



NOTICE OF PRIVACY PRACTICES

ARLINGTON EYE PHYSICIANS, L.L.C.

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

This notice applies to all patient health information maintained by Arlington Eye Physicians, L.L.C. (AEP) for services provided at its offices located at 1604 West Central Road in Arlington Heights, 5067 North Lincoln Ave in Chicago, and 1555 N. Barrington Road in Hoffman Estates Illinois. If you have questions regarding this notice please contact AEP's Privacy Officer.

Our Pledge Regarding Your Health Information

We are committed to the protection of patient Health information in accordance with applicable law and accreditation standards. The health information pertaining to you is personal. A record of the care and services you received at AEP is needed to provide you with quality care and to comply with legal requirements.

The law requires us to:

- Make sure that health information that identifies you is kept private
- Give you this notice of our legal duties and privacy practices with respect to health information about you.
- Follow the terms of this notice that are currently in effect.

In Certain Circumstances We May Use and Disclose Information About You Without Your Written Consent

-For Treatment: We will use health information about you to provide you with medical treatment or services. We will disclose health information about you to doctors, nurses, technicians, or other individuals who are involved in taking care of you. We may also disclose health information about you to other healthcare providers, or other facilities, that provide continuing care to you based on your visits here.

-For Payment: AEP will use or disclose your health information to send bills to your insurance company or other payers, such as Medicare, and collect payments from you. We also may tell your health insurer about a treatment or surgery that has been recommended in order to obtain prior approval to determine whether your plan will cover the treatment.

-Appointments: AEP may contact you for appointments. Messages left for you will not contain any health information, unless you give us permission.

-Public Health and Government Functions: AEP will disclose your health information in certain circumstances to:

-Control or prevent a communicable disease, injury or disability, to report births and deaths, and for public health oversight activities or interventions.

-Required or Permitted by Law: AEP is required to release your health information as it relates to appropriate individuals as required by law.

1. Suspected elder or child abuse law enforcement agencies responsible to investigate or prosecute abuse.
2. A Valid court order.
3. The Department of Children and Family Services (DCFS), a protection or advocacy agency or law enforcement authorities investigating abuse, neglect, physical injury, death, violent crimes such as suspicious wounds, burns, gunshot wounds or death.
4. Your court appointed guardian or agent you have appointed under a health care power of attorney.
5. A prisoner's health care provider.

-Research: AEP does not engage in any research activities that require it to use or disclose protected health information.

-Worker Compensation: AEP may release your health information as it relates to your work injury or illness for worker's compensation. This program provides benefits for work-related injuries or illness.

In all instances where we deal with your protected health information, AEP follows a "minimum necessary" standard whereby all staff are required to make every reasonable effort to limit the use, the disclosure of, and requests of your health information to accomplish the intended purpose of the job.

YOUR HEALTH INFORMATION RIGHTS

-Right to Request Restrictions: You have the right to request certain restrictions of AEP's use and disclosure of health information for treatment, payment or health care operations. You also have the right to request a restriction on our disclosure of your health to someone who is

involved in your care or the payment for your care. AEP is not required to agree to your request if it interferes with patient care, treatment, office operations and/or the payment of your bill.

-Right to Inspect and Copy: you have the right to inspect and receive a copy of your health records. A request for inspection or a copy of your health record must be made in writing.

-Right to Amend: If you feel that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. To request a restriction, it must be in writing and put to the attention of the privacy officer. AEP will respond to a request within sixty days of its receipt.

-Right to a list of Disclosures: You have the right to request a list of the disclosures we have made of your health information. For example: we may have shared health information with your insurance company for payment of your bill. All requests must be in writing to the privacy officer. The first list you request in any twelve-month period is free. For additional lists, you will be charged. The charge will be \$25.00.

-Right to Alternate Means of Communication: You have the right to request that we communicate with you about your health information in a certain way or at a certain location. For example, you can ask that we only contact you at work or by email. We will try to accommodate all reasonable requests.

-Right to Revoke Authorizations: Uses and disclosures of health information not covered by this notice or the laws that apply to AEP will be made only with your authorizations. If you authorize AEP to use or disclose your health information, you may revoke that authorization in writing at any time. We are unable to take back any disclosures we have already made with your permission. To revoke an authorization, you must contact the AEP privacy officer.

-Right to Complain: If you believe your privacy rights have been violated, you may file a complaint with AEP. To file a complaint, please contact the AEP privacy officer. All complaints must be made in writing. Filing a complaint will not affect your care and treatment.

IMPORTANT NOTE: WE RESERVE THE RIGHT TO CHANGE THIS NOTICE. EACH TIME YOU REGISTER IN OUR OFFICE, THE MOST CURRENT COPY OF THIS NOTICE IS AVAILABLE TO YOU.

CONTACT US

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