

# HIGHLAND RETINA ASSOCIATES, LLC.

## HIPAA NOTICE OF PRIVACY PRACTICES

This notice describes how your health information may be used and disclosed. This also includes information about how you can access this information. Please review this privacy policy carefully.

This notice takes effect on February 26<sup>th</sup>, 2018 and remains in effect until it is replaced or updated. During your office visits with us, personal protected health information may be obtained, including but not limited to, documentation of your symptoms, diagnostic tests and results, diagnosis and treatment, and medical billing for these services.

### Our Responsibilities

Our general responsibilities with respect to your health information include:

- We will follow the duties and privacy practices described in this notice and provide you with a copy of it at your request.
- We will not use or share your information other than as described here, unless you give us permission in writing.
- We will maintain the privacy and security of all protected health information in accordance with the law.
- We will let you know immediately in the event of a breach in security that may impact the integrity of your protected information.

### Our Uses and Disclosures

#### *How do we typically use or share a patient's health information?*

We typically use or share your health information in the following ways:

#### **Treatment**

We can use your health information for our own knowledge and understanding of your medical background, and we may also share it with other healthcare professionals who are treating you.

#### **Bill for your services**

We can use and share your health information to bill and get payment from you, your insurance company, or from another health plan entity.

#### **Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary. For example, we use health information about you to manage your treatment and services.

## ***How else can we use or share a patient's health information?***

By law, our office can, or is required to, share your information in several ways that differ from those mentioned above.

### **Communication with family**

We may use or disclose information to relay or assist in relaying your location and general condition to a family member, personal representative, or other person responsible for your care. We also may disclose to any individual that you approve of and indicate in writing, health information relevant to that person's involvement in your care.

### **Communicate with you**

We may use and disclose your personal health information:

- To contact you to remind you of an appointment.
- To describe or recommend treatment alternatives.
- To discover and share information about health-related benefits and services that may be of interest to you

### **Business associates**

There are some services provided in our office through contracts with business associates. We may disclose your health information to our business associates, so they can perform the job we have asked them to do. However, we require these associates to take precautions to protect your personal information.

### **Public health and safety issues**

We can share health information about you in certain situations such as:

- Preventing disease
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Research**

We may use or share your information for the purposes of medical research.

### **Comply with the law and respond to lawsuits and/or legal actions**

We will share information about you if state or federal laws require it.

### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director in the event of a patient's death.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official

- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## **Your Choices**

For certain health information, you can decide what we do and do not share. Please let us know if you have a clear preference for how we handle your information in situations such as those listed below, and we will follow your decision.

In these situations, you have both the right and choice to tell us to:

- Share information with any individual involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preferences, we reserve the right to go ahead and share your information if we believe it is in your best interest, or if this information may protect others.*

In these circumstances we will never share your information:

- Marketing purposes
- Sale of your information
- Substance abuse health information
- HIV Information

## **Your Rights**

You have certain rights with respect to your health information, as follows.

### **Get a copy of your medical record**

- You can ask to view or receive a paper copy of your medical record and other health information. To do so, you should submit your request in writing to the Privacy Contact at the address listed at the bottom of this notice. We reserve the right to charge a reasonable fee for this service.

### **Ask us to correct your medical record**

- You can ask us to correct any health information about you that you think is incorrect or incomplete. Please notify one of the office staff members, and/or submit your request in writing to the Privacy Contact listed at the bottom of this privacy notice.
- We may decline your request, but we will notify you of this decision in writing within 60 days of the request.

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. Please notify one of the office staff members, and/or submit your request to the Privacy Contact.
- We will approve reasonable requests.

### **Get a list of those with whom we've shared information**

- You can ask for a list of who we have shared your information with, and why. You should submit your request in writing to the Privacy.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures.
- We will provide one accounting a year for free but will charge a reasonable fee if you request another one within six months.

### **Get a copy of this privacy notice**

- You may ask for a paper copy of this notice at any time by submitting a request in writing to the Privacy Contact or simply ask one of the office staff members.

### **Choose someone to act for you**

- If you have given someone medical power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- Please be sure to submit evidence of this to the Privacy Contact at the address listed at the bottom of this notice.

### **File a complaint if you feel your rights are violated**

- Please let us know if you feel we have violated your rights by contacting us through the Privacy Contact at the address listed at the bottom of this notice.
- You can also file a formal complaint with the U.S. Department of Health and Human Services Office for Civil Rights by one of the following methods:
  - By mail:** 200 Independence Avenue, S.W., Washington, D.C. 20201
  - By phone:** 1-877-696-6775
  - By visiting the website:** [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)
- We will not retaliate against you for filing a complaint.

## **Other Information**

### **Changes to the terms of this notice**

We reserve the right to change or update the terms of this privacy policy notice at any time, and these changes will apply to all information we have about you. Any new versions of the privacy policy notice will be available upon request.

**Contact person**

Our contact person for all questions, requests, or for further information related to the privacy of your health information is:

Highland Retina Associates, LLC  
Attn.: Privacy Officer  
Professional Office Building  
1530 N 7<sup>th</sup> St., Suite 502  
Terre Haute, IN 47807  
Email: [info@highlandretina.com](mailto:info@highlandretina.com)