

# Notice of Privacy Practices

Effective Date: April 14, 2003

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY**

If you have questions about this notice, please contact our Administration at 847-426-0227

## **Our Pledge Regarding Health Information**

Simpson Eye Associates understands that information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at our facilities. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the facilities, whether made by facility personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you the ways in which we may use and disclose health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

## **Our Responsibilities**

Simpson Eye Associates is required to:

- make sure that health information that identifies you is kept private
- give you this notice of our legal duties and privacy practices with respect to your medical information
- follow the terms of the notice that is currently in effect
- notify you if we are unable to agree to a requested restriction
- inform you of applicable cost-based charges associated with your information requests
- accommodate reasonable requests you may have to communicate health information by alternative means or to an alternative location
- protect the privacy about a deceased individual as long as the information is maintained.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our privacy practices change, we will post the revised notice in our facilities and to our web site. We will also provide a copy of it to you during registration at your next visit.

## **Your Health Information Rights**

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- obtain a paper copy of the notice of privacy practices upon request
- inspect your health record
- receive a copy of your health record upon written authorization
- request an amendment to your health record by submitting a written request stating the reason for the requested amendment
- obtain a report of disclosures of your health information that were made and not related to treatment, payment or routine health care operations by submitting a written request
- request communication of your health information by alternative means or to an alternative location by submitting a written request
- revoke your authorization to use or disclose health information, except to the extent that action has already been taken, by submitting a written request

- request a restriction on certain uses and disclosures of your information by submitting a written request

### **Understanding Your Health Record/Information**

Each time you visit a Simpson Eye Associates facility, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This information, referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a payer can verify that services billed were actually provided
- tool in educating health professionals
- source of information for public health officials charged with improving the health of the nation
- tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your health record allows you to ensure its accuracy. Understanding how your health information is used helps you to better understand who, what, when, where, and why others may access it and make more informed decisions when authorizing disclosures to others. Some examples include authorizing disclosure for treatment, payment, and health care operations, as described further in this document, and authorizing disclosure for medical research or for facility planning and marketing.

### **Confidentiality of Mental Health, Alcohol and Drug Abuse Information**

The confidentiality of mental health, alcohol and drug abuse patient records maintained by this program is protected by Federal and State regulations. Generally, Simpson Eye Associates may not acknowledge to anyone outside the program that a patient attends the program, or disclose any information identifying a patient participating in any of these programs for purposes other than treatment, payment, and health care operations unless one of the following conditions is met:

1. the patient gives written permission for disclosures for purposes other than treatment, payment, and health care operations
2. the disclosure is required by a court order
3. the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation

Violation of the Federal and State regulations is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

### **Uses and Disclosures**

The following categories describe and provide some examples of different ways that we will use and disclose health information.

*Treatment:* We will provide health information about you to physicians, nurses, technicians, students, and other healthcare team members who need the information to provide you treatment or services. For example, a physician treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. The physician may need to tell the dietician if you have diabetes so that we arrange for appropriate meals. Different areas of the office also may share your medical information to coordinate things you need such as prescriptions, lab work, testing, and photographs. We will also disclose medical information about you to your physician or other persons with copies of various reports that will assist in treating you after you leave our facility. We may contact you to provide appointment reminders or treatment alternatives.

*Payment:* We will use your health information to bill for and obtain payment for treatment services you receive at the facility. For example, a bill may be sent to you, an insurance company, or a third party. We may need to give your health plan information about surgery, medical treatment and continuum of care needs you received or will receive so that the health plan will pay us or reimburse you for the services. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or determine whether your plan will cover the treatment.

*Health Care Operations:* We may use and disclose health information about you for facility operations. This information is used in an effort to continuously improve the quality and effectiveness of the health care services we provide. For example, members of the medical staff and/or quality improvement team may use information in your health record to assess the care

and outcomes in your case and others like it. We may combine medical information about many patients to evaluate the need for new services or treatment. We may disclose information to physicians, nurses, and students for educational purposes.

*Business associates:* There are some services provided in our organization through contacts with business associates. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

*Directory:* Unless you notify us that you object, we will use your name, location in the facility. This information may be provided to individuals who ask for you by name as well as government agencies and disaster relief organizations in the event of a disaster.

*Notification:* We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

*Patient:* During the course of your treatment and services at the facility, there may be encounters in which a physician, nurse, or other health team member may need to discuss with you your health condition and plan of treatment in an area where the presence of others is unavoidable. We will make every reasonable effort to maintain the confidentiality of your health information during these situations.

*Family:* Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information about you if that person is involved in your care or payment related to your care.

*Minors:* We will follow State Law as it relates to personal representatives or non-emancipated minors.

*Limited Data Sets:* We may use or disclose a limited data set (i.e., in which certain identifying information has been removed) of your protected health information for purposes of research, public health, or health care operations. Any recipient of that limited data set must agree to appropriately safeguard your information.

*Research:* We may disclose health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

*Marketing:* We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may communicate to you via newsletters, mail outs or other means regarding treatment options, disease management programs, wellness programs, or other community based initiatives or activities our facility is participating in.

*Food and Drug Administration (FDA):* We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

*Worker's Compensation:* We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

*Public Health:* As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

*Correctional Institutions:* Should you be an inmate of a correctional institution, we may disclose to the institution or its agents health information necessary for your health and the health and safety of other individuals.

*Law Enforcement:* We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

**Disclosures Requiring Specific Authorization**

Certain categories of information are entitled to even greater privacy protection. Information related to the categories therefore may not be released unless either we have your express written authorization or unless we are required by Federal or State Law to release the information. The categories of information entitled to this protection are: Artificial insemination, AIDS, high blood pressure, genetic testing, podiatrist, Medical Disciplinary Board, sexual assault, advance practice nurse, residents of skilled nursing facilities, and home care. More specific information may be obtained from Simpson Eye Associate's Administration.

**Other Uses and Disclosures**

Other uses and disclosures of your health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you give us permission to use and disclose your information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your health information for the reasons covered by your written authorization.

**Organized Health Care Arrangement:** This facility and its physicians have organized and are presenting you this document as a joint notice. Information will be shared as necessary to carry out treatment, payment, and health care operations. Physicians and other health care professionals may have access to your protected health information in their offices to assist in reviewing past treatment as it may affect treatment at the time.

**Affiliated Covered Entity:** Your protected health information will be made available to personnel at Simpson Eye Associates facilities as necessary to carry out treatment, payment, and health care operations. Simpson Eye Associates has affiliated certain entities for the sole purpose of a common privacy program for compliance with the Health Insurance Portability and Accountability Act (HIPAA). These entities include: West Dundee, Crystal Lake, Elgin and Huntley. Health care professionals at other facilities may have access to protected health information at their locations to assist in reviewing past treatment information as it may affect treatment at this time.

**Complaints**

If you believe your privacy rights have been violated, you may file a complaint with our facility by contacting our Administration at 847-426-0227 or you may file a complaint with the Secretary of the Department of Health and Human Services at (202) 619-2403. You will not be penalized for filing a complaint.

**Contact Information**

If you have any questions or complaints about your privacy or this notice, please contact:

Simpson Eye Associates  
Sam Kossoff, 650 Springhill Ring Road, West Dundee, IL 60118, 847-426-0227