



PRIVACY POLICY

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This act gives you, the patient, the right to understand and control how your personal or protected health information ("PHI") is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may disclose your personal information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment, and health care operations.

Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include referring you to a general ophthalmologist.

Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities and utilization review. An example of this would be sending a bill for your visit to your insurance company and/or verifying coverage prior to a surgery.

Health care operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost management analysis, and customer service. An example of this would be new patient surveys.

The practice may also disclose your PHI for law enforcement and other legitimate reasons, although we shall do our best to ensure its continued confidentiality to the extent possible.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you, by phone or in writing, to provide appointment reminders or information about treatment alternatives or other health-related benefits and services, in addition to other fundraising communications, that may be of interest to you. You do have the right to “opt out” of receiving fundraising communications from us.

The following uses and disclosures of PHI will only be made pursuant to us receiving a written authorization from you:

Most uses and disclosure of psychotherapy notes; uses and disclosure of your PHI for marketing purposes, including subsidized treatment and health care operations; disclosures that constitute a sale of PHI under HIPAA; and other uses and disclosures not described in this notice.

You may revoke such authorization in writing, and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your PHI:

- ✓ The right to request restrictions on certain uses and disclosures of PHI, including those related to disclosures of family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to honor a requested restriction except in limited circumstances which we shall explain if you ask. If we do agree to the restriction, we must abide by it unless you agree in writing to remove it.
- ✓ The right to reasonable requests to receive confidential communications of PHI by alternative means or at alternative locations.

- ✓ The right to request electronic copies of your PHI if it is on an electronic health records (EHR) system.
- ✓ The right to inspect and copy your PHI.
- ✓ The right to amend your PHI.
- ✓ The right to receive an accounting of disclosures of your PHI.
- ✓ The right to obtain a paper copy of this notice from us upon request.
- ✓ The right to be advised if your unprotected PHI is intentionally or unintentionally disclosed.

If you have paid for services “out of pocket” in full, and you request that we do not disclose PHI related solely to those services to a health plan, we will accommodate your request, except where we are required by law to make a disclosure.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to PHI.

This notice is effective as of August 12, 2021. It is our intention to abide by the terms of the Notice of Privacy Practices and HIPAA Regulations currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provision effective for all PHI that we maintain. We will post and you may request a written copy of the revised Notice of Privacy Practices from our office.

You have recourse if you feel that your protections have been violated by our office. You have the right to file a formal, written complaint with our office and the Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you for filing a complaint.

Feel free to contact the Retina Consultants of Southern Colorado Practice Privacy Officer for more information in person, by phone, or in writing.



RETINA CONSULTANTS

— OF SOUTHERN COLORADO —

PRIVACY POLICY

Kim English
2770 North Union Blvd., Suite 140
Colorado Springs, CO 80909
719-473-9595