



## NOTICE OF PATIENT PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. ALSO, HOW YOU CAN ACCESS YOUR INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### Your Health Care Information- Protecting Your Privacy

It is your right as a patient to be informed of the privacy practices of your health care provider, and privacy rights in respect to your health information. This Notice of Privacy Practices is intended to provide you with this information as it pertains to your protected health information (known as PHI here-in) at Larson Eye Care S.C. (known as LEC here in).

LEC will not use or disclose your health information without your authorization, except as described in this notice.

### Larson Eye Care S.C.'s Responsibilities

It is your right as a patient to be informed of LEC's legal duties with respect to the protection of your personal health information.

LEC is required to:

- Maintain the privacy of your health information.
- Provide you with a notice of the legal duties and privacy practices regarding PHI collected and maintained about you; and abide by the terms of this notice

LEC reserves the right to change the terms of this notice and make new notice provisions effective for all PHI that it maintains. LEC also reserves the right to change the terms of its notice with respect to any applicable more limited uses and disclosures.

LEC will promptly revise and distribute its notice whenever LEC makes a substantial change to any of its privacy practices.

### Your Health Information Rights

You have the right to:

- **Request a restriction on certain uses** and disclosures of your health information, even if the restriction affects your treatment, LEC's payment, or health care operation activities.
- **LEC is not REQUIRED to agree to your requested restriction.**
- **Request restrictions on disclosures** of your PHI to a health plan for items and services you have paid in full.
- **Confidential Communication** You may request that LEC communicate your PHI to you by alternative means or at alternative locations. LEC shall accommodate all reasonable requests. IE: you may request to be contacted at a different phone number other than the number listed on your record.
- **Inspect and obtain a copy** of your health care record on paper or in an electronic format. This request must be submitted in writing to the Practice Administrator at LEC. LEC may charge you a reasonable rate for a copy of your record.
- **Amend your record** – You can request an amendment to your health care record if you believe your health information is incorrect or incomplete. You may be asked to submit this request in writing, and to state the reason why your record should be changed. If LEC did not create the record you wish to amend, or disagrees with you, LEC may deny your request.
- **Obtain an accounting of disclosures**- You can request an accounting of disclosures LEC has made in accordance with state and federal law. The accounting will describe the dates and brief description of each disclosure and reason for disclosure. You may request one accounting per year at no charge.
- **Obtain a paper copy of notice**- You can request a paper copy of the Notice of Patient Privacy Practices at any time. The notice is also available online at [www.larsoneyecare.com](http://www.larsoneyecare.com). Should a breach of your PHI occur you will receive notification of that breach.

### Uses and Disclosures for Treatment Payment and Healthcare Operations

LEC is permitted by the federal privacy rule to use or disclose your PHI for treatment payment or healthcare operations.

### LEC May use or Disclose Your Health Information for Treatment

LEC may use or disclose your PHI in the provision of coordination or management of your health care

Examples:

- Your information may be disclosed from one physician to another if they are consulting each other in relationship to your care and treatment.
- LEC may use your information to provide you with an appointment reminder. This may be by mail, email or telephone. It may also involve leaving a message on an answering machine, voicemail, email or otherwise.
- LEC may send you information about treatment alternatives or other health related services that may be of interest to you.

### LEC May use or Disclose Your Health Information for Routine Health Care Operations.

LEC may use your health information for evaluation of patient care services, evaluating performance of providers, activities relating to compliance with law and business planning. Example: LEC may review your record to determine the efficiency of the services you were provided.

### Uses or Disclosures of Your PHI Permitted Without Your Authorization

- **As required by Law or Law Enforcement, or Judicial proceedings** IE: Subpoena, Reporting a Crime, Court Order, Public Health, Purpose of Preventing or controlling disease, County Agency for Reporting Child Abuse.
- Health oversight activities, Your PHI may be disclosed to a state or federal agency for the purpose of audits, civil investigations ect.
- For activities related to death, Coroner, Medical Examiner, Funeral Director, for Cadaveric organ donation.
- To avoid serious threat to health or safety
- For specialized Government functions.
- Workers compensation- related to a worker's compensation injury.

### Patient Complaint Process:

If you believe your privacy rights have been violated, you may file a complaint with LEC or with the Secretary of Health and Human Services. There will be no retaliation against you for filing a complaint. To file a complaint with LEC please contact the Privacy officer who will provide you with the necessary assistance.

**Questions or Concerns may be Directed to:** PRIVACY OFFICER, LARSON EYE CARE. 1442 N 31<sup>st</sup> Street. Sheboygan WI 53081 or 920.452.5400