

University Eye Specialists

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NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be disclosed and how you can access this information. Please review it carefully.

We care about your privacy and strive for confidentiality of your medical information. New federal registration requires that we issue this official notice of our privacy practices. You have the right to the confidentiality of your medical information, and this practice is required by law to maintain the privacy of your protected health information. Our office is required to abide by the terms of the **Notice of Privacy Practices** currently in effect, and to provide notice of its legal duties with respect to protected health information. If you have any questions about the **Notice of Privacy Practices**, please contact University Eye Specialists at (312)475-1000.

Who Will Follow This Notice

Any healthcare professional and all employees at this practice authorized to enter or access information into your medical record must abide by this notice. All subsidiaries, business associates, sites, and other locations of this practice may share medical information for treatment, payment purposes, or healthcare operations described in this notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.

How We May Use and Disclose Medical Information About You

The following categories describe different ways that we may use and disclose medical information without your specific consent or authorization. While examples are provided, it is not possible to list every use or disclosure category.

For Treatment: We may use your medical information to provide you with medical treatment or services. For example, we need to know if you have allergies that could influence which medications we prescribe for your treatment.

For Payment: We may use and disclose medical information about you so that the treatment and services you receive from us can be billed and payment can be collected from either you, an insurance company, or a third party. For example, we need to send your protected health information, such as your name, address, office visit date, and codes identifying your diagnosis and treatment to your insurance company.

For Healthcare Operations: We may use and disclose medical information about you for healthcare operations to assure that you receive quality care. For example, we may use your medical information to review our treatment, services, and evaluate our staff's performance in your care.

Other Uses or Disclosures That Can be Made Without Consent or Authorization

- As required during an investigation by law enforcement agencies
- To avert a serious threat to health or safety
- As required by military command authorities for medical records
- To worker's compensation or similar programs for processing of claims
- In response to a legal proceeding
- To a coroner or medical examiner for identification of a body
- If an inmate, to the correctional institution or law enforcement official
- As required by the U.S. Food and Drug Administration (FDA)

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.

Your Individual Rights Regarding Your Medical Information

Rights to Inspect and Copy: You have the right to inspect and copy your health information, such as, medical billing records, that we use to make decisions about your care. You must submit a written request in order to inspect or receive a copy of your health information. If you request a copy, we may charge a fee for the costs of copying.

Right to Amend: If you believe the health information about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as this office keeps the information.

Right to Request Restrictions: You have the rights to request a restriction of limitation on the health information we disclose about your treatment or payment. You also have the right to request limitation on the information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend.

We are Not Required to Agree with Your Request: If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

Right to a Paper Copy of This Notice: You have the right to a copy of this notice at any time.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.