

Notice of Privacy Practices

Dr. Jennifer M. Gudas, P.C.
633 E. 13th Street, P.O. Box 365
Ph. (574) 946-3944 Winamac, IN 46996 FAX (574) 946-6843

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.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We use and disclose your protected health information for treatment, payment, and healthcare operations. For example:

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we use your health information when our technician or doctor tests your eyes, when the doctor prescribes glasses or contact lenses, when we provide a prescription for medication to a pharmacist, and when we notify you that your glasses are ready to be dispensed. Your protected health information may also be provided to a doctor to whom you have been referred to ensure that the doctor has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, we use your health information when our staff asks you about health or vision care plans that you may belong to, or about other sources of payment for our services, and when we prepare bills to send to you or your vision care plan.

Healthcare Operations: We may use or disclose, as needed, your protected health information for administrative and managerial functions that we have to do in order to run our office. These activities include, but are not limited to, financial and billing audits, internal quality assurance, personnel decisions, and participation in managed care plans. We may also call you by name in the waiting room when your doctor is ready to see you. Unless you object, we may use or disclose your protected health information, as necessary, to provide you with appointment or recall reminders (such as voicemail messages, postcards, or letter).

Your Authorization: In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us this authorization, you may revoke it in writing at anytime. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only with your approval.

Other Uses and Disclosures: We may use or disclose your protected health information in the following situations without your authorization. These situations include: as Required By Law, Public

Health issues as required by law, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal Proceedings, Law Enforcement, Coroners, Funeral Directors, and Organ Donation, Research, Criminal Activity, Military Activity and National Security, Workers' Compensation, Inmates, Required Uses and Disclosures.

2. PATIENT RIGHTS

You have the right to inspect and copy your protected health information. Except for a few limited situations in which we can legally refuse to permit access or copying, you may review or copy your health information within 30 days of your written request. You may have to pay for photocopies in advance.

You have the right to request a restriction of your protected health information. This means you may ask us in writing not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your written request must state the specific restriction requested and to whom you want the restriction to apply. Your doctor is not required to agree to a restriction that you may request. If your doctor believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate these written requests if they are reasonable, and if you pay us for any extra cost.

You may have the right to have your doctor amend your protected health information. If we deny your written request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. You have a right to receive a list of instances in which we disclosed your health information for purposes other than treatment, payments, healthcare operations and certain other activities, for the last 6 years (or a shorter period if you want), but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

3. QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made regarding your privacy rights, you may submit a written complaint to our office or to the U.S. Department of Health and Human Services. We support your right to the privacy of your health information. We will not retaliate against you for filing a complaint.

This notice was published and becomes effective on/or before **April 14, 2003.** We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information.