



Notice of Privacy Practices

Effective date of notice: May 1, 2014

THIS NOTICE DESCRIBES HOW MUCH MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This notice describes how we protect your health information and what rights you have regarding it and we are legally obligated to abide by the terms of this notice while it is in effect.

If you have any questions about our privacy practices, please contact Dr. Teresa Aris, at Aris Eye Care, 936 S. Lincoln Avenue, Lakeview, Michigan 48850, email address: ariseyecare@gmail.com.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reasons why we use or disclose your health information is for treatment, payment, or health care operations.

Treatment: We will use and disclose your health information to provide treatment to you. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you; testing or examining your eyes; prescribing glasses, contact lenses, or eye medications and faxing the prescriptions to be filled; showing you low vision aids; referring you to another doctor or clinic for eye care or additional services; or getting copies of your health information from another professional that you may have seen before us.

Payment: We will use and disclose your health information to obtain payment for the services we provide for you. Examples of how we use or disclose your health information for payment purposes are: asking you about your health or vision care plans, or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collections agency or attorney).

Health Care Options: We will use and disclose your health information for those administrative and managerial functions that we have to do in order to run our office. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; and outside storage of our records.

We routinely use your health information inside our office for these purposes without any special permission. For your protection, there may be circumstances when we ask you for a signed authorization.



USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our office at all. Such uses and disclosures are:

- When a state or federal law mandates that certain health information be reported for a specific purpose;
- For public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the Federal Food and Drug Administration regarding drugs or medical devices;
- Disclosure to governmental authorities about victims of suspected abuse, neglect, or domestic violence;
- Uses and disclosure for health oversight activities, such as the licensing of doctors; for audits by Medicare and Medicaid; or for the investigation of possible violations of health care laws;
- Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of court or administrative agencies;
- Disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime;
- Disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- In limited circumstances, uses or disclosures for health related research, such as when an Institutional Review Board has determined that such disclosure is appropriate without your permission;
- Uses and disclosures to prevent a serious threat to health or safety;
- Uses or disclosures for specialized government functions, such as the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health members of the foreign service;
- Disclosures of de-identified information, from which information that may be used to identify you has been removed;
- Disclosures relating to worker's compensation programs;
- Disclosures of a "limited data set" for research, public health, or health care operations;
- Incidental disclosures that are unavoidable by-product of permitted uses or disclosures;
- Disclosures to a personal representative, such as someone that you have authorized to make health care decisions for you through a durable power of attorney or similar legal document;
- Disclosures to "business associates" who perform payment or health care operations for us and who commit to respect the privacy of your health information;

Unless you object, we will also share relevant information about your care with your family or friends who are helping you with your eye care.



APPOINTMENT REMINDERS

We may call, write, email, or text to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call, write, email, text, or use a secure portal to notify you of other treatments or services available at our office that might help you. You do have the choice of your preferred method of communication.

OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your health information unless you sign a written “authorization form.” Federal Law determines the content of an authorization form. Sometimes, you may initiate the process if it’s your idea for us to send your information to someone else. Typically, in this situation you will give us a properly completed authorization form, or you can use one of ours.

If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing. Send them to the office contact person named at the beginning of this notice.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information. You can:

- Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. You must submit your request in writing. To ask for a form by which you may request a restriction, send a request to the office contact person at the address, or email shown in the beginning of this notice.
- Ask us to communicate with you in a confidential way, such as phoning you at work rather than at home, by mailing health information to a different address, or by using email to your personal email address. We will accommodate these requests if they are reasonable, and if you pay us for any extra cost. You must submit your request in writing. If you want to ask for a form by which you may request confidential communications, send a request to the office contact person at the address, or email shown at the beginning of this notice.
- Ask to see or get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 30 days of asking us. You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one 30-day extension of the time for us to give you access or photocopies if we send you a written notice of the extension. You must submit your request in writing. To ask for a form by which you can see or obtain photocopies of your health information, send a request to the office contact person at the address, or email shown at the beginning of this notice.