

HIPAA Medical Privacy Act Information

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.

THIS NOTICE APPLIES TO ALL OF THE RECORDS OF YOUR CARE GENERATED BY THE PRACTICE, WHETHER MADE BY THE PRACTICE OR AN ASSOCIATED FACILITY.

The Administrator of these rules at Dakota Laser Vision, P.L.L.C. is **Ms. Bonnie Banning**, who can be contacted at: bbanning@dakotalaser.com. For more information on the HIPAA Act, link to <http://www.hhs.gov/ocr/privacysummary.pdf>.

We understand that medical information about you and your health is private and we are committed to protecting your medical information. We create a medical record to detail the care and services you receive from us. We need this record in order to provide you with quality care and to comply with certain legal requirements. This Notice applies to any medical records generated at Dakota Laser Vision, P.L.L.C. and describes how we protect your health information and what rights you have regarding this information. If you have any questions about this Notice, please contact the office contact person shown above.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reason why we use or disclose your health information is for treatment, payment or health care operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you; performing a physical examination; performing diagnostic tests; prescribing medications and faxing them to be filled including pharmaceutical indigent programs; obtaining corrective lenses for you through optical shops and/or corrective lens providers; referring you to another doctor or clinic for additional or specialist services; or getting copies of your health information from another professional that you may have seen before us. Examples of how we use or disclose your health information for payment purposes are: asking you about your health insurance coverage or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency or attorney). Health care operations mean those administrative and managerial functions that we have to do in order to run our office more efficiently and make sure that all of our patients receive quality care. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; reviewing our treatment and services to evaluate the performance of our staff; participation in managed care plans; defense of legal matters; business planning; and outside storage of our records.

In order to maintain the communication that allows for quick, effective, and high quality health care, Dakota Laser Vision, P.L.L.C. may occasionally release medical information about you to a friend, or family member unless you tell us not to. Before we release any information, except in emergency situations, we will require that the person to whom we are speaking be able to provide us the last four (4) digits of your social security number.

The Federal Regulations do not require a signed consent for Treatment, Payment or Operations. However, we will ask you to sign a consent for certain purposes such as release of Protected Health Information (PHI) to a referring provider or for claims payment in order to comply with State of Michigan regulations.

We routinely use your health information inside our office for these purposes without any special permission. We will ask for special written permission in the following situations: research, marketing and legal request. We will also ask for your permission to disclose (PHI) that is about HIV, AIDS, mental health treatment and/or substance abuse.

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 or 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;
- Disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;
- Uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws;
- We may release medical information about you for workers compensation or similar programs. These programs provide benefits for work-related injuries or illness;
- Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts 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; to provide information about a crime at our office; or to report a crime that happened somewhere else;
- 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;
- Uses or disclosures for health related research;
- Uses and disclosures to prevent a serious threat to health or safety;
- Uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service;
- Disclosures of de-identified information;
- Disclosures of a limited data set for research, public health, or health care operations;
- Incidental disclosures that are an unavoidable by-product of permitted uses or disclosures;

- Disclosures to business associates who perform health care operations for us and who commit to respect the privacy of your health information
- Inmates: Dakota Laser Vision, P.L.L.C.. may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.

APPOINTMENT REMINDERS

We may call, write, or email to remind you of scheduled appointment or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that might help you. This contact may be on an answering machine or other method, which could (potentially) be received or intercepted by others. This call or message may be to a home or work number.

OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your health information unless you sign a written authorization form. The content of an authorization form is determined by federal law. Sometimes, we may initiate the authorization process if the use or disclosure is our idea. Sometimes, you may initiate the process if it is 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 the authorization, 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.

Restrictions: 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. To ask for a restriction, send a written request to the office contact person at the address or fax shown at the beginning of this Notice.

Communication: You can 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. If you want to ask for confidential communications, send a written request to the office contact person at the address or fax shown at the beginning of this Notice.

Photocopies: You can ask to see or to 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 (or sixty days if the information is stored off-site). You will be asked to pay a reasonable charge in advance for photocopies and for review of your medical record. 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 extension. If you want to review or get photocopies of your health information, send a written request to the office contact person at the address or fax shown at the beginning of this Notice.

Amendments: You can ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know got the wrong information and others that you specify. If we do not agree, you can write a statement of your position and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and/or rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have on 30-day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, send a written request, including your reasons for the amendment, to the office contact person at the address or fax shown at the beginning of this Notice.

Disclosures: You can get a list of the disclosures that we have made of your health information within the past six years (or a shorter period if you want). By law, the list will not include: disclosures for purposes of treatment, payment, or health care operations; disclosures that were made with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30 day extension of time if we notify you of the extension in writing. If you want a list, send a written request to the office contact person at the address or fax shown at the beginning of this Notice.

Notice: You can get additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you got one electronically or in paper form already. If you want additional paper copies, send a written request to the office contact person at the address or fax shown at the beginning of this Notice.

OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this Notice of Privacy Practices. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office, have copies available in our office and post it on our website.

COMPLAINTS

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or to the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to the office contact person at the address or fax shown at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone.

FOR MORE INFORMATION

If you want more information about our privacy practices, call or visit the office contact person at the address or phone number shown at the beginning of this Notice.