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WWW. CorneaAZ.com

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. When it comes to your health information, you have certain rights. Please review this notice carefully.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record. Ask us how to do this. We will provide a copy of or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- Ask us to correct your paper or electronic medical record. We may not agree to your request, but we'll tell you why in writing within 60 days.
- Request confidential communication. We will agree to all reasonable requests.
- Ask us to limit the information we use or share. You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request, and we may not agree if it would affect your care. If you pay for a service of health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will agree, unless a law requires us to share that information.
- Get a list of those with whom and why we've shared your information for six years prior to the date you ask. You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures, except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

- Get a copy of this Notice of Privacy Practices. You can access our Notice of Privacy Practice on our website at: http://www.corneaaz.com/patient-resources/privacy/. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- 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. We will take reasonable actions to ensure any such person has this authority and can act for you before we take any action.
- File a Complaint. You can complain, if you feel we have violated your privacy rights by contacting us at the phone number listed above. You can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints. We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

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

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

In the case of fundraising: We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

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

- **Treat you**. We can use your health information and share it with other professionals who are treating you.
- **Run our organization**. We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- **Bill for your services**. We can use and share your information to bill and get payment from health plans or other entities.

We are allowed or required to share your information in other ways as provided below – usually in ways that contribute to the public good, such as public health and research. (We have to meet many conditions in the law before we can share your information for these purposes.

For more information visit:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

- Help with public health and safety issues.
- Do research.
- Comply with the law.
- Respond to organ and tissue donation requests.
- Work with a medical examiner or funeral director.
- Address workers' compensation, law enforcement, and other government requests.
- Respond to lawsuits and legal actions.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information visit:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.