

# 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.**

Marion Eye Centers is required by law to maintain the privacy of your protected health information. Marion Eye Centers is required by law to provide you with a notice of its legal duties and privacy practices with respect to protected health information. Marion Eye Centers acts to maintain the privacy of protected health information and provide individuals with notice of Marion Eye Centers' legal duties and privacy practices with respect to protected health information as described in this Notice of Privacy Practices ("Notice") currently in effect. Marion Eye Centers is required by law to notify affected individuals of a breach of unsecured protected health information.

**Provision of Notice:** Marion Eye Centers provides its Notice of Privacy Practices to every patient with whom it has a direct treatment relationship. The Notice is provided no later than the date of the first treatment to the patient after the official publication date of this Notice.

**Documentation of Provision of Notice:** When a direct treatment patient receives the Notice of Privacy Practices from Marion Eye Centers, it is requested of the patient to sign the *Receipt of Notice of Privacy Practices* form. This form is filed with the patient's medical record. If the patient refuses to sign the form, it is noted in the medical record that the patient was given the Notice and refused to sign the form.

**Effective Date and Changes to Notice:** This notice is effective 03/10/2015. Marion Eye Centers reserves the right to revise this Notice whenever there is a material change to the uses or disclosures, the individual's rights, Marion Eye Centers' legal duties, or other citations contained therein. Except when required by law, a material change to any term of the Notice will not be implemented prior to the effective date of the Notice in which such material change is reflected.

Should Marion Eye Centers' information practices change, a copy of the revised Notice will be provided to the patients upon next visit. In addition, Marion Eye Centers will post revised notice on its website by the effective date of the material change to the notice.

**Contact Person:** If you have questions and would like additional information, you may contact the Privacy Officer, Scherrie Eastwood at **(618) 993-5686** or **P.O. Box 1178, Marion, IL, 62959**.

## To Report a Problem or Complaints

If you believe your privacy rights have been violated, you can file a complaint with the privacy officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

## Individual Rights

### Accounting for Disclosures of Protected Health Information

You have the right to request an “accounting of disclosures.” This is a list of certain disclosures Marion Eye Centers made of your health information. The following disclosures will not be included in a requested accounting: disclosures made for treatment, payment, or health care operations (unless such disclosures are made through an electronic health record); disclosures made to you; disclosures incident to a permitted or required use or disclosure; disclosures made pursuant to a valid authorization; disclosures for Marion Eye Centers’ directory or to people involved in your care or other notification purposes; disclosures for national security or intelligence purposes; disclosures to correctional institutions or law enforcement officials; disclosures made more than six (6) years prior to your request; disclosures as part of a limited data set.

Marion Eye Centers allows an individual to request one accounting for disclosures within a twelve (12) month period free of charge. Marion Eye Centers charges a fee of \$20.00 for more frequent accounting for disclosures requests. You may request an accounting for disclosures for a period of up to six years prior to the date of the request. Requests for shorter accounting periods will be accepted. **You must submit your request in writing to Marion Eye Centers Privacy Officer.**

Marion Eye Centers responds to all requests for an accounting of disclosures within 60 days of receipt of the request. In the event of an unexpected delay, Marion Eye Centers will inform you in writing of the delay, the reason for the delay and the date the request is expected to be fulfilled. Marion Eye Centers may only extend the delay by an additional 30 days.

### Inspect and Copy Protected Health Information

You have the right to review and copy your health information. Marion Eye Centers may charge a fee for the costs of copying, mailing or other supplies associated with your request.

Illinois law prohibits charges that exceed the following: \$20 handling fee plus 75 cents each for pages 1-25, 50 cents for each pages 26-50, and 25 cents each for pages 51 to end; plus actual expenses related to the copying of x-rays, CAT scans, and similar. Marion Eye Centers limits charges for records to the amounts allowed under Illinois law.

**You must submit your request in writing to Marion Eye Centers Privacy Officer.**

### **Request Amendment to Protected Health Information**

If you feel that health information in your record is incorrect or incomplete, you may ask for an amendment. You have this right for as long as your protected health information is kept by or for Marion Eye Centers.

**You must submit your request in writing to Marion Eye Centers Privacy Officer.** In addition, you must provide a reason for your request.

Marion Eye Centers may deny your request for an amendment if it is not in writing or does not include a reason to support the request. Marion Eye Centers may also deny your request if asked to amend data which:

- Was not created by Marion Eye Centers, unless that person or entity that created the data is no longer available to make the amendment;
- Is not part of the health information kept by or for Marion Eye Centers;
- Is not available to you for inspection or copying;
- Is accurate and complete.

### **Request Confidential Communications**

Marion Eye Centers accommodates all reasonable requests to keep communications confidential. Marion Eye Centers determines the reasonableness based on the administrative difficulty of complying with the request.

A request for confidential communications must be in writing, must specify an alternate address or other method of contact. The request must be addressed to the Privacy Officer. No reason for the request needs to be stated.

Marion Eye Centers will not refuse a request if the requester indicates that the communications will cause endangerment; or based on any perception of the merits of the requester's request.

### **Request Restriction of Disclosures**

You have the right to request a restriction of disclosures on certain use of personal health information.

Marion Eye Centers are not required to agree to your request, unless you have paid for services out of pocket in full. If Marion Eye Centers does agree with your request, we will comply unless the information is necessary to provide you emergency treatment.

All requests for restrictions of disclosures must be submitted in writing to Marion Eye Centers' Privacy Officer.

### **Authorizations**

Marion Eye Centers obtains a written authorization from a patient or the patient's representative for the use or disclosure of protected health information for other than treatment, payment, or health care operations; however, the practice will not get an authorization for the use or

disclosure of protected health information specifically allowed under the Privacy Rule in the absence of an authorization. Marion Eye Centers will provide a patient upon request, a copy of any authorization initiated by Marion Eye Centers (as opposed to request from the patient) and signed by the patient.

Marion Eye Centers does not condition treatment of a patient on the signing of an authorization, except disclosure necessary to determine payment of claim; or provision of health care solely for purpose of creating protected health information for disclosure to a third party (e.g. pre-employment or life insurance physicals).

In Illinois, a specific written authorization is required to disclose or release of mental health treatment, alcoholism treatment, drug abuse treatment or HIV/Acquired Immune Deficiency Syndrome (AIDS) information.

Marion Eye Centers allows an individual to revoke an authorization at any time. The revocation must be in writing and must be sent to the attention of Marion Eye Centers' privacy officer; however, in any care Marion Eye Centers is able to use or disclose the protected health information to the extent the practice has taken action in reliance on the authorization.

### **Uses and Disclosures of Protected Health Information**

Marion Eye Centers reasonably ensures that the protected health information it requests, uses, and discloses for any purpose is the minimum amount necessary for that purpose.

Marion Eye Centers treats all qualified individuals as patient representatives of the patient. Marion Eye Centers generally allows individuals to act as patient representatives of the patient. Two general exceptions to allowing individuals to act as patient representatives related towards unemancipated children and abuse, neglect, or endangerment situations.

Marion Eye Centers makes reasonable efforts to ensure that protected health information is only used by and disclosed to individuals that have a right to the protected health information. Towards that end, Marion Eye Centers makes reasonable efforts to verify the identity of those using or receiving protected health information.

Marion Eye Centers does not use or disclose protected health information to an employer or health plan sponsor, for underwriting and related purposes, for facility directories, to brokers and agents or for fundraising. If a patients wants an exception to this rule, contact the privacy officer as the request must be received on the appropriate written authorization.

### **Treatment, Payment, and Health Care Operations**

Marion Eye Centers uses and discloses protected health information for payment, treatment, and health care operations. Treatment includes those activities related to providing services to the patient; including releasing information to other healthcare providers involved in the patient's care.

Payment relates to all activities with getting reimbursed for services provided, including submission of claims to insurance companies and any additional information requested by the insurance company so they can determine if they should pay the claim.

Health care operations include a number of operations such as management, planning, and activities that improve the quality and lower the cost of care that Marion Eye Centers delivers.

### **Disclosures to Those Involved in Individual's Care**

Marion Eye Centers discloses protected health information to those involved in a patient's care when the patient approves or, when the patient is not present or not able to approve, when such disclosure is deemed appropriate in the professional judgment of Marion Eye Centers' staff.

When the patient is not present, Marion Eye Centers determines whether the disclosure of the patient's protected health information is authorized by law and if so, discloses only the information directly relevant to the person's involvement with the patient's health care.

Marion Eye Centers does not disclose protected health information to a suspected abuser, if, in its professional judgment, there is reason to believe that such disclosure could cause the patient serious harm. Further, the practice uses and discloses information as required by law.

### **Disclosures Required by Law or for Law Enforcement**

Marion Eye Centers may disclose protected health information for law enforcement purposes as required by law, or in response to a valid subpoena, summons, or court order.

### **Disclosures for Judicial and Administrative Proceedings**

In general, Marion Eye Centers discloses information for judicial and administrative proceedings in response to an order of a court or an administrative tribunal; or a subpoena, discovery request, or other lawful process.

### **Disclosures for Military**

Marion Eye Centers may disclose protected health information as required by military authorities if the patient is a member of the armed forces. Marion Eye Centers may also disclose protected health information about foreign military personnel to the appropriate foreign military authority

### **Disclosures for Correctional Institutions**

Marion Eye Centers may disclose protected health information as required of a correctional institution or agents thereof for the health and safety of the patient if they are an inmate of a correctional institution.

### **Disclosures for Health Oversight Activities**

Marion Eye Centers uses and discloses protected health information 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.

### **Disclosures for Organ Procurement Organizations**

Marion Eye Centers may disclose protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation or organs for the purpose of tissue donation and transplant.

### **Disclosures for Coroners or Funeral Directors**

Marion Eye Centers may disclose protected health information to coroners or medical examiners to identify a deceased person, determine cause of death, or to perform other duties as authorized by law. Marion Eye Centers may disclose protected health information to funeral directors consistent with applicable law, as necessary to carry out their duties with respect to a deceased individual.

### **Disclosures to Avert Serious Threats to Health or Safety**

Marion Eye Centers may use and disclose protected health information about patients to prevent a serious threat to the health and safety of the patient or the health and safety of the public. This would only be done to the extent to help prevent or lessen the threat.

### **Disclosures for Public Health**

Marion Eye Centers may disclose protected health information about patients for public health purposes including:

- Prevention or control of disease, injury or disability;
- Reporting child abuse or neglect;
- Reporting births and defects;
- Reporting reactions to medications;
- Reporting problems with products;
- Notification of recalls of products;
- Notification for the public or person who may have been exposed to a disease or may be at risk for contracting or spreading of a disease.

### **Disclosures for National Security and Intelligence Activities**

Marion Eye Centers may disclose protected health information about a patient to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

### **Disclosures for Marketing**

Marion Eye Centers does not use or disclose any protected health information for marketing purposes.

### **Disclosures for Research**

Marion Eye Centers may disclose protected health information to researchers when their research has been approved by an Institutional Review Board or qualified privacy board that has reviewed the research proposal and established protocols to ensure the privacy of the patients protected health information.

### **Disclosures for Secretary**

Marion Eye Centers may disclose protected health information to the Secretary of Health and Human Services if requested.