

## **Retina & Vitreous Consultants of Wisconsin Notice of Privacy Practices**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

**Effective Date: April 14, 2003**

**Purpose:** Federal law requires Retina & Vitreous Consultants of Wisconsin to inform its patients about the ways that Retina & Vitreous Consultants of Wisconsin may use and disclose your protected health information. In addition, federal law requires Retina & Vitreous Consultants of Wisconsin to inform patients of your rights regarding disclosures of your health information.

It is the policy of Retina & Vitreous Consultants of Wisconsin to keep medical information confidential and not disclose patient protected health information without your consent, authorization or as specifically allowed by the federal privacy law or other federal or state law as described in this notice. We are required to abide by the terms of our Privacy Notice that is currently in effect.

All Retina & Vitreous Consultants of Wisconsin patients have a right to read this notice. Any question about Retina & Vitreous Consultants of Wisconsin's privacy practices or questions you may have regarding possible violations of your privacy may be directed to Retina & Vitreous Consultants of Wisconsin clinic personnel. To facilitate complaints, Retina & Vitreous Consultants of Wisconsin requests that you use our complaint form available at the clinic reception desk. This form will be sent to the Retina & Vitreous Consultants of Wisconsin Privacy Officer who will address any concerns. No patient will be retaliated against for filing a complaint.

All forms and policies referred to in this document are available to you through Retina & Vitreous Consultants of Wisconsin Reception and through the Retina & Vitreous Consultants of Wisconsin Privacy Officer.

The Retina & Vitreous Consultants of Wisconsin Privacy Officer can be reached at:

Retina & Vitreous Consultants of Wisconsin  
Attn: Privacy Officer  
2600 N. Mayfair Road, Suite 901  
Milwaukee, WI 53226

In addition to filing a complaint at Retina & Vitreous Consultants of Wisconsin, any patient may also contact the federal government directly, specifically the Department of Health and Human Services at the contact information below:

The U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
(202) 619-0257  
Toll Free: 1-877-696-6775

Email: [hhs@mail.os.dhhs.gov](mailto:hhs@mail.os.dhhs.gov)

## USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Retina & Vitreous Consultants of Wisconsin may use and disclose protected health care information without your consent or authorization in certain circumstances. For purposes of treatment, payment and health care operations, Retina & Vitreous Consultants of Wisconsin may make use of or disclose your information once you have signed our ***Consent to Use Protected Health Information*** form. State and federal law allow Retina & Vitreous Consultants of Wisconsin to use/disclose your protected health information in other defined circumstances as well. Except in treatment circumstances, Retina & Vitreous Consultants of Wisconsin will make efforts to limit the information used or disclosed to that which is minimally necessary. Following are a listing of these circumstances and examples of uses and disclosures to assist your understanding of our privacy practices.

1. **Treatment:** Once you sign a consent, Retina & Vitreous Consultants of Wisconsin will use your protected health information in order to treat you in the clinics of Retina & Vitreous Consultants of Wisconsin, to facilitate appropriate transfer of information to consulting specialists or referral center of health care (e.g., the hospital or surgical centers), and to ensure continuity of care and coordinate your health care through case management.

Examples of this type of disclosure follow: Retina & Vitreous Consultants of Wisconsin doctors and nursing staff will need to access your health information regarding medications and ongoing medical problems to best manage your care at Retina & Vitreous Consultants of Wisconsin. In addition, we may need to send selective information to specialists. For example, we might send tests results and doctor's notes to the doctor who referred you. To ensure optimal continuity of care, Retina & Vitreous Consultants of Wisconsin will send pertinent copies of medical histories, doctor's notes and labs to a hospital so as to avoid repeating tests and to prepare the health care providers at the hospital for your arrival.

2. **Payment:** Retina & Vitreous Consultants of Wisconsin will use and disclose your health information to send bills and to collect payment from you, your insurance company and other third-parties for services you have received at Retina & Vitreous Consultants of Wisconsin.

Examples of this type of disclosure include sending health information about dates of service and type of service/procedures performed to your health insurance company in order to receive reimbursement. In addition, some health insurance companies require pre- certification for some procedures and Retina & Vitreous Consultants of Wisconsin may have to disclose the type of procedure to be performed and the diagnosis justifying the procedure.

3. **Health Care Operations:** In order to ensure quality care for our patients, Retina & Vitreous Consultants of Wisconsin engages in numerous health care operations. These health care operations include, but are not limited to:
  - Care management, case coordination, Guideline and protocol development
  - Administrative, business management and planning activities
  - Training, accreditation, certification, licensing or credentialing
  - Health care improvement, quality management programs and cost reduction
  - Staff competence, provider reviews, and internal grievances
  - Legal, accounting services, medical reviews and auditing

Some specific examples of how Retina & Vitreous Consultants of Wisconsin would use your protected health information in its health care operations include the following:

- Removal of personal identifying information from your record so that it can be used to help evaluate and develop care management protocols and trends.
  - Conducting patient satisfaction surveys each year. Retina & Vitreous Consultants of Wisconsin may reference your chart if you comment in the survey that you were not satisfied with the care you received.
  - Presenting patient cases to national review and certification boards as part of ongoing training. If your information is used in a case presentation it would be de-identified.
  - Using and disclosing your medical information to recommend treatment options that may be of interest to you.
4. **Federal, State or Local Law:** Retina & Vitreous Consultants of Wisconsin will disclose your protected health information when required to do so by state, federal or local law. For example, Retina & Vitreous Consultants of Wisconsin will report gunshot wound information and information about suspicious burns to the local police or sheriff.
  5. **Public Health Policy:** Retina & Vitreous Consultants of Wisconsin will disclose your health information to public health departments and agencies if required to do so by law. For example, diseases such as hepatitis, TB and certain sexually transmitted diseases are reported to public health departments. Additionally, some adverse side effects are reported to the FDA.
  6. **Organ and tissue donation:** If needed, Retina & Vitreous Consultants of Wisconsin may disclose protected health information to relevant organizations to facilitate organ and tissue donation and transplantation.
  7. **Research:** Retina & Vitreous Consultants of Wisconsin sometimes participates in research studies for new treatments and would share protected health information with the research organization. In these circumstances, any patient participating in the research study would sign a separate consent to be in the study and to share specific health information.
  8. **Circumstances of Serious and Imminent Threat to Health or Safety:** If there is a serious and imminent threat to your health or the health or safety of the public.
  9. **Victims of Abuse or Neglect:** Retina & Vitreous Consultants of Wisconsin will notify the appropriate government authority if it is believed a patient has been the victim of abuse or neglect.
  10. **Health Oversight Activities:** Retina & Vitreous Consultants of Wisconsin may disclose protected health information to certain health oversight activities authorized by law including audits, investigations, accreditations, licensure or disciplinary activities. For example, the Department of Health and Human Services is authorized to access protected health information to investigate violations of the HIPAA Privacy Rule.
  11. **Worker's Compensation:** Retina & Vitreous Consultants of Wisconsin may disclose your medical records to worker's compensation departments for the benefit of treatment and case management of work-related injuries.

12. **Government Functions:** In some circumstances, Retina & Vitreous Consultants of Wisconsin can disclose your protected health information for specific government activities. Examples of these include:
- Medical Suitability Determinations: Retina & Vitreous Consultants of Wisconsin may disclose your protected health information to the Department of State for use in making medical suitability determinations.
  - Military and Veterans: If you are a member of the armed forces, Retina & Vitreous Consultants of Wisconsin may disclose your protected health information to the government to facilitate military missions.
  - National Security and Intelligence: If authorized by law, Retina & Vitreous Consultants of Wisconsin may disclose your protected health information for intelligence, counter-terrorism and national security activities.
13. **Judicial Proceedings:** Retina & Vitreous Consultants of Wisconsin may release protected health information in response to a court order. Examples of these kinds of disclosures include: Release of information concerning the victim of a crime (only in circumstances where efforts have been made to inform you about the request or efforts have been made to protect the information requested) or information about a death Retina & Vitreous Consultants of Wisconsin believes may be the result of criminal activity.
14. **Disclosures for purposes of quality, safety and effectiveness about FDA regulated products.** Examples include reports of adverse drug effects and product recalls.

## **DISCLOSURES THAT YOU MAY OBJECT TO**

Unless you object, Retina & Vitreous Consultants of Wisconsin may also use or disclose limited medical information in the following situations:

1. Retina & Vitreous Consultants of Wisconsin 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.
2. Retina & Vitreous Consultants of Wisconsin currently does not use your information for external marketing purposes and will not use any health information for marketing unless you have given specific consent for this disclosure. Please see the *Marketing Policy* for full details.
3. Retina & Vitreous Consultants of Wisconsin will release medical information to a family member or friend regarding your condition only as you specifically designate and have consented to. This form is part of the initial patient information packet and may be obtained from any Retina & Vitreous Consultants of Wisconsin clinic as of April 14, 2003.

Any other uses or disclosures will be made only with your written authorization and you may revoke this authorization in writing at any time. Retina & Vitreous Consultants of Wisconsin requests that you use our *Authorization for Release of Medical Information* and our *Revocation of Authorization to Release Medical Information* forms for these purposes.

## Patient Rights Regarding Protected Health Information

As a patient, you have numerous rights regarding how your protected health information is used. Your rights include the following:

1. You have a right to request that we restrict our uses and disclosures of protected health information. For example, Retina & Vitreous Consultants of Wisconsin will permit a patient to request that it restrict uses or disclosures of protected health information about the patient to carry out treatment, payment or health care operations; disclosures of protected health information directly relevant to the involvement of a family member, personal representative or another person responsible for the care of the patient; or to entities involved in disaster relief purposes. The circumstances in which you can request restrictions are detailed in the ***Policy for Requesting Restrictions of Protected Health Care Information***. It is important to understand that Retina & Vitreous Consultants of Wisconsin is not required to agree to requests for restrictions.
2. You have a right to receive communications that contain protected health information at alternative locations or by alternative means. For example, patients may request that Retina & Vitreous Consultants of Wisconsin contact them at work for appointment reminders rather than at home provided that the patient provides Retina & Vitreous Consultants of Wisconsin with his or her work contact number. However, Retina & Vitreous Consultants of Wisconsin will not honor a request for alternative contact methods unless the patient provides sufficient alternative address or contact information. These are detailed in the ***Policy for Requesting Restrictions of Protected Health Care Information***.
3. You have the right to inspect and request a copy your protected health information. Retina & Vitreous Consultants of Wisconsin requests that you use the ***Authorization for Release of Medical Information*** form when exercising this right. Retina & Vitreous Consultants of Wisconsin may charge a reasonable fee for the costs of copying, mailing or preparing summary information that responds to your request. You should know that in certain limited circumstances, the law allows Retina & Vitreous Consultants of Wisconsin to deny your request to inspect and copy your records. The full policy and procedures regarding this are detailed in the ***Policy on Individual Access to Protected Health Information***.
4. You have the right to have changes made to your protected health information if you feel it is inaccurate. Retina & Vitreous Consultants of Wisconsin requests that you use our ***Request for Amendment of Health Information*** form to request these changes. Retina & Vitreous Consultants of Wisconsin will review your request and make the changes if we believe they are appropriate. Retina & Vitreous Consultants of Wisconsin will also distribute these changes to health care providers that you ask be made aware of the change or to others we believe should know of the change. Under some circumstances, Retina & Vitreous Consultants of Wisconsin may deny your request for an amendment to your protected health information. Retina & Vitreous Consultants of Wisconsin will provide a written response to your request for an amendment and in this response will provide detailed information on how you may review the changes or appeal the denial. Your right to amend health care information is fully detailed in the ***Patient Request To Amend Medical Records Policy***.

5. You have a right to receive an accounting of our disclosures of your protected health information by Retina & Vitreous Consultants of Wisconsin. This accounting will not include disclosures of your health information made for treatment, payment or health care operations. Retina & Vitreous Consultants of Wisconsin requests that you use the ***Request for Accounting of Protected Health Information*** form to receive this log. Your request must specify a time period for the accounting, which may be no longer than six years. Retina & Vitreous Consultants of Wisconsin will provide the first accounting to you in any 12-month period free-of-charge. After this, Retina & Vitreous Consultants of Wisconsin may charge a fee but we will notify you of the fee before we process the request. You have the right to withdraw your request once you have learned that your request will require you to pay a fee. The full details of our policy and procedures for receiving a log of disclosures of your protected health information and the circumstances in which disclosures will not be provided in the accounting is described in the ***Policy on Accounting of Disclosures of Protected Health Information***.
  
6. You have a right to receive a paper copy of this Privacy Notice at any time. Paper copies are available through the Reception Desk at all clinics or may be printed from our web site. You may call or write the Reception Desk at:

Retina & Vitreous Consultants of Wisconsin  
2600 N. Mayfair Road, Suite 901  
Milwaukee, WI 53226

### **Distribution and Revision of the Privacy Notice**

Retina & Vitreous Consultants of Wisconsin is required by federal law to maintain the privacy of protected health information and to provide patients with notice of its legal duties and to abide by the terms of this Privacy Notice. Retina & Vitreous Consultants of Wisconsin will give this privacy notice available to all clinic patients who will be seen on or after the effective date of April 14, 2003. Retina & Vitreous Consultants of Wisconsin will also post the notice on its web site at [www.rvcow.com](http://www.rvcow.com).

Retina & Vitreous Consultants of Wisconsin is allowed to make revisions to the Privacy Notice. If revisions are made, the notice of these revisions will be made available to current patients of Retina & Vitreous Consultants of Wisconsin within 60 days of a revision as well as information on how to obtain a copy of the revised Privacy Notice.

### **Other:**

All forms and policies referred to in this Privacy Notice are available for you at Retina & Vitreous Consultants of Wisconsin Reception or through the Retina & Vitreous Consultants of Wisconsin Privacy Officer.