MILWAUKEE EYE CARE
NOTICE OF PRIVACY PRACTICES

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.

YOUR RECORDS ARE PRIVATE

We understand that information we collect is personal. Keeping these records private is one of our most important responsibilities. MILWAUKEE EYE CARE follows the HIPAA regulations which require many safeguards to protect your privacy. For this notice, we will use the term "records" to mean the paper or electronic records we maintain about you.

WHO SEES AND SHARES MY RECORDS?

Your records may be used and disclosed by the employees at MILWAUKEE EYE CARE who serve you, as well as persons or agencies who work for us and sign strict confidentiality contracts.

In general, we may use and disclose your information for treatment, payment and healthcare operations. Specific examples include:
- Providing treatment for your medical problems, including ordering lab tests, making referrals to other healthcare providers, and consulting with other medical providers you have seen,
- To secure payment, for example, a billing clerk will electronically transmit billing information to your insurance company or 3rd party payer.
- Certain business associates, who are under contract to maintain confidentiality, may see your information. For example, if you accidentally overpay, and we send a refund check, our accountant may see this refund check.
- For other operations to operate and manage MILWAUKEE EYE CARE: these include improving quality of care, training staff, managing costs, and conducting other business duties. For example, a quality assurance reviewer may audit your records to determine whether appropriate services were provided,
- To remind you of an appointment for services

COULD MY RECORDS BE RELEASED WITHOUT MY PERMISSION?

There are limited situations when we are permitted or required to disclose your records, or parts of them, without your signed permission. These situations include:
- Reports to public health authorities to prevent or control disease or other public health activities,
- To protect victims of abuse, neglect, or domestic violence,
- For oversight including investigations, audits, accreditation and inspections, such as are conducted by the State Department of Health, or State Pharmacy Board, and federal agencies,
- When a court order, subpoena or other legal process compels us to release information,
- Reports to law enforcement agencies when reporting suspected crimes, when responding to an emergency, or in other situations when we are legally required to cooperate,
- In connection with an emergency, or to reduce or prevent serious threat to public health and safety,
- to coroners, medical examiners and funeral directors,
- to victims of alleged violence or sex offenses,
- For workers' compensation programs,
- For specialized government functions including national security, protecting the president, operating government benefit programs, and caring for prisoners,
- In connection with "whistleblowing" by an employee of MILWAUKEE EYE CARE.

All other uses not described above require that we obtain your signed permission as described below.

WHAT IF MY RECORDS NEED TO GO SOMEWHERE ELSE

For any purpose not described above, we will release your information only with your explicit written authorization. Federal law requires that we notify you that all healthcare providers must obtain your explicit permission to release your information for any of the following:
1. To release Psychotherapy Notes,
2. For marketing purposes,
3. To sell information about you.

Please note that it is not and has never been this practice's policy to sell information about you or to use your information for marketing.

Your written permission, called an "authorization," tells us what, where, why and to whom the information must be sent. Your signed authorization is valid until the date you specify. You can revoke this authorization at any time by letting us know in writing.

WHAT ARE MY RIGHTS REGARDING PRIVACY, ACCESS TO MY RECORDS, AND THE ACCURACY OF MY RECORDS?

You have legal rights concerning your privacy, access to your records, and the accuracy of your records:
1. If you request, we will show you your records, or give you a copy.
2. If you think some of the information is wrong, you may ask that it be changed, or that new information be added.
3. If you request, we will mail all communications to a confidential address.
4. If you request, we will provide a list of any places where your records have been sent.
5. You may request that we make additional limits on how we use or disclose your information. We must honor requests to not bill a 3rd party payer if you pay the invoice in full. For other requests, we will consider but are not obliged to honor these requests.
6. You may receive a paper copy of this notice.

To exercise any of these rights, mail or email your request to:

HIPAA Privacy Officer
MILWAUKEE EYE CARE
1684 N. Prospect Ave.
Milwaukee WI 53202

OUR DUTIES

We are required by law to abide by the terms of this notice. In the event of a breach, that is, an unintended release of your information contrary to these practices, we will notify you via first class mail. From time to time we may make changes to our policies, and if and when we do, your records will be protected by our new, changed policies. Our current notice will always be available on our website.

QUESTIONS OR COMPLAINTS?

If you have any questions about this notice, or you think that we have not protected your records and you wish to complain about any privacy or records access matter, please contact:

Attn: HIPAA Privacy Officer
MILWAUKEE EYE CARE
1684 N. Prospect Ave. Milwaukee WI 53202
414-271-2020

We will never retaliate against you for filing a complaint. Further, if you are not satisfied with the results, you may also complain to the federal government:

Secretary of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201
www.hhs.gov/ocr/privacy/hipaa/complaints/index.html