

Notice of Privacy Practices

Effective Date: October 1, 2013



THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED FOR THE EDINA EYE CLINIC, P.A. & THE OPTICAL AT 50TH AND FRANCE, LLC AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

I. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose your medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Examples of these uses and disclosures include:

1. **For Treatment:** To provide, coordinate, or manage your health care and any related services. For example, we may disclose your medical information, as necessary, to a home health agency or a physician that provides care to you.
2. **For Payment:** To bill for and receive payment for the services we provide and to other health care providers for their payment activities. For example, we will disclose information in order to verify insurance and submit bills or claims to insurance companies, Medicare or Medical Assistance.
3. **For Health Care Operations:** To help run our practice and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you.
4. **Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services:** To contact you to remind you that you have an appointment with us. We also may use and disclose your medical information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.
5. **Individuals Involved in Your Care or Payment for Your Care:** When appropriate, we may share your medical information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.
6. **Fundraising:** Unless you sign our opt-out notice, we may use your name and address to support our fundraising efforts. If you do not sign our opt-out notice at your initial office visit, you will have the opportunity to opt-out and will receive instructions on how to do so, when you receive any fundraising materials and/or solicitations from Edina Eye Clinic, P.A. and The Optical at 50th and France, LLC.
7. **In Special Situations:** These situations include when required by law; for public health activities; to report suspected abuse, neglect, or domestic violence; for health oversight activities; for judicial and administrative proceedings to the extent permitted by law; for law enforcement purposes, as permitted or required by law; to coroners, medical examiners, and funeral directors, as permitted by law; for organ donation purposes; to avert a serious threat to health or safety; for certain specialized government functions, such as military discharge and national security and intelligence; for workers' compensation purposes; or to government agencies or private disaster relief or disaster assistance organizations engaged in disaster relief activities.

II. YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES:

Other uses and disclosures will be made only with your written authorization, including:

1. Uses and disclosures of medical information for marketing purposes; and
2. Disclosures that constitute a sale of your medical information.

If you do give us an authorization, you may revoke it at any time by submitting a written revocation to the Clinic Manager and we will no longer disclose medical information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

III. YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:

You have the following rights regarding medical information we maintain about you:

- You have the right to request restrictions on certain uses and disclosures of your medical information, as provided by Privacy Regulations and our policy on restricting uses and disclosures, however, we are not required to agree to a requested restriction.
- You have the right to receive confidential communications of medical information, as provided by the Privacy Regulations and our policy on confidential communications, as applicable.
- You have the right to amend your medical information.
- You have the right to receive an accounting of disclosures of medical information.
- You have the right to obtain both a paper copy and an electronic copy of this Notice upon request.
- You have the right to be notified upon a breach of any of your unsecured medical information.
- If you have requested that we not bill your health plan and you paid for our items and services out-of-pocket in full, you have the right to ask that your medical information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations.
- You have the right to inspect and receive a copy of your medical information.
- If your medical Information is maintained in an electronic format, you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity in such a format and we will make every effort to comply with your request, if it is readily producible in such form or format. If your medical information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

IV. COVERED ENTITY'S DUTIES

Edina Eye Clinic, P.A. & The Optical at 50th and France, LLC are required by law to maintain the privacy of your medical information, to provide individuals with notice of its privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information.

V. THIS NOTICE:

We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all

medical information that we maintain. The revised Notice will be available on our web site and at each of your visits.

VI. COMPLAINTS:

You may file a complaint with Edina Eye Clinic, P.A. and The Optical at 50th and France, LLC or to the Secretary of Health and Human Services, if you believe your privacy rights have been violated. To file a complaint with us, please contact our Clinic Manager. You will not be retaliated against for filing a complaint. You can reach the Clinic Manager at (952) 920-2020.

VII. HEALTH RECORDS UNDER STATE LAW:

Release of health records (such as medical charts or X-rays) by licensed Minnesota providers usually requires the signed permission of a patient or the patient's legal representative. Exceptions include you having a medical emergency, you seeing a related provider for current treatment, and other releases required or allowed by law.

VIII. CONTACT

The name and address of the person you may contact for further information concerning our privacy practices is:

**Clinic Manager
Edina Eye Clinic, P.A.
3939 W 50th Street, Ste 200
Edina, MN 55424
(952) 920-2020**