

Effective date of notice: 4/14/2003

## **NOTICE OF PRIVACY PRACTICES**

Midwest Eye Consultants, P.C.  
dba Indiana Lasik Center  
(260) 569-9550  
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**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.**

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ILC respects our legal obligation to keep health information that identifies you private. ILC is obligated by law to give you notice of its privacy practices. This Notice describes how ILC protects your health information and what rights you have regarding it.

### **TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**

The most common reason why ILC uses or discloses your health information is for treatment, payment or health care operations. Examples of how ILC uses or discloses information for treatment purposes are: setting up an appointment for you; testing or examining your eyes; prescribing glasses, contact lenses, or eye medications and faxing them to be filled; showing you low vision aids; referring you to another doctor or clinic for eye care or low vision aids or services; or getting copies of your health information from another professional that you may have seen before us. Examples of how ILC uses or discloses your health information for payment purposes are: asking you about your health care plans, or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency or attorney). "Health care operations" mean those administrative and managerial functions that ILC has to do in order to run its office. Examples of how ILC uses or discloses your health information for health care operations are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; and outside storage of our records.

ILC routinely uses your health information inside its office for these purposes without any special permission. If ILC needs to disclose your health information outside of its office for these reasons, we usually will not ask you for special written permission.

ILC will ask for special written permission in the following situations: contact lens prescriptions, access to medical records by the patient, access to medical records of a minor, mental health records, communicable diseases records, alcohol and drug abuse records, and health records to accident and sickness insurance companies, see attached documents for more details.

### **USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION**

In some limited situations, the law allows or requires ILC to use or disclose your health information without your permission. Not all of these situations will apply to ILC; some may never come up at ILC at all. Such uses or disclosures are:

- when a state or federal law mandates that certain health information be reported for a specific purpose;
- for public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or medical devices;
- disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;
- uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws;
- disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;

- disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else;
- disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- uses or disclosures for health related research;
- uses and disclosures to prevent a serious threat to health or safety;
- uses or disclosures for specialized government functions, such as for the protection of the president or high-ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the Foreign Service;
- disclosures of de-identified information;
- disclosures relating to worker's compensation programs;
- disclosures of a "limited data set" for research, public health, or health care operations;
- incidental disclosures that are an unavoidable by-product of permitted uses or disclosures;
- disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information;

Unless you object, ILC will also share relevant information about your care with your family or friends who are helping you with your eye care.

#### **APPOINTMENT REMINDERS**

ILC may call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. ILC may also call or write to notify you of other treatments or services available at our office that might help you. Unless you tell ILC otherwise, ILC will mail you an appointment reminder on a post card, and/or leave you a reminder message on your home answering machine or with someone who answers your phone if you are not home.

#### **OTHER USES AND DISCLOSURES**

ILC will not make any other uses or disclosures of your health information unless you sign a written "authorization form." The content of an "authorization form" is determined by federal law. Sometimes, ILC may initiate the authorization process if the use or disclosure is our idea. Sometimes, you may initiate the process if it's your idea for ILC to send your information to someone else. Typically, in this situation you will give ILC a properly completed authorization form, or you can use one of ILC's.

If ILC initiates the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, ILC cannot make the use or disclosure. If you do sign one, you may revoke it at any time unless ILC has already acted in reliance upon it. Revocations must be in writing. Send them to the office manager or designee named at the beginning of this Notice.

#### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

The law gives you many rights regarding your health information. You can:

- ask ILC to restrict its uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. ILC does not have to agree to do this, but if it agrees, ILC must honor the restrictions that you want. To ask for a restriction, send a written request to the ILC office manager at the address shown at the beginning of this Notice.
- ask ILC to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using E mail to your personal E Mail address. ILC will accommodate these requests if they are reasonable, and if you pay us for any extra cost. If you want to ask for confidential communications, send a written request to the office manager at the address shown at the beginning of this Notice.
- ask to see or to get photocopies of your health information. By law, there are a few limited situations in which ILC can refuse to permit access or copying. For the most part, however, you will be able to review

or have a copy of your health information within 30 days of asking us (or 60 days if the information is stored off-site). You may have to pay for photocopies in advance. If ILC denies your request, it will send you a written explanation, and instructions about how to get an impartial review of its denial if one is legally available. By law, ILC can have one 30-day extension of the time for us to give you access or photocopies if we send you a written notice of the extension. If you want to review or get photocopies of your health information, send a written request to the office manager at the address shown at the beginning of this Notice.

- ask ILC to amend your health information if you think that it is incorrect or incomplete. If ILC agree, it will amend the information within 60 days from when you ask us. ILC will send the corrected information to persons who it knows got the wrong information, and others that you specify. If ILC does not agree, you can write a statement of your position, and ILC will include it with your health information along with any rebuttal statement that it may write. Once your statement of position and/or ILC's rebuttal is included in your health information, it will send it along whenever it makes a permitted disclosure of your health information. By law, ILC can have one 30-day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, send a written request, including your reasons for the amendment, to the office manager at the address shown at the beginning of this Notice.
- get a list of the disclosures that ILC has made of your health information within the past six years (or a shorter period if you want). By law, the list will not include: disclosures for purposes of treatment, payment or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. ILC will usually respond to your request within 60 days of receiving it, but by law it can have one 30-day extension of time if ILC notifies you of the extension in writing. If you want a list, send a written request to the office manager at the address shown at the beginning of this Notice.
- get additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you got one electronically or in paper form already. If you want additional paper copies, send a written request to the office manager at the address shown at the beginning of this Notice.

#### **OUR NOTICE OF PRIVACY PRACTICES**

By law, ILC must abide by the terms of this Notice of Privacy Practices until it chooses to change it. ILC reserves the right to change this notice at any time as allowed by law. If ILC changes this Notice, the new privacy practices will apply to your health information that it already has as well as to such information that ILC may generate in the future. If ILC changes our Notice of Privacy Practices, it will post the new notice in its office, have copies available in its office, and post it on our Web site if applicable.

#### **COMPLAINTS**

If you think that ILC have not properly respected the privacy of your health information, you are free to complain to ILC or the U.S. Department of Health and Human Services, Office for Civil Rights. ILC will not retaliate against you if you make a complaint. If you want to complain to ILC, send a written complaint to the office manager at the address shown at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone.

#### **FOR MORE INFORMATION**

If you want more information about ILC's privacy practices, call Jackie S. Imus by the phone number/ or email address shown at the beginning of this Notice.