

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our Facility using the contact information at the end of this Notice. You may also submit a complaint to the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint.

Questions

If you have questions about this Notice, please contact the clinic manager or our Privacy Officer at the contact information at the end of this Notice.

About This Notice

Our Facility is required to abide by the terms of the Notice currently in effect. Our Facility reserves the right to change the terms of this Notice and make the new Notice provisions effective for all of your medical information that it maintains, including that which it created or received while the prior Notice was in effect. If our Facility makes a material change to its privacy practices, it will amend its Notice. We will make available a copy of the current Notice in our Facility. Effective and/or amended Notice date: March 2009

Contact Information

The Privacy Officer for Mauer Eye Center, P.C. may be reached by mail or by telephone:

Privacy Officer
Mauer Eye Center, P.C.
2515 Cyclone Drive
Waterloo, IA 50701

Call: 319-433-3000



NOTICE OF PRIVACY PRACTICES

Introduction

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 are required by federal law to maintain the privacy of your medical information and to give you our Notice of Privacy Practices (this "Notice") that describes our privacy practices, our legal duties and your rights concerning your medical information. This Notice applies to Mauer Eye Center, P.C., Mauer Vision Center and other facilities and our organized healthcare arrangement. This Notice applies to and will be followed by all employees, staff and other personnel of our facilities.

How We May Use And Disclose Your Medical Information

Except where such use or disclosure is otherwise prohibited by state or federal law, our Facility is permitted or required to use or disclose your medical information without your authorization (permission) in the following situations. Some, but not all, specific examples of the different types of disclosures have been listed.

- **Treatment.** To provide you with medical treatment or services (e.g., provide information to doctors, nurses, technicians, students or other personnel who are involved in your care).
- **Payment.** To collect payment from you, an insurance company or a third party for the treatment and services you receive (e.g., submitting a claim to your insurance company).
- **HealthCare Operations.** For Facility healthcare operations (e.g., to evaluate our staff and internal processes).
- **Appointments and HealthCare Services.** To provide you with appointment reminders or to notify you of possible treatment alternatives or health-related benefits or services.
- **Friends and Family.** To a friend or family member involved in your medical care or payment for your care. If you are available, such disclosures will be made only if we have obtained your permission, if you do not object to the disclosure after having the opportunity, or if it is reasonable for us, based on the circumstances, to assume you have no objection to such disclosure. If you are unavailable, incapacitated or in an emergency situation, our Facility may disclose limited information to these persons if our Facility determines disclosure is in your best interest.
- **HealthCare Providers.** To another healthcare provider involved in your treatment in order for that provider to treat you, bill for its services and conduct certain of its healthcare operations.
- **Public Health Activities.** To public health authorities for public health activities as permitted or required by law (e.g., to report child abuse and neglect, immunizations and communicable diseases).

- **Abuse, Neglect and Domestic Violence.** Our Facility may notify the appropriate government authority if it believes you have been the victim of abuse, neglect or domestic violence. Unless such disclosure is required by law, our Facility will only make this disclosure if you agree or under other limited circumstances when such disclosure is authorized by law.
- **Health Safety Risks.** Under certain circumstances, when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person.
- **Military and National Security.** If you are a member of the armed forces, as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority. Our Facility may also release your medical information to authorized federal officials for intelligence, counterintelligence, and other authorized national security activities.
- **Worker's Compensation.** To persons (e.g., employers, insurance carriers, attorneys) in order to comply with workers' compensation laws or other similar programs providing benefits for work-related injuries.
- **Health Oversight Activities.** To a health oversight agency for activities authorized by law to monitor the healthcare system, government programs and compliance with civil rights laws (e.g., fraud and abuse investigations, inspections and licensure, or disciplinary actions).
- **Legal Proceedings.** If you are involved in a lawsuit or dispute, in response to a court or administrative order. Our Facility may also disclose medical information about you in response to a subpoena or other lawful process by someone else involved in the dispute, but only if the party seeking the information demonstrates that reasonable efforts have been made to notify you of the request or to obtain a protective order from the court.
- **Law Enforcement.** To law enforcement authorities for law enforcement purposes, such as (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) if you are the victim of a crime, but only if your agreement is obtained or in response to a subpoena, (4) about a death which is believed to be the result of criminal conduct, (5) to report a crime that occurred on Facility premises, and (6) 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. Our Facility must comply with federal and state laws in making such disclosures.
- **Deceased Individuals.** To a coroner or medical examiner as necessary to carry out their duties (e.g., to identify a deceased person or determine the cause of death), or to funeral directors as authorized by law.
- **Correctional Institutions.** To a correctional institution where you are an inmate or to a law enforcement official who has custody of you for certain limited purposes (e.g., to provide you with healthcare).
- **Research.** For research-related activities that meet all privacy law requirements. Limited Medical Information. Limited medical information to a third party for research purposes, public health activities and Facility healthcare operations. The party to whom we disclose the information is required to keep it confidential.
- **Required by Law.** When required to do so by federal, state or local law (e.g., to report child or dependent adult abuse and violent wounds).

- **Incidental Disclosures.** Occasional incidental, unintended disclosures of your medical information which might occur during a permitted use or disclosure (e.g., information overheard during a discussion regarding your care with you or a member of your family). We will take reasonable steps to avoid these types of disclosures.
- **Business Associates.** Some of the activities described above are performed through contracts with outside persons or organizations, such as legal services. It may be necessary for our Facility to provide some of your medical information to outside business associates who assist our Facility with these activities. Our Facility requires that its business associates appropriately safeguard the privacy of your information.

Your Rights

You and Your Authorization. Our Facility must also disclose your medical information to you, as described later in this Notice. Uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you give us permission to use or disclose medical information about you, you may revoke (take back) that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons set forth in your written authorization. We are unable to take back any disclosures we have already made with your permission.

- **Access to Medical Information.** You may request to inspect and copy much of the medical information we maintain about you, with some exceptions. This includes most medical and billing records. We may charge a fee for the costs of copying, mailing, and other supplies associated with your request.
- **Request for Restrictions.** You have the right to request a restriction on how we use or disclose your medical information for treatment, payment, or healthcare operations, or to certain family members or friends identified by you who are involved in your care or the payment for your care. We are not required to agree to your request, but will notify you if we are unable to agree.
- **Amendment.** You may request that we amend certain portions of your medical information if you believe that it is incorrect or incomplete. We may require you to give a reason to support your request. We are not required to make all requested amendments, but we will give each request careful consideration. If we deny your request, we will provide you with a written explanation of the reasons and your rights.
- **Accounting.** You have the right to receive a list of certain disclosures of your medical information made by us or our business associates. You must state a time period for your request, which may not be longer than six years.
- **Confidential Communications.** You have the right to request that we communicate with you about medical matters in a different manner or at a different place. We will agree to your request if it is reasonable, and you specify an alternative means or location to contact you.
- **Paper Notice.** You are entitled to receive a written copy of this Notice at any time.

How to Exercise These Rights. All requests to exercise these rights must be in writing. We will follow written policies to handle requests, and we will notify you of our decision or actions and your rights. Contact the clinic manager or our Privacy Officer at the contact information at the end of this Notice for more information or to obtain request forms.