

## MARSHALL EYE CARE – NOTICE OF PRIVACY PRACTICES

Scott Brown, O.D. Jeffrey Fitzmaurice, O.D. James Fletcher, O.D.

Effective Date: 04-14-2003

**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.**

We understand that medical information about you is personal and we are committed to protecting it. Scott Brown, OD, Jeffrey Fitzmaurice, OD and James Fletcher, OD are required by law to maintain the privacy of your health information, to follow the terms of this Notice, and to provide you with this Notice of our legal duties and privacy practices with respect to your health information. We are required to follow the terms of the Notice that is currently in effect.

### **How Scott Brown, OD, Jeffrey Fitzmaurice, OD and James Fletcher, OD May Use or Disclose Your Health Information:**

- **For Treatment** – to dispense and provide prescription ophthalmic goods and services to you.
- **For Payment** – so that your vision services may be billed to and payment may be collected from you, your insurance company or a third party.
- **For Health Care Operations** – Operations, which include activities necessary to run the glasses and contact lens sales business and make sure that you receive quality customer service.
- **For Appointment Reminders and Health-Related Products and Services** – we may use and disclose health information for annual eye examination cards, to tell you about health-related products and services, or recommend possible treatment alternatives that may be of interest to you.
- **To Individuals Involved in Your Care or Payment of Your Care** – we may disclose your health information to a family member or friend who is involved in your medical care or payment for your care, provided that you agree to the disclosure, or we give you an opportunity to object to the disclosure. If you are not available or are unable to agree or object, we will use our best judgment to decide whether this disclosure is in your best interests.
- **As Required by Law** – to comply with federal, state or local law.
- **To Avert a Serious Threat to Health or Safety** – we may use and disclosure your health information 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 would be only to someone able to avert the threat.
- **For Public Health Activities/Risk Prevention** – for public health activities including, for example, activities to prevent or control disease or injury; report problems with products; or, report abuse or neglect.
- **For Health Oversight Activities** – to a health oversight agency for activities authorized by law. These activities, which are necessary for the government to monitor the health care system, include audits, investigations, inspections and licensure.
- **For Lawsuits and Disputes** – if you are involved in a lawsuit or dispute, we may disclose your health information in response to a court or administrative order. In response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting that information.
- **For Specialized Government Functions** – (1) if you are a member of the armed forces, as required by military command authorities; (2) if you are an inmate or in lawful custody, to a correctional facility or law enforcement official; (3) in response to a request from law enforcement, if certain conditions are satisfied; (4) for national security reasons authorized by law; and (5) to authorized federal officials to protect the President, or authorized persons or head of state.
- **For Workers' Compensation or other similar programs.**
- **Organ and Tissue Donation** – to organ procurement or similar organizations for purposes of donation or transplant.
- **Coroners or Funeral Directors** – to a coroner or medical examiner, for example, to determine cause of death. To funeral directors consistent with applicable law to enable them to carry out their duties.
- **Personal Representatives** – to a person legally authorized to act on your behalf, such as a parent, legal guardian, administrator or executor of your estate, or other individual authorized under applicable law.
- **Marketing** – with your written authorization, we may use your health information or disclose your health information to our third party agents, representatives, service providers and/or contractors to offer targeted marketing communications to you. Other Uses and Disclosures of Your Health Information, except as described in the Notice, Scott Brown, OD, Jeffrey Fitzmaurice, OD and James Fletcher, OD will not use or disclose your health information without your written authorization. If you do authorize Scott Brown, OD, Jeffrey Fitzmaurice, OD and James Fletcher, OD to use or disclose your health information, you may revoke your authorization in writing at any time. If you revoke your authorization, this will stop any further use or disclosure of your health information for purposes covered by your written authorization, except if we have already acted on your permission. Please refer to the Notice Addendum to find out about any stricter laws in your State that we must follow when using or disclosing your health information, or any State laws that give you greater rights with respect to your health information.

### **You Have the Following Rights with Respect to Your Health Information.**

- You have the right to request that Scott Brown, OD, Jeffrey Fitzmaurice, OD and James Fletcher, OD follow special restrictions when using or disclosing your health information for treatment, payment or health care operations, or to someone who is involved in your care or the payment for your care. Scott Brown, OD, Jeffrey Fitzmaurice, OD and James Fletcher, OD are not required to agree to your request. If Scott Brown, OD, Jeffrey Fitzmaurice, OD and James Fletcher, OD do agree, we will comply with your request unless the information is needed to provide you emergency treatment and other exceptions pursuant to law.
- With certain exceptions, you have the right to inspect and copy your health information. Usually, such information includes prescription and billing records, we may deny your request to inspect and copy in certain limited circumstances, in which case, you may request that the denial be reviewed.
- You have the right to request that Scott Brown, OD, Jeffrey Fitzmaurice, OD and James Fletcher, OD amend your health information if you feel that it is incorrect or incomplete. You must provide a reason supporting your request. We may deny your request if the health information is inaccurate and complete or is not part of the health information kept by or for Scott Brown, OD, Jeffrey Fitzmaurice, OD and James Fletcher, OD. Even if we deny your request for amendment, you have the right to submit a statement of disagreement regarding any item in your record you believe is incomplete or incorrect. If you request, this will become part of your medical record and we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe is incomplete or incorrect.
- You have a right to request an accounting of disclosures of your health information. This is a list of disclosures we made of your health information, other than for treatment, payment, health care operations, and other exceptions pursuant to law. You must specify the time period, which may not be longer than six years and may not include dates before April 14, 2003
- You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may request that we contact you only at work or at a different residence or post office box. We will accommodate all reasonable requests. If you would like to exercise one or more of these rights, contact Marshall Eye Care at phone (269)781-9863, fax (269) 781-8964, or submit a written request to Scott Brown, OD, Jeffrey Fitzmaurice, OD and James Fletcher, OD, 14915 W. Michigan Ave, Marshall, MI 49068.

### **Changes to this Notice of Privacy Practices**

Scott Brown, OD, Jeffrey Fitzmaurice, OD and James Fletcher, OD reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future.

**By signing below, I acknowledge that I have received Scott Brown's, OD, Jeffrey Fitzmaurice's, OD and James Fletcher's, OD Privacy Notice.**

Signature of Patient or Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_