



MATTAX-NEU-PRATER EYE CENTER, INC.  
MATTAX-NEU-PRATER SURGERY CENTER, LLC  
1265 E. Primrose  
Springfield, MO 65804

# NOTICE OF PRIVACY PRACTICES

EFFECTIVE SEPTEMBER, 2013

*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.*

## UNDERSTANDING YOUR MEDICAL RECORD/PROTECTED HEALTH INFORMATION

Each time you visit our office, a record is made of your visit. Typically, this record contains your symptoms, examination, test results, diagnoses, treatment, and a plan for future care or treatment. This information is often referred to as your medical record or PHI (Protected Health Information), it serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third party payer can verify that services billed were actually provided
- a tool in educating health professionals
- a source of data for medical research
- a source of information for public health officials charged with improving the health of the nation
- a source of data for facility planning and marketing
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

## YOUR HEALTH INFORMATION RIGHTS

Although your medical record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- obtain a paper copy of the notice of privacy practices upon request
- inspect and copy your medical record as provided for in 45CFR 164.524
- amend your medical record as provided in 45 CFR 164.526
- request an accounting of disclosures of your PHI as provided in 45 CFR 164.528
- request communications of your PHI by alternative means or at alternative locations
- revoke your authorization to use or disclose PHI except to the extent that action has already been taken
- a summary or explanation of uses of PHI that are not described in this pamphlet, made available solely upon receipt of written authorization from you
- an electronic copy of health care records when PHI is maintained in an electronic format
- be notified if a breach of confidentiality occurs that involves your PHI. (The extent of information regarding the breach will vary depending on the nature and extent of the breach)
- request amendments to records when errors are identified

## EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS

*We will use your PHI for treatment.*

Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

One of the most efficient uses of electronic medical records is for physicians sharing in your care to exchange information.

**For example:** if you are referred from an ophthalmologist to a specialist, prior information, test results, and photographs can easily be transmitted electronically to you and or the specialist

*We will use your PHI for payment.*

**For example:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. For years this has been accomplished with paper via fax, but with electronic records, the information can be sent electronically via a secure connection. Typically, this results in faster payment of the claim.

### **Agreement for out-of-pocket services**

If you elect to pay "out of pocket" for a procedure, service, or visit and request that we **DO NOT** disclose this information to a health plan, we must accommodate this request unless required by law to disclose the information.

*We will use your PHI for regular health operations.*

**For example:** Members of the medical staff may use information in your health record to assess the care and outcomes in your case. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

*Business Associates:* There are some services provided in our organization through contracts with Business Associates. Examples include but are not limited to diagnostic services, certain laboratory tests, billing and collection agencies, attorneys and accountants. When these services are contracted, we may disclose your PHI to our Business Associates so that they can perform the job we've asked them to do and bill you or our third-party payer for services rendered. In order to protect your PHI we require the business associate to appropriately safeguard your information.

*Notification:* We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

*Communication with family:* Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, PHI relevant to that person's involvement in your care or payment related to your care.

*Organ procurement organizations:* Consistent with applicable law, we may disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

*Disaster Relief organizations:* Relief organizations may obtain PHI to coordinate your care and/or locate family members in the event of a disaster

*Marketing:* The privacy rule defines marketing as making "a communication about a product or service that encourages recipients of the communication to purchase or use the product or service." Generally if the communication meets this definition, then the communication can only occur if we first obtain your authorization. We may NOT sell PHI to a business associate or any third party for that party's own purpose. We will not sell lists of patients without first obtaining written authorization from each patient on the list. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

*Fundraising Efforts:* If and when applicable, you will be contacted prior to sharing information for purposes of fundraising efforts. If fundraising is planned you will also be given the opportunity to "opt out" of receiving fundraising communications.

*Food and Drug Administration (FDA):* We may disclose to the FDA PHI relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

*Workers compensation:* We may disclose PHI to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

*Correctional institution:* Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof PHI necessary for your health and the health and safety of other individuals.

*Law enforcement:* We may disclose PHI for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your PHI to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

**Mattax-Neu-Prater Eye Center, Inc., and Mattax-Neu-Prater Surgery Center, LLC are separate legal entities and the sole purpose of combining them herein is to comply with 45 CFR 164.504 (d).**

## **OUR RESPONSIBILITIES**

Our organization is required to:

- maintain the privacy of your PHI
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you in the event of a breach of your PHI
- notify you if we are unable to agree to a requested restriction accommodate reasonable requests you may have to communicate PHI by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected PHI we maintain.

We will not use or disclose your PHI without your authorization, except as described in this notice.

## **FOR MORE INFORMATION**

If you have questions and would like additional information, you may contact our privacy official, the Clinic Administrator at (417) 886-3937.

If you would like to request a copy of your personal PHI you may obtain those forms from our front desk or download from our website at: [www.mattaxneuprater.com](http://www.mattaxneuprater.com). Mail completed forms to the Clinic Administrator who will contact you to determine what information you desire and the reason for the request

If you believe your privacy rights have been violated, you can file a complaint with the Clinic Administrator on forms provided or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.