

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.

Chicago Cornea Consultants, Ltd. (which we refer to here as the “office”) is required by law to maintain the privacy of Protected Health Information (“PHI”), to provide individuals with notice of our legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI. PHI is information that identifies you (or could reasonably be used to identify you) and relates to your past, present, future physical, mental health, condition and related health care services. This Notice of Privacy Practices (“Notice”) describes how we may use and disclose PHI, as permitted or required by law. The Notice also describes your rights with respect to the PHI about you that we maintain. We will not use or disclose PHI about you without your written authorization, except in the types of circumstances described in Section I below.

We reserve the right to change our practices and this Notice and make the new Notice effective for all PHI we maintain, consistent with applicable law. If we do revise this Notice, we will post our revised Notice on our website, <http://www.chicagocornea.com>, and make it available in our offices.

I. When We May Use and Disclose PHI Without Your Written Authorization

Listed below are categories of the circumstances in which we do not need your authorization to use or disclose your PHI. The descriptions and examples do not mention every particular situation within these categories of circumstances, but are intended to provide you with a general understanding of the scope of those categories.

Treatment. *Example:* We may use PHI about you to diagnose your condition, discuss your condition with others involved in your treatment, and prescribe medications for you. We also may use your PHI to contact you with refill reminders or other information about the medications you are taking, with certain limitations if we receive payment to make such contacts.

Payment. *Example:* We may use your PHI to contact your insurance or benefit manager to determine whether and to what extent it will pay for our services to you, and we may disclose your PHI as part of

describing the services provided to you and the need for those services.

Health care operations. *Example:* The office may use information in your health record to monitor the performance of the doctors providing treatment to you. This information will be used in an effort to continually improve the quality and effectiveness of the health care and service we provide. We also may disclose PHI for other operational purposes, including to our “business associates” (e.g., lawyers, accountants, billing service providers, and data storage vendors) so they may assist us in performing our business functions (such as ensuring that we are complying with applicable legal requirements and best practices in conducting our medical practice), provided they enter into a written contract with us that requires them to protect the privacy and security of your PHI.

Communication with individuals involved in your care or payment for your care. If you are unable to make a decision about disclosure of your PHI, such as in a medical emergency, our health professionals, using their professional judgment, may disclose to a member of your family, other relative, close personal friend, or any person you identify, PHI relevant to that person’s involvement in your care or payment related to your care.

Food and Drug Administration (FDA). We may disclose to the FDA, or persons under the FDA’s jurisdiction, PHI relative to adverse events with respect to drugs, foods, supplements, products, product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers compensation. We may disclose PHI about you as necessary to comply with laws relating to workers compensation or similar programs established by law.

Public health. As authorized by law, we may disclose PHI about you to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Law enforcement. We may, and in some circumstances are required to, disclose certain PHI about you for law enforcement purposes, including in response to a valid subpoena or other legal process.

As required by law. We must disclose PHI about you when required to do so by law.

Health oversight activities. We may, and in some cases must, disclose PHI about you to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, and inspections, as necessary for our licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Judicial and administrative proceedings. If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the requested PHI.

Research. We may disclose PHI about you to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your information. We also may disclose PHI about you to researchers so they can determine if and how certain research can be undertaken, and we could use or disclose PHI about you following your death. We also can disclose your PHI if we remove from it all the elements identifying you except for certain numbers or dates – but then only subject to a special privacy agreement.

Coroners, medical examiners, and funeral directors. We may release PHI about you to a coroner, medical examiner, or funeral director so that such individuals may perform their legally authorized functions.

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

Fundraising. We may use PHI about you to contact you as part of a fundraising effort, so long as we provide you with the right to opt out of any subsequent fundraising contacts from us.

Notification. We may use or disclose PHI about you to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of where you are located, the status of your general health condition, or your death.

Correctional institution. If you are or become an inmate of a correctional institution, we may disclose PHI to the institution or its agents when necessary for the health and safety of the public or another person.

To avert a serious threat to health or safety. We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Military and veterans. If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate military authority.

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

Victims of abuse, neglect, or domestic violence. We may disclose PHI about you to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will only disclose this type of information if you agree to the disclosure or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else, or if the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against you.

II. Uses and Disclosures of PHI Pursuant to Your Authorization

The office must obtain your written authorization before using or disclosing PHI about you for purposes other than those generally described above. In particular, we must obtain your authorization to use or disclose PHI about you for purposes of marketing, or to sell your PHI to a third party.

If you provide an authorization for us to use or disclose PHI about you, you may revoke the authorization at any time by providing us with a written notice of your revocation. Upon receipt of the written revocation, we will stop relying on the authorization as a basis for using or disclosing PHI about you, but your revocation will not affect uses and disclosures previously made pursuant to the authorization.

III. Your Health Information Rights

You have the following rights with respect to PHI about you:

Request a restriction on certain uses and disclosures of PHI. You have the right to request that we limit our use or disclosure of PHI about you for purposes of treatment, payment or healthcare operations. We are not required to agree to your request, and we may refuse if it would affect your care, except with respect to a request that we not disclose to your health plan or insurer records of treatment you have paid for in full out-of-pocket. To request a restriction, you must send a written request to us at Chicago Cornea Consultants, Ltd., 806 Central Ave, Highland Park, IL 60035, Attention, Privacy Officer.

Inspect and obtain a copy of PHI. You have the right to access and copy PHI about you that we hold in a “designated record set” for as long as the office maintains the PHI. The designated record set, which may be in either electronic or hardcopy form, usually will include prescription information, medical records and billing records. To inspect or obtain copies of PHI about you, you must send a written request to us at Chicago Cornea Consultants, Ltd., 806 Central Ave, Highland Park, IL 60035, Attention, Privacy Officer. Your request must state what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, the preferred form and format of the copy. We will provide copies in your requested form and format if they are readily producible, or we will provide you with an alternative format you find acceptable, or if we can’t agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We may charge a reasonable fee to cover the costs of labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary. We may deny your access request under limited circumstances, such as when the PHI you seek to review was compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, or was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information, or if disclosing the PHI to you would violate a law applicable to us. Our decision to deny access is final and not subject to review, except if we based the decision on: (i)

our professional judgment that the access requested is reasonably likely to endanger your or another person’s life or physical safety; (ii) the PHI you seek to review makes reference to another person (unless such other person is a health care provider) and we believe granting you access to it may cause substantial harm to such other person; or (iii) your personal representative makes the request for access and we determine, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to you or another person.

Request an amendment of PHI. If you feel that the PHI we maintain about you is incomplete or incorrect, you may request that we amend it. You may request an amendment for as long as we maintain the PHI. To request an amendment, you must send a written request to us at Chicago Cornea Consultants, Ltd., 806 Central Ave, Highland Park, IL 60035, Attention, Privacy Officer. Your request must state the reasons you believe the PHI is incomplete or incorrect. We may deny your request if we do not have the PHI you refer to, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal.

Receive an accounting of certain disclosures of PHI. You have the right to receive an accounting of the disclosures we have made of PHI about you for most purposes other than treatment, payment or health care operations. The accounting will exclude certain disclosures, such as disclosures made directly to you, disclosures you authorize, disclosures to friends or family members involved in your care, and disclosures for notification purposes. To request an accounting, you must submit a written request to us at Chicago Cornea Consultants, Ltd., 806 Central Ave, Highland Park, IL 60035, Attention, Privacy Officer. Your request must specify the time period of the disclosures for which you want an accounting, but that period may not date back longer than six years. We will accommodate all reasonable requests.

Request that we communicate with you in a particular manner. You may request that we contact you about medical matters only in a particular manner, such as sending you materials only at a

specific address, e-mailing you only at your personal e-mail address, or calling you only at a particular phone number. To request such a limitation on our communications, you must submit a written request to us at Chicago Cornea Consultants, Ltd., 806 Central Ave, Highland Park, IL 60035, Attention, Privacy Officer. Your request must state how or where you would like to be contacted. We will accommodate all reasonable requests.

Receive a copy of this Notice. You have the right to receive a paper copy of this Notice, even if you have agreed to receive it electronically. You may request a copy of the Notice at any time. To obtain a paper copy, send a written request to Chicago Cornea Consultants, Ltd., 806 Central Ave, Highland Park, IL 60035.

IV. Obtaining Additional Information; Complaints

If you have questions or would like additional information about the office privacy practices, you may contact the us at Chicago Cornea Consultants, Ltd., 806 Central Ave, Highland Park, IL 60035 if you believe your privacy rights have been violated, you can file a complaint with the office by sending it to any of our offices at the addresses listed on this Notice. You also may 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.

You may contact us by mail, phone, or e-mail at:

Mail
Chicago Cornea Consultants, Ltd.
806 Central Ave
Highland Park, IL 60035

E-Mail
sschwartz@chicagocornea.com

Phone
(847) 432-6010

This Notice is effective as of November 25, 2013



Notice of Privacy Practices

**Thank you for choosing
Chicago Cornea Consultants, Ltd.
We value you as a customer and
appreciate the opportunity
to serve you.**

**806 Central, Ste 300
Highland Park, IL 60035
(847) 432-6010**

**Drs. Bldg. #2, 1585 Barrington Rd., Ste 502
Hoffman Estates, IL 60194
(847) 882-5900**

**1725 W. Harrison St., Ste 928
Chicago, IL 60612
(312) 942-5300**