

## MID-AMERICA EYE CENTER 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.

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State and Federal laws require Mid-America Eye Center to maintain the privacy of your health information, and to inform you of our privacy practices in this Notice. This Notice will become effective on April 14, 2003, and will remain in effect until amended or replaced by Mid-America Eye Center. It is the right of Mid-America Eye Center to change our privacy policy as law permits, and this Notice will be amended to reflect any such changes.

You may request a copy of our most current Privacy Practice Notice. Information about contacting Mid-America Eye Center is provided at the end of this document.

Mid-America Eye Center will keep your health information confidential, and will use it only for the following purposes:

**Treatment:** We may use your health information to provide health care to you. For example, we might use your health information in writing a prescription for you, or by using the results of laboratory tests to reach a diagnosis for you. We have established "minimum need to know" standards which limit staff members' access to your health information. Everyone on our staff is required to sign a confidentiality statement.

**Disclosure:** We may disclose your health information to other health care professionals who provide treatment or service to you. For example, your doctor might write a letter about your treatment to your primary care physician. These professionals will also have Privacy Policies in place, like this one. Using reasonable judgement, Mid-America Eye Center may share your health information with a friend or family member involved in your care or who assists in taking care of you. For example, if you are accompanied to Mid-America Eye Center by a son or daughter, that person may have access to your health information.

**Payment:** We may use your health information to bill and collect for services we provide to you. For example, we may disclose your health information to your insurer to determine whether your insurer will pay for treatment. Our business office may disclose your health information to other business associates in the process of mailing or collecting unpaid balances.

**Health Care Operations:** Mid-America Eye Center obtains services from insurers and business associates such as cost management, quality review, credentialing, medical review and legal services. We may disclose your health information as necessary in obtaining these services.

**Appointment Reminders:** Mid-America Eye Center may use your health information to provide you with appointment reminders, including but not limited to leaving messages on your answering machine, postcard and letters.

**Emergencies:** In case of an emergency affecting your care, Mid-America Eye Center may use your health information to notify a family member or anyone responsible for your care.

**Required by Law:** Mid-America Eye Center will share or disclose your health information as required by Federal, State or local law and/or if you are an inmate or otherwise in the custody of law enforcement.

**Abuse or Neglect:** Mid-America Eye Center may share or disclose your health information as allowed or required by law to report abuse or neglect, or to prevent a serious threat to the health and safety of you or others.

**Public Health Responsibilities:** Mid-America Eye Center may share your health information as authorized by law to public health or legal authorities charged with preventing or controlling disease, injury or disability; to report reactions to medicines; to assist with product recalls.

**Health Oversight Activities:** Mid-America Eye Center may disclose your health information to a health oversight agency for purposes authorized by law such as investigations, inspections, audits, surveys, licensure, civil or criminal procedures or other activities necessary for the government to oversee government programs, compliance with civil rights laws and the health care system in general.

**Organ and Tissue Procurement:** Mid-America Eye Center may disclose your health information as consistent with applicable law to organizations that handle organ, eye or tissue procurement or transplantation as necessary to facilitate these activities if you are a donor or a recipient.

**National Security:** Mid-America Eye Center may share your health information with authorized federal officials if it is required for intelligence and national security purposes as authorized by law. The health information of Armed Forces personnel may be disclosed to the proper authorities if required for national security purposes.

**Health Related Benefits and Services:** Mid-America Eye Center may use your health information to tell you about health related services or benefits that may interest you.

**Change of Ownership:** If Mid-America Eye Center were sold to another health care provider or entity, your health information would be shared or disclosed to that provider so that your health care can be continued.

## **YOUR PRIVACY RIGHTS AS A PATIENT OF MID-AMERICA EYE CENTER**

The health and billing records Mid-America Eye Center maintains on you are the physical property of Mid-America Eye Center. The information contained in those records, however, belongs to you. You have the following rights regarding that information:

1. You have the right to inspect and obtain copies of your records. There may be some limited exceptions. If you wish to inspect them the appropriate request form must be completed and submitted. Contact the Privacy Officer at Mid-America Eye Center for this form. Once approved, you will be given an opportunity to inspect your records at the Mid-America Eye Center office. Copies, if you wish to have them, will be made available to you at a cost to you to cover photocopying, staff time and postage, if required. A summary or explanation of your records can be provided for a fee. Contact our Privacy Officer for an explanation of these fees. You have the right to appeal a denial of access to your records.
2. You have the right to request restrictions on certain uses and disclosures of your health information. For example, you may request that we disclose your information only to certain individuals involved in your care, such as a specific family member. Mid-America Eye Center is not required to agree to your request but will make a reasonable effort to do so.
3. You have the right to request that your health care record be amended if you feel the information is inaccurate or incomplete. Your request must be in writing and must provide a reason for amending your records. Under certain circumstances your request may be denied. If it is denied, you will have the opportunity to furnish a written statement to be included in your records.
4. You have the right to request an accounting of non-routine disclosures of your health information. Mid-America Eye Center does not document routine disclosures, so an accounting of these is not available. Non-routine disclosures include disclosures for reasons other than treatment, payment or health care operations. A request for these disclosures must be in writing and can be obtained only for disclosures made *after* April 14, 2003. Requests for non-routine disclosure may cover a period no greater than 6 years.
5. You have the right to file a complaint with us if you feel we have violated your privacy rights. You may also file a complaint with the Secretary of the Department of Health and Human Services. The complaint must be in writing. Mid-America Eye Center will not retaliate in any way if you choose to file a complaint.

## **HOW TO CONTACT MID-AMERICA EYE CENTER**

**Mid-America Eye Center**  
Attention: Privacy Officer  
3830 W. 75<sup>th</sup> Street  
Prairie Village, KS 66208

Telephone: 913 384-1441  
Toll Free: 800 628-4258  
FAX: 913 384-3437