



**Illinois Eye Institute (IEI)  
Notice of Privacy Practices**

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**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.**

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**If you have any questions about this notice, please contact our Privacy Officer at (312) 949-7209**

**Our Commitment to Your Privacy**

Our organization is and always has been dedicated to maintaining the privacy of your medical information. We are also required by law to maintain the privacy of your medical information. The information in this notice is as required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**Uses of your information for treatment, payment and health care operations that do not require your written authorization**

We use information for treatment purposes, when, for example, to make an appointment for you, when your eyes are examined, when the doctor prescribes glasses, contact lenses or medicines for you, etc... We may disclose your information outside this office for treatment purposes, if, for example, we refer you to another doctor, write, call in or electronically send a prescription for you or phone you to let you know your glasses have arrived, etc... We may share your information with family or friends that are helping you with your health care unless you tell us that you object.

We use your health information for payment purposes when, for example, our staff asks you about your insurance or other sources of payment, when we prepare bills to send to your or your insurance, or when we process checks or credit card payments. We may disclose your health information outside our office when we mail, or send electronically, bills to you or your insurance or when we occasionally have to ask a collection agency to help us with unpaid bills.

We use your health information for health care operations in a number of ways. "Health care operations" means those functions that we do to manage the Illinois Eye Institute. We may use your health information, for example, for auditing our finances, for the improvement of services, for personnel decisions, to enable our doctors to participate in certain health care plans, for defense of legal matters, and for outside storage of our medical records. We may disclose information to business associates who perform some health care operations such as medical billing for us and who agree to keep your information private. We may use your health information, without identifying you, to educate our students.

We may also use your information to ask you to help us raise funds for the Illinois Eye Institute. You can ask us not to do this.

**Our uses and disclosures of your health information without your authorization**

- It is required by law.
- For Public Health activities such as preventing or control disease, injury or disability; reporting abuse, neglect or domestic violence; notifying a person regarding potential exposure to certain contagious diseases; notifying a person regarding a potential risk for spreading a disease; reporting problems with products, medicines or devices or activities related to the quality or safety of medicines or devices such as Food and Drug Administration-regulated products; notifying you of a product recall.
- For health oversight activities such as inspections, audits, licensing of doctors, investigation of possible violations of health care laws, government monitoring of health care programs, compliance with civil rights laws, etc...
- In response to a court order if you are involved in a lawsuit. We also may disclose your information in response to subpoena, court order or other lawful process.
- For law enforcement activities such as information requested regarding a crime victim, injury resulting from criminal conduct, criminal conduct at our offices, in response to a summons, court order, etc..., or to identify or locate a suspect or reporting a crime in an emergency.
- For approved research. All research projects are subject to a special approval process. This process evaluates every research project and its use of health information in order to balance research needs with patients' need for privacy of their information. If your health information is reviewed and/or used, your name and identity will remain confidential. As a result of the review of this information, you may be contacted and invited to participate in clinical research studies.
- When necessary to prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
- If you are a member of the US or foreign armed forces and information is required by the appropriate military command authorities. In addition, our organization may disclose your health information to federal officials for intelligence, national security activities authorized by law or for the protection of the President or other officials.

**Acknowledgement of Receipt**

I have received a copy of the Illinois Eye Institute's Notice of Privacy Practices on \_\_\_\_\_  
Date

Print Patient Name \_\_\_\_\_ Signature \_\_\_\_\_

- To a coroner or medical examiner. This may be necessary, for example, to identify a deceased person.
- For workers' compensation and similar programs.
- If every piece of information has been removed that could be used to identify you such as your social security number.
- In limited data sets for approved purposes. Approval for release of your information will only be made when we feel assured that your information will be protected, the use of the information is strictly limited and it will serve a good purpose.

### **Your rights regarding your health information**

The law gives you many rights regarding your health information.

- You can ask us to restrict our uses and disclosures for purposes of treatment, payment or health care operations. We do not have to agree to this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to the Privacy Officer at our address or ask any of our staff for the appropriate form.
- You can ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by using a different mailing address, etc... We will accommodate these requests if they are reasonable and if you pay us for any extra cost we incur related to your request. If you want to ask for confidential communications, send a written request to the Privacy Officer at our address or ask any of our staff for the appropriate form.
- You can ask to see or get a copy of your medical record in either paper or electronic format. By law, there are a few limited situations in which we can refuse to permit access. For the most part, however, you will be able to review or have a copy of your medical record within 30 days of asking us. You may have to pay for the copies in advance. If we deny your request, we will send you a written explanation and you may request a review of the denial by another of our health care providers. If you want to see or get a copy of your medical record in either format, written or electronic, send a written request to the Privacy Officer or ask any of our staff for the appropriate form.
- You can ask us not to share any information for the purpose of payment or our operations with your health insurer if you pay for your care or a service out-of-pocket and in full. We will not share the information for that visit unless a law requires us to do so.
- You can ask us to amend the health information in your medical record that you feel is incorrect or incomplete. You will need to explain why we should amend your health information. If we agree, we will honor your request within 60 days from when you ask us. We may deny your request if you ask us to amend information that is accurate and complete, not part of the medical record kept by us or for us, not part of the medical record which you would be permitted to inspect or copy, or not created by us. We will send the amended information to persons who we know received your health information before and any others you specify. If we do not agree, you can write a statement of your position and we will include that in your medical record along with our denial and send this along when we make disclosures of your information by your permission. By law, we can have one 30 day extension 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 reasons for the amendment to the Privacy Officer at our address or ask any staff member for the appropriate form.
- You can get a list of any disclosures that we have made of your health information within the past six years (or shorter period if you want) from the date of your request, except for purposes of treatment, payment or health care operations and some other limited disclosures. You are entitled to one list per year free of charge. If you want more frequent lists, you may have to pay for this in advance. We will usually respond to your request within 60 days, but, by law, we can have one 30 day extension if we notify you in writing. If you want a list of disclosures, send a written request to the Privacy Officer at our address or ask any staff member for the appropriate form.
- You can ask for a written copy of this notice. We are required by law to provide you a written copy of this notice, and will do so upon your first visit to IEI or any other time you request it.

### **Changes to This Notice**

Currently, we are required to abide by this notice. We reserve the right to change this notice at any time in compliance with and allowed or required by law. If we change our Notice of Privacy Practices, the new privacy practices apply to the 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 the office and post it on our web site.

### **Authorization for Other Uses and Disclosures**

Our organization may ask for your written permission for uses of your health information that are not identified in this notice. Any of these types of authorizations may be revoked by you at any time in writing. After you revoke your authorization, we will no longer use your medical information for the reasons described in that particular authorization. Of course, we cannot take back any disclosures that we have already made with your permission. Please note that we are required to retain records of your care. Refusal or revocation of your authorization will not affect your care.

### **Complaints**

If you think that we have not properly respected the privacy of your health information, you may file a complaint with our organization or the US Department of Health and Human Services, Office for Civil Rights. If you want to file a complaint with us, send a written complaint the Privacy Officer at our address or (312) 949-7209, in person or on our comment line at (312) 949-7123. Filing a complaint will not affect the care that you receive. We will not retaliate against you if you make a complaint.