

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use your health information with Tauber Eye Center (TEC), and disclose your health information to persons and entities outside of TEC. Each description is of a category of uses or disclosures. We have not listed every use or disclosure within the categories, but all permitted uses and disclosures will fall within one of the following categories.

WITH YOUR WRITTEN ACKNOWLEDGEMENT OF OUR INFORMATION PRIVACY PRACTICES

In compliance with federal Health Insurance Portability and Accountability Act (HIPAA), we will obtain in writing your acknowledgement of receipt of our Notice of Privacy Practices when you first visit Tauber Eye Center. The Notice of Privacy Practice and the Acknowledgement of Receipt are necessary to allow us to use your health information within TEC, and to disclose your health information outside TEC. **TREATMENT** – We may use health information about you to provide you with medical treatment and services. We may disclose health information about you to doctors, nurses, technicians, medical students, interns, or other personnel who are involved in taking care of you during your visit with us. **PAYMENT** – We may use and disclose health information about you so the treatment and services you receive at our health care facility may be billed to and payment collected from you, an insurance company or a third party. This may also include the disclosure of health information to obtain prior authorization for treatment and procedures from your insurance plan. **HEALTH CARE OPERATIONS** – We may use and disclose health information about you for health care operation, including quality assurance activities; granting medical staff credentials to physicians; administrative activities, including TEC’s financial and business planning and development; customer service activities, including investigation of complaints; and certain marketing activities, etc. These uses and disclosures are necessary to operate our health care facility and make sure all of our patients receive quality care. **BUSINESS ASSOCIATES** – There are some services provided in our organization through contracts with business associates. Examples of business associates include accreditation agencies, management consultants, quality assurances reviewers, etc. We may disclose your health information to our business associates so that they can perform the job we’ve asked them to do. To protect your health information, we require business associates to sign a contract that states they will appropriately safeguard your information.

APPOINTMENT REMINDERS

We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care at our health care facility. **MARKETING** – We may contact you as part of a marketing effort. As part of our marketing, we may tell you about TEC’s health-related products and services that may be of interest to you.

WITH YOUR VERBAL AGREEMENT - INDIVIDUALS INVOLVED IN CARE/PAYMENT

We may disclose health information about you to a friend or family member, who is involved in your medical care, unless you tell us in advance not to do so. In addition, we may disclose health information about you to an entity assisting in disaster relief effort (such as Red Cross) so that your family can be notified about your condition, status and location.

WITH YOUR SPECIFIC WRITTEN AUTHORIZATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission (called authorization). If you authorize us to use or disclose health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you. Some typical disclosures that require your authorization are as follows:

WITH YOUR WRITTEN CONSENT – RESEARCH UNRELATED TO TREATMENT

When a research study does not involve any treatment, we may disclose your health information to researchers when an Institutional Review Board (IRB) has reviewed the research proposal, has established appropriate protocols to ensure the privacy of your health information, and has approved the research.

RESEARCH INVOLVING TREATMENT

When a research study involves your treatment, we may disclose your health information to researchers only after you have signed a specific written authorization. In addition, for any such research study, an Institutional Review Board (IRB) will already have reviewed the research proposal, established appropriate protocols to ensure the privacy of your health information, and approved the research. You do not have to sign the authorization in order to get treatment from TEC, but if you do refuse to sign the authorization, you cannot be part of the research study.

DRUG & ALCOHOL ABUSE

We will disclose drug and alcohol treatment information about you only in accordance with the federal Privacy Act. In general, the Privacy Act requires your written authorization for such disclosures.

DISCLOSURE OF MENTAL HEALTH INFORMATION

We will disclose mental health treatment information about you only in accordance with state law. In most cases, state law requires your written authorization or the written authorization of your representative for such disclosures.

SPECIAL SITUATIONS THAT DO NOT REQUIRE YOUR INFORMATION CONSENT OR AUTHORIZATION

The following disclosures of your health information are permitted by law without any oral or written permission from you; **ORGAN AND TISSUE DONATION** – If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation. **MILITARY AND VETERANS** – If you are a member of the armed forces, we may release health information about you as required by military command authorities. **WORKERS COMPENSATION** – We may release health information about you for worker’s compensation or similar programs if you have work related injuries. These programs provide benefits for work related injuries. **AVERTING SERIOUS THREAT** – We may disclose health information about you for public health activities. These generally include the following:

- To prevent or control disease, injury or disability.
- To report births or death.
- To report child abuse or neglect.
- To report reactions to medications, problems with products or other adverse events.
- To notify people of recall of product they may be using.
- To notify a person who may have been exposed to disease or may be at risk for contracting or spreading a disease or condition.
- To notify the appropriate government authority if we believe a patient has been the victim of abuse (including elder abuse), neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

HEALTH OVERSIGHT ACTIVITIES

We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil right laws.

LAWSUITS AND DISPUTES

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may disclose health information about you in response to a subpoena; discovery request or other lawful process by someone else involved in the dispute.

LAW ENFORCEMENT

We may disclose health information if asked to do so by law enforcement officials for the following reasons: 1. In response to a court order, subpoena, warrant, summons or similar process. 2. To identify or locate a suspect, fugitive, material witness or missing person. 3. About the victim of a crime if, under certain circumstances, we are unable to obtain the person's agreement. 4. About a death we believe may be the result of a criminal conduct. 5. About criminal conduct at our facility.

In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

CORONERS & MEDICAL EXAMINERS

We may disclose health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death of a person. We may also release health information about patients at our facility to funeral home directors as necessary to carry out their duties.

NATIONAL SECURITY

We may disclose health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

INMATES

If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose health information about you to the correctional institution or the law enforcement official. This is necessary for the correctional institution to provide you with health care, to protect your health and safety and the health and safety of others, or for the safety and security of the correctional institution.

REQUIRED BY LAW

We will disclose health information about you without your permission when required to do so by federal, state or local law.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of Tauber Eye Center, L.L.C., the information belongs to you.

YOU HAVE THE RIGHT TO: RESTRICTION –

Request a restriction on certain uses and disclosures of your information. We are not required by law to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. **INSPECT** – Inspect and request a copy of your health record for a fee. We may deny your request under very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed by another health care professional chosen by someone on our health care team. We will abide by the outcome of that review. **AMEND** – Request an amendment to your health record if you feel the information is incorrect or incomplete. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. Also, we may deny your request if the information was not created by our health care team, is not part of the information kept by our facility, is not part of the information which you would be permitted to inspect and copy, and if the information is accurate and complete. Please note that even if we accept your request, we are not required to delete any information from your health care. **ACCOUNTING** – Obtain an accounting of disclosures of your health information. The accounting will only provide information about disclosures made for purposes other than treatment, payment or health care operations or for anything you have already authorized

CONFIDENTIAL – Request communication of your health information by alternative means or locations.

REVOCACTION – Revoke your authorization to use or disclose health information except to the extent that action has already been taken.



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED & DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

Contact: If you have any questions about this notice, please contact our Privacy Officer at (816) 531-9100

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

We understand that information about you and your health is personal. We are committed to protecting the privacy of this information. Each time you visit Tauber Eye Center we create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Tauber Eye Center whether made by health care personnel or the physician.

OUR RESPONSIBILITIES

Our primary responsibility is to safeguard your personal health information. We must also give you this notice of our privacy practices, and we must follow the terms of the notice that is currently in effect.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will have available in our facilities a copy of this notice.

YOU HAVE THE RIGHT TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with our facility. This complaint must be in writing to: Privacy Official, Tauber Eye Center, L.L.C. 4400 Broadway Suite 202 Kansas City, MO 64111. There will be no retaliation for filing a complaint. You have the right to complain to the Secretary of the Department of Health and Human Services, 200 Independence Avenue, SW, Washington, DC 20201, Phone (202) 619-0257.