

CURTIS EYE CARE

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NOTICE OF PRIVACY PRACTICES AND HIPAA CONFIDENTIALITY

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY. WE CONSIDER THE PRIVACY OF YOUR HEALTH INFORMATION OF PARAMOUNT IMPORTANCE.

OUR LEGAL DUTY

As a Recipient of health care services, you have certain rights. To learn more about these rights, we suggest you visit: <https://www.hhs.gov/hipaa/for-individuals/index.html>. We are required by law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We will follow the privacy practices that are describes in this notice while it is in effect.

We reserve the right to change our privacy practices and terms of this notice at any time. We reserve the right to make changes in our privacy practices and the new terms of our notice effect for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will make commercially reasonable efforts to change this notice and make the new notice available upon request. You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

OUR USE AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you only as necessary for treatment, payment, and our healthcare operations. For example:

TREATMENT: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you, both existing and new.

PAYMENT: We may use and disclose your health information to obtain payment for services we provide to you. Including but not limited to your insurance company, billing agencies, and collection agencies.

HEALTH CARE OPERATIONS: We may use and disclose your health information in connection with our health care operations. Health care operations including without limitation, quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.

YOUR AUTHORIZATION: In addition to our use of your health information for treatment, payment or health care operations, you may give us written authorization to use your health information or disclose it to anyone for any purpose. If you give us a written authorization, you may revoke it in writing at any time, although such revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us written authorization, we will not use or intentionally disclose your health information for any reason except those described in this notice.

TO YOUR FRIENDS AND FAMILY: We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your health care or with payment for your health care, but only if you agree in writing that we may do so. Authorization is completed on our "CONSENT TO USE AND DISCLOSE HEALTH INFORMATION" form. You are required to update every three years. If it has not been three years then you are responsible to submit any changes in writing.

PERSONS INVOLVED IN CARE: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, concerning your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will (1) disclose health information based on a determination using our professional judgement disclosing only health information that is directly relevant to the person's involvement in your health care and (2) use our professional judgement and experience with common practice to make reasonable inferences of your best interest in allowing third parties to pick up prescriptions, medical supplies, imaging, or other similar forms of health information.

MARKETING HEALTH RELATED SERVICES: We will not use your health information for marketing communications without your written authorization.

REQUIRED BY LAW: We may use or disclose your health information when we are required to do so by law.

ABUSE OR NEGLECT: We may disclose your health information to appropriate authorities if we reasonably believe that you may be a victim of abuse, neglect, domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

NATIONAL SECURITY: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials your health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of inmates or patients under certain circumstances.

APPOINTMENT REMINDERS: We may disclose your health information to provide you appointment reminders and recall notices.

PATIENT RIGHTS

ACCESS: You have the right to review or obtain copies of your health information, with limited exceptions. You may request copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address at the end of the notice.

DISCLOSURE ACCOUNTING: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, health care operations, and certain other activities, for the last seven years. We will provide such a list at no charge upon your request once in a twelve-month period. We reserve the right to charge you for requests in excess of once per twelve-month period.

RESTRICTIONS: You have the right to request that we place additional restrictions on our use of disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

ALTERNATIVE COMMUNICATION: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation on how payments will be handled under the alternative means or location you request.

AMENDMENT: You have the right to request that we amend your health information. (Any such request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

ELECTRONIC NOTICE: If you receive this notice on our website or by electronic mail (e-mail), you are entitled to receive this notice in written form upon your request.

QUESTIONS AND COMPLAINTS: To learn more about our privacy or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or to have us communicate with you by alternative means or at alternative locations, you may contact us using the contact information listed at the end of this notice. You may also submit a written complaints to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint upon request. We support your right to the privacy of your health information and will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Serices.

ACKNOWLEDGEMENT: Your signing of our “CONSENT TO USE AND DISCLOSE HEALTH INFORMATION” form acts as your acknowledgement of having been given the opportunity to review this document, ask any and all questions, and your acknowledgement of fully understand the contents of this document.

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Office Hours can be found online
via Google and our website:
www.CurtisEyeCare.com



Medical Records Access Act (www.MichiganLegislature.org)

Act 47 of 2004

Patients who wish to examine or obtain a copy of their record are required to submit a written request and health care providers or facilities are required to provide access to the records no later than 30 days after receipt of request. If records are not maintained nor are accessible on-site, up to 60 days is allowed for making them available.