish us to contact you.

### **Right to a Paper Copy of This Notice**

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we may receive from you in the future. We will post a copy of the current notice in the our offices. The notice will contain the date of last revision and effective date on the first page. You may request a copy of the current notice at any time.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the Practice, contact our Compliance Officer, who will direct you on how to file an office complaint. All complaints must be submitted in writing, and all complaints shall be investigated, without repercussion to you. To file a complaint with the practice, contact:

Terri L. Mullins, Compliance Officer  
Vitreo-Retinal Consultants, Inc.  
4676 Douglas Circle NW  
Canton, OH 44718

**You will not be penalized for filing a complaint.**