



## **NOTICE OF PRIVACY POLICY- NORTH DAKOTA EYE CLINIC**

In accordance with the Federal Health Insurance Portability & Accountability Act (HIPAA), we are pleased to provide you with our Privacy Notices. These notices describe how medical information about you is protected, how it may be used and disclosed, and how you can obtain access to it.

### **PLEASE READ THESE CAREFULLY**

#### **Our Responsibilities**

We are required by law to maintain the privacy of your protected health information and provide you with a description of our privacy practices. The North Dakota Eye Clinic, Ltd. is required to abide by the terms of the notice currently in effect.

#### **Uses of Disclosures of your Protected Health Information (PHI)**

**TREATMENT:** Your PHI may be used by the North Dakota Eye Clinic, Ltd. staff members or disclosed to other healthcare professionals for the purpose of evaluating your health, diagnosing medical conditions, providing treatment, and managing your health care and related services.

**PAYMENT:** Your PHI may be used by the North Dakota Eye Clinic, Ltd. to bill and collect payment for treatment and services and to seek payment from your health plan, such as but not limited to, Medicare/Medicaid/Workers Compensation/Blue Cross Blue Shield/VSP/Avesis/Davis and other third-party payers.

**HEALTHCARE OPERATIONS:** Your PHI may be used by the North Dakota Eye Clinic, Ltd. and disclosed to other agencies to improve quality care, reduce healthcare costs, provide training programs for students, healthcare providers, and non-healthcare professionals or for business planning, management, and development.

**COMMUNICATIONS:** Your PHI may be used by the North Dakota Eye Clinic, Ltd. to send you appointment reminders or other information about treatment options or health related benefits.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE: The North Dakota Eye Clinic, Ltd. may disclose PHI about you to your family members, close friend, or any other person identified by you if that information is directly relevant to that person's involvement in your care or payment for your care.

GOVERNMENT AGENCIES: Your PHI may be disclosed by the North Dakota Eye Clinic, Ltd. to Public Health Agencies, Coroner, Medical Examiner, Funeral Director, Government Agencies, or Law Enforcement Agencies as required by law to support government audits and inspections, to facilitate law enforcement investigations, to comply with government mandated reporting, or in the case of suspected domestic violence, abused, or neglect.

**DISCLOSURE OF YOUR HEALTH INFORMATION OR ITS USE FOR ANY PURPOSE OTHER THAN THOSE LISTED ABOVE REQUIRES YOUR SPECIFIC WRITTEN AUTHORIZATION. IF YOU WISH TO REVOKE YOUR AUTHORIZATION YOU MAY DO SO BY SUBMITTING A WRITTEN NOTICE OF REVOCATION.**

## **INDIVIDUAL RIGHTS REGARDING PROTECTED HEALTH INFORMATION (PHI)**

**You have certain rights under federal privacy standards including:**

- The right to request restrictions on the use and disclosure of your health information.
- The right to receive confidential communication concerning your medical condition and treatment.
- The right to inspect and receive copies of your health information.
- The right to amend or submit corrections to your health information.
- The right to receive and account of how, and to whom your health information has been disclosed.
- The right to receive a printed copy of this notice.

### **Comments or complaints**

You may submit a comment or complaint about our privacy practices by sending a letter describing your concerns to:

Nick Trapnell  
North Dakota Eye Clinic  
1820 42<sup>nd</sup> St S  
Grand Forks ND 58201