



Effective Date of Notice: September 1, 2022

NOTICE OF PRIVACY PRACTICES

Isthmus Eye Care S.C.

www.isthmuseye.com

Middleton

7601 University Ave, #102
Middleton, WI 53562
(608) 831-3366

East

6012 Gemini Dr
Madison, WI 53718
(608) 249-5548

Downtown

425 W. Washington Ave, #100
Madison, WI 53703
(608) 256-4750

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.

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This notice describes how we protect your health information and what rights you have regarding it.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reason why we use or disclose your health information is for treatment, payment or health care operations.

Examples of how we use or disclose information for treatment purposes are:

- Setting up or changing appointments including leaving messages containing no information about your personal health information with those at your home or office who may answer the phone or leaving messages on answering machines, voice mails, text or email;
- Calling your name out in a reception room environment;
- Prescribing glasses, contact lenses, or medications as well as relaying this information to suppliers by phone, fax or other electronic means including initial prescriptions and requests from suppliers for refills;
- Notifying you that your ophthalmic goods are ready, including leaving messages containing no personal health

information with those at your home or office who may answer the phone, or leaving messages on answering machines, voice mails, text or emails;

- Referring you to another doctor for care not provided by this office;
- Obtaining copies of health information from doctors you have seen before us;
- Discussing your care with you directly or with family or friends you have inferred or agreed may listen to information about your health;
- Sending you postcards or letters or leaving messages containing no personal health information with those at your home who may answer the phone or on answering machines, voice mails, text or emails reminding you it is time for continued care;
- At your request, we can provide you with a copy of your medical records via secured fax, secured email, secured patient portal, or printed copies delivered in person or through the US mail.

Examples of how we use or disclose your health information for payment purposes are:

- Asking you about your vision or medical insurance plans or other sources of payment;
- Preparing and sending bills to your insurance provider or to you;
- Providing any information required by third party payors in order to ensure payment for services rendered to you;
- Sending notices of payment due on your account to the person designated as responsible party or head of household on your account with fee explanations that could include procedures performed and for what diagnosis: collecting unpaid balances either ourselves or through a collection agency, attorney, or district attorney's office. At the patient's request we may not disclose to a health plan or health care operation information related to care that you have paid for out of pocket. This only applies to those encounters related to the care you want restricted and only to the extent a disclosure is not otherwise required by law.

Examples of how we use or disclose your health information for health care operations are:

- Financial or billing audits;
- Internal quality assurance programs; participation in managed care plans; defense of legal matters;
- Business planning;
- Certain research functions; informing you of products or services offered by our office;
- Compliance with local, state, or federal government agencies request for information;
- Oversight activities such as licensing of our doctors

We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside of our office for these reasons, we usually will not ask you for special written permission.

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our office at all. Such uses or disclosures are:

- When a state or federal law mandates that certain health information be reported for a specific purpose;
- For public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or medical devices;
- To governmental authorities about victims of suspected abuse, neglect or domestic violence;
- Health oversight activities, such as for the licensing of doctors; for audits by Medicare and Medicaid; or for

- investigation of possible violations of health care laws;
- For judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- For law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else;
- To a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- For health related research;
- To prevent a serious threat to health or safety;
- For specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service;
- De-identified information;
- Relating to worker's compensation programs;
- A "limited data set" for research, public health, or health care operations;
- Incidental disclosures that are an unavoidable by-product of permitted uses or disclosures;
- To "business associates" who perform health care operations for us and who commit to respect the privacy of your health information;

APPOINTMENT REMINDERS

We may call, email, text or mail you to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we may leave you a reminder message on your home answering machine or with someone who answers your phone if you are not home.

USES OR DISCLOSURES TO PATIENT REPRESENTATIVES

It is the policy of Isthmus Eye Care for our staff to take phone calls from individuals on a patient's behalf requesting information about making or changing an appointment; the status of eyeglasses, contact lenses, or other optical goods ordered by or for the patient. Isthmus Eye Care staff will also assist individuals on a patient's behalf in the delivery of eyeglasses, contact lenses, or other optical goods. During a telephone or in person contact, every effort will be made to limit the encounter to only the specifics needed to complete the transaction required. No information about the patient's vision or health status may be disclosed without proper patient consent. Isthmus Eye Care staff and doctors will also infer that if you allow another person in an examination room, treatment room, dispensary, or any business area within the office with you while testing is performed or discussions held about your vision or health care or your account that you consent to the presence of that individual.

OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your health information unless you sign a written "authorization form". The content of an "authorization form" is determined by federal law. Sometimes, we may initiate the authorization process if the use or disclosure is our idea. Sometimes, you may initiate the process if it's your idea for us to send your

information to someone else. Typically, in this situation you will give us a properly completed authorization form, or you can use one of ours.

If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information. You can ask us:

- To restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations.
 - We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to the office.
- To communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using email to your personal email address.
 - We will accommodate these requests if they are reasonable, and if you pay us for any extra cost. If you want to ask for confidential communications, send a written request to the office.
- To see or to get photocopies of health information.
 - By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 30 days of asking us (or sixty days if the information is stored off-site). You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one 30 day extension of time to give you access or photocopies if we send you a written notice of the extension. If you want to review or get photocopies of your health information, send a written request to the office.
- To amend your health information if you think that it is incorrect or incomplete.
 - If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to the person who we know got the wrong information, and any others that you specify.
 - If we do not agree, you can write a statement of your position, and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have one 30 day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, send a written request, including your reasons for the amendment, to the office.
- To get a list of the disclosures that we have made of your health information within the past six years (or a shorter period if you want).
 - By law, the list will not include: disclosures for purpose of treatment, payment or health care

operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures.

- You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30 day extension of time if we notify you of the extension in writing. If you want a list, send a written request to the office.

BREACH NOTIFICATION POLICY

In the event of a reportable breach of patient information, Isthmus Eye Care agrees to abide by the breach notification requirements as established by the HIPAA Breach Notification Rule or specific state requirement. If a breach occurs, Isthmus Eye Care will take all necessary steps to remain in compliance with this rule including as applicable notification of individuals, Business Associates, the Secretary of Health and Human Services and prominent media outlets.

WHISTLEBLOWER PROTECTION RULE

Isthmus Eye Care will take no action against any individual who provides information to the Office of Civil Rights, Office of the Inspector General or individual state Attorney General's Office regarding concerns related to the privacy and security procedures or actions at Isthmus Eye Care LLC.

OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notices in our office, have copies available in our office, and post it on our website.

COMPLAINTS

- You can complain if you feel we have violated your rights by contacting us using the information on the top of page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W. Washington, D.C., 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

FOR MORE INFORMATION

If you want more information about our privacy practices, call the office.