



CASCADE OPHTHALMOLOGY, P.C.
Elizabeth H. Henry, M.D., F.A.C.S.
Amy S. Ranger, M.D.
James P. Patyi, O.D.

791-A Kenmoor SE, Grand Rapids, MI 49546
Phone: 616-575-8200
Fax: 616-954-9622
www.cascadeeyes.com

NOTICE OF PRIVACY PRACTICES

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

We are required by law to maintain the privacy of your protected health information and to provide you with information that describes our privacy practices. This Notice of Privacy Practices describes how Cascade Ophthalmology, P.C. will use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are required or permitted by federal, state, and local law. This notice also contains information about your rights to access and control your protected health information.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION FOR THE TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS.

Federal privacy rules permit Cascade Ophthalmology, P.C. to use and disclose your protected health information without your written authorization for the purposes of treatment, payment, or healthcare operations.

TREATMENT: Your protected health information will be used and disclosed to provide, coordinate, or manage your health care and any related services. This includes the coordination and/or management of your health care with another health care provider for treatment purposes. Cascade Ophthalmology, P.C. participates in certain health information exchanges to facilitate the secure exchange of your health information electronically between health care providers and health care entities for your treatment, payment, or other healthcare operations purposes. This means that we may share information we obtain or created about you with outside entities (such as hospitals, doctor's offices and pharmacies) or we may receive information they create or obtain about you so that each of us can provide better treatment and coordinate your health care services.

PAYMENT: Your protected health information will be used and disclosed to obtain payment for the services we provide to you. This includes communicating with your insurance benefits.

HEALTH CARE OPERATIONS: Your protected health information will be used and disclosed in order to operate our practice. Health care operations include activities such as quality assessment and improvement; providing educational training programs for medical, nursing, and other allied health and no-health care professionals; accreditation, certification, and licensing activities; and general administrative, legal and auditing activities.

CERTAIN OTHER USES AND DISCLOSURES: Your protected health information may be used to remind you of appointments, medication, refills, treatment alternatives, and/or other health-related benefits and services that may be of interest to you. We may disclose limited protected health information to family member or close friend that you designate as being involved in your care.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION THAT ARE REQUIRED OR PERMITTED BY LAW

PUBLIC HEALTH ACTIVITIES: We will use and disclose your protected health information for the following public health activities and purposes as required or permitted by law:

- To prevent, control, or report disease, injury, or disability.
- To report suspected child abuse or neglect.
- To conduct public health surveillance, investigations, and interventions.
- To collect or report adverse events and product defects; enable product recalls, repairs, or replacement to FDA-regulated products or activities, and to track FDA-regulated products or conduct post-marketing surveillance.
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- To report to an employer about an individual who is a member of the workforce if there is a work-related injury or illness or to conduct an evaluation relating to medical surveillance of the workplace.
- To report proof of immunizations to a school about an individual who is a student or prospective student of the school.

TO REPORT SUSPECTED ABUSE, NEGLECT, OR DOMESTIC VIOLENCE: We will use and disclose your protected health information to notify government authorities as required by law if we believe you are the victim of abuse, neglect, or domestic violence. If we make such a disclosure, we will inform you unless we believe that this will place you at risk of serious harm.

HEALTH OVERSIGHT ACTIVITIES: We will disclose your protected health information to a health oversight agency for activities authorized by law including audits; civil, administrative, or criminal investigations, proceedings or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS: We will use and disclose your protected health information in the course of a judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order. We may disclose your protected health information in response to a subpoena to the extent authorized by law.

LAW ENFORCEMENT: We will disclose your protected health information to a law enforcement official for law enforcement purposes as follows:

- As required by law for reporting certain types of wounds or other physical injuries.

- Pursuant to a court order, court-ordered warrant, subpoena, summons, or similar process authorized under law.
- For the purposes of identifying or locating a suspect, fugitive, material witness, or missing person
- Under certain circumstances when there is a crime on our premises.
- In an emergency, to report a crime.

CORONERS, FUNERAL DIRECTORS, AND ORGAN DONATION: We may disclose your protected health information to a coroner or medical examiner for identification purposes, to determine cause of death, or to perform other duties authorized by law. We may disclose your protected health information to a funeral director in order for them to carry out their duties. We may disclose your protected health information if you are an organ donor for organ, eye, or tissue donation purposes.

RESEARCH: We may use and disclose your protected health information for research purposes when our institutional review board or privacy board waives the requirement to obtain an individual authorization.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY: We may disclose your protected health information when necessary to prevent or lessen a serious and imminent threat to your health or safety of the public.

SPECIALIZED GOVERNMENT FUNCTION: We may use and disclose your protected health information to facilitate specific government functions relating to military and veterans' activities, national security and intelligence activities, protective services to the President and other, medical suitability determinations, public benefit programs, correctional institutions and law enforcement custodial situations.

WORKERS' COMPENSATION: We may use and disclose your protected health information to comply with laws related to workers' compensation or similar programs established by law to provide benefits for work-related illnesses or injuries.

OTHER AS REQUIRED BY LAW: We will use and disclose your protected health information to the extent that such use or disclosure is required by laws not listed above.

Other than as stated in the previous paragraphs, we will not disclose your PHI without your written authorization. We are specifically required to obtain your written authorization for all treatment and health care communications (except face to face) if the office receives financial remuneration from a third party whose product or service is being marketed in exchange for making the communication. You may revoke your written authorization at anytime, except to the extent that action has been taken in reliance on the authorization.

YOUR RIGHTS UNDER THE PRIVACY RULE:

- **The right** to inspect and request a copy of your protected health, to the extent allowed by law. You may inspect and obtain a copy (paper or electronic) of the protected health information that is contained in your designated record set for as long as we maintain the protected health information. The designated record set contains both medical records and billing records. A fee may be charged to cover the copying, supplies, and postage costs incurred in complying with your request.
- **The right** to request communication of your protected health information by an alternative means or at an alternative location. You may request that we communicate with you in certain ways and we will accommodate reasonable requests. We will not require you to provide an explanation for your request.
- **The right** to request a restriction on the use and disclosure of your protected health information for treatment, payment, or health care operations purposes. With one exception, we are not required to agree to a restriction and will notify you if we deny the request. If we do agree, your protected health information will not be used or disclosed in violation of the restriction unless it is needed to provide you with emergency treatment. We are required to agree to the restriction if you pay 100% of your out of pocket for items or service and request that we do not disclose this to your health plan.
- **The right** to request amendments to your protected health information. This request must be in writing and you must provide a reason to support the requested amendment. In certain cases, we may deny your request. If we do, you have the right to file a statement of disagreement with us. If we prepare a rebuttal to your statement of disagreement, we will provide you with a copy.
- **The right** to receive an accounting of certain disclosures. You have the right to receive an accounting of certain disclosures of your protected health information by Cascade Ophthalmology, P.C. Your request for an accounting must be in writing and you are permitted one free accounting during any 12-month period but subsequent requests for an accounting will incur a fee.
- **The right** to be notified of a breach of your protected health information. Our office must notify you as soon as possible and no later than 60 day following discovery of the breach.
- **The right** to obtain a paper copy of this Notice. You may ask for a copy of this Notice at any time

If you are interested in pursuing any of these rights, please discuss them with your health care provider or contact the Cascade Ophthalmology, P.C. Privacy Officer at (616) 575-8200.

CHANGES TO THIS NOTICE: We reserve the right to revise, change, or amend our Notice of Privacy Practices. Any revision or amendments to this notice will be effective for the protected health information that we already have as well as any protected health information that we may create, receive, or maintain in the future. We will post a copy of our current Notice in prominent locations within our clinics and you may request a current Notice during any visit to our organization or by calling the Cascade Ophthalmology, P.C. Privacy Officer at (616) 575-8200. In addition, you will find our current Notice on our website at www.cascadeeyees.com

COMPLAINTS: If you believe your privacy right have been violated, you may file a complaint with the Cascade Ophthalmology, P.C. Privacy Officer or with the Secretary of the Department of Health and Human Services. Complaints must be submitted in writing. You will not be penalized for filing a complaint.