

**NOTICE OF
PRIVACY
PRACTICES
OF
MILWAUKEE EYE CARE
ASSOCIATES, S.C.**

**THIS NOTICE DESCRIBES HOW
MEDICAL INFORMATION ABOUT
YOU MAY BE USED AND DIS-
CLOSED AND HOW YOU CAN GET
ACCESS TO
THIS INFORMATION.
PLEASE READ IT CAREFULLY.**

- C. The Right to Get a List of the Disclosures We Have Made.** You have the right to get a list of instances in which we have disclosed your PHI for disclosures made on or after October 1, 2008. To receive the list, you must make your request in writing to our Medical Records Department. We will respond to your request within 60 days (or 90 days if we provide written notice that extra time is needed). The list will include disclosures made during a period of up to six years unless you specify a shorter period. The first list you request within a 12-month period will be free. You may be charged our costs for providing any additional lists within that 12-month period. Please be aware that the list will not include disclosures: (1) made for treatment, payment and health care operations purposes; (2) that are a byproduct of another use or disclosure permitted under our privacy policies or by law; (3) made with your authorization; (4) made directly to you or to your family or friends; (5) for disaster relief purposes; (6) for national security purposes or to law enforcement personnel/correctional institutions; (7) made as a part of a release of limited information; (8) made before October 1, 2008.
- D. The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask us to limit certain uses and disclosures of your PHI. Such requests must be submitted in writing to our Privacy Officer. **We are not required by law to agree to your request.** If we do agree, we will abide by the agreement except if you require emergency treatment.
- E. The Right to Choose How We Communicate With You.** You have the right to request that we contact you at an alternate address, phone numbers or location (for example, at work rather than at home). If we can accommodate your request without disrupting our operations, your request will be honored.
- F. The Right to Get a Paper Copy of This Notice.** Regardless of how you have received this Notice, you are entitled to receive a paper copy. You may obtain a paper copy of this Notice by contacting our Privacy Officer at 414-271-2020. The Notice is also available at our website (www.milwaukeeyecare.com) or in our Registration areas.

IV. Contact for Questions and Concerns.

If you believe your privacy rights have been violated, you may file a complaint with Milwaukee Eye Care Associates, S.C. or with the Secretary of the federal Department of Health and Human Services. To file a complaint with us, put your complaint in writing and submit it to our Privacy Officer at Milwaukee Eye Care Associates, S.C., 1684 N. Prospect Avenue, Milwaukee, WI 53202. **We will not retaliate against you for filing a complaint.** You may also contact our Privacy Officer if you have questions or comments about our privacy practices.

V. Future Changes to Our Practices and this Notice.

We reserve the right to change our privacy practices described in this Notice as allowed by law. Changes to our privacy practices would apply to all PHI we maintain. You may obtain a copy of any revised Notice by contacting our Privacy Officer at 414-271-2020. We will also make any revised Notice available in our registration areas and on our website at www.milwaukeeyecare.com.

Your health information is personal and Milwaukee Eye Care Associates, S.C. is committed to protecting it. In order to provide you with quality care, we need to use and disclose your health information. We are dedicated to maintaining the privacy of your health information (also known as “protected health information” or “PHI”) that is in the possession of Milwaukee Eye Care Associates, S.C. in accordance with applicable state and federal law. As required by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), we are providing you with this Notice of our privacy practices. Milwaukee Eye Care Associates, S.C. is required to follow the terms of this Notice or any revisions to it that are in effect.

This Notice is effective on and after
October 1, 2008, unless and until it is revised by
Milwaukee Eye Care Associates, S.C.

I. How We May Use and Disclose Your Protected Health Information.

Milwaukee Eye Care Associates, S.C. is generally required to obtain your prior written authorization to disclose your PHI and, in certain circumstances, to use your PHI. There are, however, instances where we may use or disclose your PHI without your prior written authorization. The following are examples of instances where we may use or disclose your PHI without your prior written authorization and/or without providing you with the opportunity to object to such use or disclosure.

A. Uses and Disclosures that Do Not Require Your Authorization. We may use and disclose your PHI in the following circumstances without your prior written authorization:

1. We may use or disclose your PHI **to provide treatment** to you or for **others to provide treatment** to you. We may disclose your PHI to physicians, nurses, other health care personnel, hospitals, nursing homes and other health care facilities who are involved in your care. For example, we may disclose your PHI to hospitals or other facilities outside of Milwaukee Eye Care Associates, S.C. to schedule procedures. We may also use your PHI to contact you to remind you that you have an appointment for treatment at our facility, or to tell you about or recommend possible treatment options or alternatives or about health-related benefits or services that may interest you.
2. We may also use or disclose your PHI to your insurance company in order **to receive payment for the treatment or services** provided to you. For example, we will use your PHI to create the claims we submit to your insurance company, or we may provide copies of portions of your medical record to your insurance company to obtain payment of your claim or for the insurance company to determine pre-existing conditions. We may also disclose your PHI to another health care provider or insurance company for **their payment-related activities** to enable them to receive payment for the treatment or services provided to you or to process claims under your health insurance plan.
3. We may also use or disclose your PHI **for our operations related to health care**. For example, we may use your PHI to evaluate the quality of care you received from us, or to evaluate the performance of those involved with your care. We may also provide your PHI to our attorneys, accountants and other consultants to make sure we are complying with the laws that affect us. In addition, we may disclose your PHI to another health care provider, health insurance plan or health care clearinghouse for purposes of **their operations related to health care**.

B. Uses and Disclosures that Require Us to Give You the Opportunity to Object. Unless you object, we may provide relevant portions of your PHI to a **family member, friend or other person** involved in your health care or in helping you get payment for your health care. For example, unless you object, statements sent to your home contain billing information for all members of your

family who have had services at Milwaukee Eye Care Associates, S.C. In an emergency or when you are not capable of agreeing or objecting to these disclosures, we will disclose your PHI as we determine is in your best interest. Unless you object, we may also disclose your PHI to persons performing disaster relief activities

C. Other Uses and Disclosures that Do Not Require Your Authorization or Opportunity to Object. We may also use and disclose PHI without your authorization or without providing you with the opportunity to object in the following circumstances:

1. **As required or permitted by law.** We may disclose your PHI to legal authorities, such as law enforcement officials, court officials, correctional institutions or government agencies, when required to do so by law. For example, we may have to disclose your PHI to report abuse, neglect or a crime to a governmental agency. We also may disclose your PHI in response to a court order.
2. **For public health activities.** We may be required to report your PHI to authorities to help prevent or control disease, injury, or disability. This may include using your medical record to report certain diseases, injuries, birth or death information, information of concern to the Food and Drug Administration or information related to child abuse or neglect. We may also have to report to your employer certain work-related illnesses and injuries for workplace safety purposes.
3. **For health oversight activities.** We may disclose your PHI to authorities and agencies for oversight activities authorized by law, including audits, investigations, inspections, licensure, disciplinary actions or legal proceedings. These activities are necessary for oversight of the health care system, government programs and civil rights laws.
4. **For activities related to death.** We may disclose your PHI to coroners and medical examiners so they can carry out their duties related to your death, such as identifying the body or determining cause of death, and to funeral directors to carry out funeral preparation activities.
5. **For organ, eye or tissue donation.** We may disclose your PHI to organ procurement agencies who are involved in obtaining, storing or transplanting organs, if you have indicated your desire to be a donor.
6. **For medical research.** In limited circumstances, we may disclose your PHI to researchers affiliated with Milwaukee Eye Care Associates, S.C. who request it for medical research projects that are approved by Milwaukee Eye Care Associates, S.C. However, these disclosures must receive special approval by our Privacy Board before any PHI is disclosed to such researchers. The Privacy Board will require the researchers to safeguard the PHI they receive from us.
7. **For workers' compensation.** We may disclose your PHI in order to comply with the laws related to workers' compensation or other similar benefits for work-related injuries or illness.

Except as described above, we may only use and disclose your PHI with your written authorization. If you give us a written authorization, you may revoke it at any time by notifying our Medical Information Department in writing. If you revoke your authorization, we will no longer use or disclose your PHI for the purposes specified in the authorization, except to the extent we have already taken action in reliance upon your authorization.

II. Other Restrictions.

Please be aware that state and federal law may have more requirements than HIPAA on how we use and disclose your PHI. If there are more restrictive requirements, even for some of the purposes listed above, we may not disclose your PHI without your signed authorization as required by these laws. For example, we will not disclose your HIV test results without obtaining your written authorization, except as permitted by state law. There may be other restrictions on how we use and disclose your PHI other than those listed above. As of the date of this Notice, we are aware of the following state and federal laws discussing such restrictions: Wisconsin Statutes Sections 146.82, 252.15, 895.50 and 905.04; and 42 C.F.R. Part 2. These laws may change from time to time. Please contact our Privacy Officer, if you have any further questions.

III. Your Rights Related to Your Protected Health Information.

You have the following rights as a patient or customer of Milwaukee Eye Care Associates:

- A. The Right to See and Copy Your PHI.** Except for limited circumstances, you may look at and receive a copy of your PHI by providing Milwaukee Eye Care Associates, S.C. with a written request. Such requests must be submitted to our Medical Records Department. We will respond to your request within 30 days (or 60 days if we provide written notice that extra time is needed). In certain situations we may deny your request, but if we do, we will tell you in writing of the reasons for the denial and explain your rights with regard to having the denial reviewed. If you ask us to copy your PHI, we will charge for those copies based on the purpose and any regulatory directives. Alternatively, we may provide you with a summary or explanation of your PHI, as long as you agree to that and to the cost, in advance.
- B. The Right to Correct or Update Your PHI.** If you believe that the PHI we have in our records for you is incomplete or incorrect, you may ask Milwaukee Eye Care Associates, S.C. to amend it. Such request must be made in writing to our Privacy Officer. The request must tell us why you think the amendment is appropriate. We will not process your request if it is not in writing or does not tell us why you think the amendment is appropriate. We will act on your request within 60 days (or 90 days if we provide written notice that extra time is needed). We will inform you in writing as to whether the amendment will be made or denied. If we agree to make the amendment, we will ask whether you want us to notify anyone else of the amendment. If we deny the requested amendment, we will tell you in writing how to submit a statement of disagreement and/or to request inclusion of your original amendment request in your PHI.