

Privacy Policy for:

Adrian Eyecare and Optical

580 Riverside Ave.

Adrian, MI 49221

Paul W. Lanczki, O.D.

Cara A. Condon, O.D.

517-265-6055

fax 517-265-6115

Effective Date: 06/24/2004

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

Your medical information is personal. We are committed to protecting your medical information. This Notice applies to all of the records of your care generated by this office, whether made by your personal physician or one of the office's employees.

This office is **required by law** to:

- 1) make sure that medical information that identifies you is kept private;
- 2) give you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- 3) follow the terms of the Notice that is currently in effect.

How This Office May Use and Disclose Your Medical Information

For 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 you with medical treatment.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company, or a third party.

For Health Care Operations. We may 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.

Appointment Reminders. We may contact you as a reminder that you may have an appointment for treatment or medical care at this office.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes.

As Required By Law. We will disclose medical information about you when required to do so by federal, state or local law. For Example, disclosure may be required by Worker's 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 medical 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 medical information to a governmental or other oversight agency for activities authorized by law.

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

Law Enforcement. We may release medical 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 this office maintains about you:

Right to Inspect and Copy. You have the right to inspect and copy your medical information with the exception of any psychotherapy notes. To inspect and copy your medical information, you must submit your request in writing to our office manager. 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 request that the denial be reviewed. For information regarding such a review, contact the office manager.

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 this office. To request an amendment, your request must be made in writing and submitted to the office manager. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures; you must submit your request in writing to the office manager. Your request must state a time period, which may not be longer than six years and may not include dates before April 1, 2003.

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, you must make your request in writing to the office manager.

Right to Request Confidential Communications. You have the right to request that we communicate with you only in certain manner. To request confidential communications, you must make your request in writing to the office manager. We will accommodate all reasonable requests.

Revision 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 this office. Any revised Notice will contain on the first page the effective date.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with this office or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing, to the office manager, at 580 Riverside Ave Adrian, MI 49221. **The office will not penalize you in any way for filing a complaint.**

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 not longer use or disclose medical information about you for the reasons covered by your written authorization.

If you have questions about this Notice of Privacy Practices, please contact:

The Office Manager at Adrian Eyecare & Optical.