

Holland Eye Clinic, P.C.
Holland Eye Surgery & Laser 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. This notice was published and first became effective on April 14, 2003.

I. Our Obligation to Our Patients. In this Notice, we describe the ways that we may use and disclose health information about our patients. The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a patient, or where there is a reasonable basis to believe the information can be used to identify a patient. This information is called “Protected Health Information” or “PHI”. This Notice describes your rights as our patient and our obligations regarding the use and disclosure of PHI. This Notice takes effect April 14, 2003 and will remain in effect until we replace it. You may request a copy of our Notice at any time.

II. Uses and Disclosures of Protected Health Information. We use and disclose health information about you for treatment, payment, and healthcare operations.

Treatment: We may use and disclose PHI about you to provide, coordinate or manage your health care. For example, we may use and disclose PHI when you need a prescription, lab work, an x-ray, or other health care services. We may notify you of health services or products that could benefit you. We may use and disclose PHI about you when referring you to another health care provider in the form of a report about your care from us so that the other physician may treat you.

Payment: We submit claims electronically to insurance carriers and disclose your health information to obtain payment for services rendered. We may ask for payment approval from your insurance company before we provide care or services. We may use and disclose PHI for billing, claims management and collection activities.

Healthcare Operations: We may use and disclose your health information in performing health care operations. Health care operations may include reviewing and improving quality and efficiency of care; reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of our patients; training programs of our staff; auditing and review by outside agencies as needed for licensing and certification; and cost management analyses.

Communication from our office: We may contact you to remind you to make an appointment or to remind you of a scheduled appointment. These reminders may be in the form of a phone call, voice mail, message left on an answering machine or with a family member, or a postcard or letter.

Authorization: In addition to the above uses of your health information, you may give us written permission to use and/or release it for any other purpose. This authorization may be revoked in writing, at any time, except to the extent we have taken action based on the authorization.

Individuals Involved In Your Care: We may disclose PHI about you to your family members, close friend, or any other person identified by you if that information is directly relevant to the person’s involvement in your care or payment for your care. We also may use professional judgment and our experience with common practice to make reasonable decisions about your best interests in allowing a person to act on your behalf to pick up prescriptions, medical supplies or other things that contain health information about you.

Other Uses and Disclosures We Can Make Without Your Written Authorization: We may use and disclose Protected Health Information about you in the following circumstances without your authorization or opportunity to agree or object, provided that we comply with certain conditions that may apply.

Required By Law: We may use or disclose your health information as required by federal, state, or local law. Any disclosure complies with the law and is limited to the requirements of the law. Examples include possible abuse, neglect or domestic violence, child or adult.

Public Health Activities: We may use or disclose PHI to public health authorities to carry out certain activities related to public health, including the following: to prevent or control disease, injury or disability; to report disease, injury or death; to report reactions to medications or problems with products or devices controlled by the FDA; to locate and notify persons of recalls or products they may be using; to notify a person of the possibility of exposure to a communicable disease; and to report to your employer information related to workplace injuries or illness.

Health Oversight Activities: We may disclose PHI to a health oversight agency for activities including audits, investigations, inspections, licensure and disciplinary cases and other programs conducted by such agencies to monitor the health care system, government health care programs, and compliance with certain laws.

Legal Proceedings: We may use or disclose PHI when required by a court or administrative tribunal order. We may also disclose PHI in response to subpoenas, discovery requests, or other required legal process when efforts have been made to advise you of the request or to obtain an order protecting the information requested.

Workers' Compensation: We may disclose PHI as authorized by workers' compensation laws or other similar programs that provide benefits for work-related injuries or illness.

III. Your Rights As a Patient

Right to Request Restrictions: You have the right to request additional restrictions on your health information that we may use for treatment, payment and health care operations. You may also request additional restrictions on our disclosure of PHI to certain individuals involved in your care that otherwise are permitted by the Privacy Rule. *We are not required to agree to your request.* If we do agree to your request, we are required to comply with our agreement except in certain cases, including where the information is needed to treat you in the case of an emergency. To request restrictions, you must make your request in writing to our Privacy Officer. In your request, please include (1) the information that you want to restrict; (2) how you want to restrict the information; and (3) to whom you want those restrictions to apply.

Right to Receive Confidential Communications: You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. For example, you may request that we contact you at home, rather than at work. You must make your request in writing to our Privacy Officer. You must specify how you would like to be contacted. We are required to accommodate *reasonable* requests.

Right to Inspect and Copy: You have the right to request the opportunity to inspect and receive a copy of PHI about you in certain records that we maintain. This includes your medical and billing records but does not include psychotherapy notes or information gathered or prepared for a civil, criminal, or administrative proceeding. We may deny your request to inspect and copy PHI only in limited circumstances. To inspect and copy PHI please contact our Privacy Officer. We may charge you a reasonable fee for the copying, postage, labor and supplies used in meeting your request.

Right to Amend: You have the right to request that we amend PHI about you as long as such information is kept by or for our office. To make this type of request you must submit your request in writing to our Privacy Officer. You must also give us a reason for your request. We may deny your request in certain cases, including if it is not in writing or if you do not give us a reason for the request or we deem the information to be accurate and complete as recorded.

Disclosure Accounting: You have the right to request an accounting of disclosures of your PHI made by us or our business associates for purposes other than treatment, payment or healthcare operations. You may request this information for the last six years but not for disclosures occurring before April 14, 2003. A written request must be made to our Privacy Officer. The first request will be given; free of charge, but any additional requests within the same 12-month period will be provided at a charge.

Right to Paper Copy of this Notice: You have a right to receive a paper copy of this Notice at any time. This holds true even if you have previously agreed to receive this Notice electronically. You may contact the Privacy Officer to receive a written copy. We will also keep a current Notice in the Reception area of our office for your review at any time.

IV. Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, please contact our Privacy Officer at the address and number listed below. We will not retaliate in any way, penalize or discriminate against you if you choose to file a complaint.

V. Questions

If you have any questions about this Notice, please contact our Privacy Officer at the address and telephone number listed below.

Privacy Officer: Tim Marney
Address: 999 Washington Avenue, Holland, MI 49423
Telephone: 616-396-2316 (office) or 616-396-0085 (FAX)
E-Mail: tmarney@hollandeye.com
OR
Privacy Officer
Michigan Department of Community Health
Phone 517-241-0048