

## **CASTLEMAN EYE CENTER NOTICE OF PRIVACY PRACTICES**

**EFFECTIVE DATE: 02-13-06; Revised 3-31-08**

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 any questions about this notice, please contact Privacy Officer listed on Page 4.

Your medical information is personal. We are committed to protecting your medical information. We create a record of the services you receive here to provide you with quality care and to comply with certain legal requirements. This Notice applies to all the records of your care generated by our office whether made by your personal physician or one of the office's employees.

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

We are required by law to be sure that medical information that identifies you is kept private, to give you this Notice of our legal duties and privacy practices with respect to medical information about you, and to follow the terms of the Notice that is currently in effect.

**How The Castleman Eye Center May Use & Disclose Your Medical Information** The following describes the different ways that your medical information may be used or disclosed by our office. For clarification we have included some examples. Not every possible use or disclosure is specifically mentioned. However, all of the ways we are permitted to use and disclose your medical information will fit within one of these general categories:

**Treatment** We will use medical information about you to provide you with medical treatment and services. We may disclose medical information about you to doctors, nurses, technicians and other office personnel who are involved in providing your medical treatment

**Payment** We may use and disclose information about you so that the treatment and services you receive at our office may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about treatment you received here so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**Health Care Operations** We may use and disclose medical information about you for office operations. These uses and disclosures are necessary to run our office and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine information about many of our patients to decide what additional services the office

should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, and other office personnel for review and learning purposes. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning the identity of the specific patients.

Appointment Reminders We may use and disclose information to contact you as a reminder that you have an appointment for treatment or medical care at our office.

Treatment Alternatives We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Research Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition.

As Required By Law We will disclose information about you when required to do so by federal, state or local law. For example, disclosure may be required by Workers' Compensation statutes and various public health statutes in connection with required reporting of certain diseases, child abuse and neglect, domestic violence, adverse drug reactions, etc.

To Avert a Serious Threat to Health or Safety We may use and disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Health Oversight Activities We may disclose information to a governmental or other oversight agency for activities authorized by law. For example, disclosures of your medical information may be made in connection with audits, investigations, inspections, and licensure renewals, etc.

Lawsuits and Disputes If you are involved in a lawsuit or a dispute, we may use your information to defend the office or to respond to a court order.

Law Enforcement We may release information about you if required by law when asked to do so by a law enforcement official.

Coroners and Medical Examiners We may release medical information to a coroner or medical examiner to identify a deceased person or determine the cause of death.

**Your Rights Regarding Your Medical Information** You have the following rights regarding the medical information our office maintains about you:

Right to Inspect and Copy You have the right to inspect and copy your medical information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may submit a written request that the denial be reviewed.

To inspect and copy your medical information, or for information regarding a denial review, submit your written request to address listed on Page 4.

Right to Amend If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by our office. In addition, you must provide a reason that supports your request.

To request an amendment, submit your written request to address listed on Page 4.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- (a) was not created by us;
- (b) is not part of the medical information kept by our office;
- (c) is not part of the information which you would be permitted to inspect and copy; or
- (d) is accurate and complete.

Right to an Accounting of Disclosures You have the right to request an "accounting of disclosures." This is a list of the disclosures we have made of your medical information. Your request must state a time period, which may not be longer than six years and may not include dates before March 31, 2003.

To request this accounting of disclosures, submit your written request to address listed on Page 4.

Right to Request Restrictions You have the right to request a restriction or limitation on the use or disclosure we make of your medical information. We are not required to agree to your request for a restriction. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, submit your written request to address listed on Page 4.

Right to Request Confidential Communications You have the right to request that we communicate with you only in a certain manner. For example, you can ask that we only contact you at work or by mail. We will accommodate all reasonable requests.

To request confidential communications, submit your written request to address listed on Page 4.

Right to a Paper Copy of This Notice You have the right to a paper copy of this Notice. You may also obtain a copy of this Notice at our website, [www.cecmi.net](http://www.cecmi.net)

To obtain a paper copy of this Notice, contact Privacy Officer at address/phone number on Page 4.

Revisions to This Notice We reserve the right to revise this Notice. Any revised Notice will be effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of any revised Notice in our office and on our website. Any revised paper Notice will contain the effective date on the first page.

Complaints If you believe your privacy rights have been violated, you may file a written complaint with our office or with the Secretary of the Department of Health and Human Services. Our office will not penalize you in any way for filing a complaint. To file a written complaint with our office, contact Privacy Officer at address listed on Page 4.

Other Uses of Medical Information Other uses and disclosures of your medical information not covered by this Notice of Privacy Practices will be made only with your written authorization. If you provide us such an authorization in writing to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization.

**Castleman Eye Center  
ATTN: Brenda Jasso  
Privacy Officer  
20500 Eureka Rd, Ste 200  
Taylor, MI 48180  
(734) 283-0500**