

- **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 re-minders 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.
- **Appointment Reminders.** Unless you tell us otherwise in writing, we may use and disclose medical information to contact you to remind you that you have an appointment for treatment.
- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. However, we will not use or disclose medical information to market other products and services, either ours or those of third parties, without your authorization.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information, including mental health information, about you to a family member who is involved in your medical care without consent or authorization if the individual's involvement is related to such information. We may also give medical information, including prescription information or information concerning your appointments to friends who are involved in your care. We may also give such information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **As Required by Law.** We will disclose medical information about you when required to do so by federal, state or local law without your consent or authorization.
- **To Avert a Serious Threat to Health or Safety.** We may disclose medical information 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. Any disclosure, however, would only be to someone able to help prevent the threat.
- **To Business Associates.** From time to time, we will hire “business associates”, who render services to us. We may disclose your medical information to such business associates without your consent or authorization. Business associates are required to maintain and comply with the privacy requirements of state and federal law and keep your medical information confidential. Examples of “business associates” are accounting firms that we hire to perform audits of billing and payment information, and computer software vendors who assist us in maintaining and processing medical information.
- **For Research.** From time to time we participate in research studies with entities such as drug companies. Before we use or disclose medical information for research, the project will have been approved through a research approval process required by federal law. We may disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs as permitted by federal law. As a general rule, we will

ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are. We will also comply with all other requirements under federal law to seek your written authorization to disclose protected health information in connection with research studies.

- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **Worker's Compensation.** We may release medical information about you for workers' compensation or similar programs without consent or authorization. These programs provide benefits for work-related injuries or illnesses. For example, if you are injured on the job, we may release information regarding that specific injury.
- **Public Health Risks.** We may disclose medical information about you for public health activities without your consent or authorization. These activities generally include the following:
  - to prevent or control disease, injury or disability;
  - to report reactions to medications or problems with products;
  - to notify people of recalls of products they may be using;
  - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when disclosure is required or authorized by law.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency, such as the Department of Health and Human Services, for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Administrative Proceedings.** If you are involved in a lawsuit or dispute as a party, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. In addition, we may disclose medical information, including mental health treatment information, AIDS or HIV-related information or substance abuse treatment information, to the opposing party in any lawsuit or administrative proceeding where you have put your physical or mental condition at issue once you have signed an appropriate written authorization to release the information. Similarly we may disclose medical information about you in proceedings where you are not a party, but only if efforts have been made to tell you or your attorney about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release medical information, excluding mental health information, if asked to do so by a law enforcement official:
  - in response to a court order, subpoena, warrant, summons or similar process;
  - to identify or locate a suspect, fugitive, material witness, or missing person;
  - about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  - about a death we believe may be the result of criminal conduct;
  - about actual or suspected criminal conduct at our facility; and
  - 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.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information including mental health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- **National Security and Intelligence Activities.** We may release medical information

about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

#### HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU WITH AUTHORIZATION:

Some uses and disclosures of your medical information can be made only with your written authorization, unless otherwise permitted or required by law. You may revoke this authorization anytime, in writing, unless we rely on the use or disclosure indicated in the authorization.

Examples of those uses and disclosures that may only be made with your written authorization:

- We will obtain your authorization for uses and disclosures of your health information that are not described in the Notice above.
- We will disclose AIDS or HIV-related information, or substance abuse treatment information only with written authorization as required by applicable state law and/or federal regulations unless the law expressly permits otherwise.
- We will provide mental health information only if you have signed an authorization consistent with Iowa law.
- We will not use or disclose your protected health information for marketing purposes without your authorization. Moreover, if we will receive any financial remuneration from a third party in connection with marketing, we will tell you that in the authorization form.
- We will not sell your protected health information to third parties without your authorization. Any such authorization will disclose that we will receive compensation in the transaction.

#### YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:

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

**Right to Inspect and/or Request a Copy.** You have the right to inspect and/or request a copy of your medical information that may be used to make decisions about your care which is contained in a data set designated by us. Usually, this includes medical and billing records.

For any medical information maintained in your electronic medical record your written request may include a request to provide a copy in electronic form. We will provide the information to you in the form and format you requested, assuming it is readily producible. If we cannot readily produce the record in the form and format you request, we will produce it in another readable electronic form we agree to.

In addition, we will transmit information from your electronic medical record directly to a person or entity of your choosing if the request is made in writing and you sign an authorization.

If you wish to receive a copy of your medical information, you must submit your request in writing to Mauer Eye Center, Mauer Vision Center, or d'vine Medical Spa. If you request a copy of the information, we may charge a reasonable fee for the costs of

copying, mailing and or other supplies associated with your request. The cost of providing an electronic copy of information from your electronic medical record will be limited to the labor cost of preparing the electronic copy plus necessary supplies, such as a thumb drive or other electronic medium. If you wish to inspect your records, we may charge a reasonable fee for the inspection that reflects staff time in pulling the records and participating in the inspection. In addition, you may request a summary of your medical information, in which case we will charge the reasonable cost of preparing the summary.

We may deny your request to inspect and/or obtain a copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Mauer Eye, Center, P.C. will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Request Amendment.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Mauer Eye Center, P.C. and is contained in Mauer Eye Center's designated record set, which usually includes medical and billing records.

To request an amendment, you will need to contact the Privacy Officer so that a Health Information Request for Amendment Form can be mailed to you. The form will need to be completely filled out and returned to the Privacy Officer. We may request that you provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make that amendment;
- is not part of the medical information kept by Mauer Eye Center, P.C.;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

If we deny the request, you will be informed in writing of the reasons and will be informed of your right to an appeal of the decision.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we have made of medical information about you. An accounting from paper records will not include disclosures for treatment, payment and health care operations. An accounting from your electronic medical record will include disclosures for treatment, payment and health care operations for three years prior to the request.

To request this list or accounting of disclosures, you must submit your request to the Privacy Officer so that an appropriate form can be mailed to you. This form will need to be completely filled out and returned to the Privacy Officer at the address below. Your request must state a time period which may not start earlier than April 2003 and must not be longer than six years. However, you will receive an accounting for disclosures from your electronic medical record for treatment, payment and health care operations for only 3 years prior to the request. The response to your request will be provided to you on paper. The first accounting of disclosures you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your

care, like a family member or friend. For example, you may request that your spouse or child who is involved in your care not receive certain information about your condition. We are not required to agree to your request, unless the disclosure is to a health plan or other payer for purposes of carrying out payment or health care operations and you have paid for the services in full yourself. For all other requests for restrictions, if we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the clinic manager or the Privacy Officer at the address below. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**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.

**Other Uses of Medical Information.** Other 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 as set out in an authorization signed by you.

#### 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. All complaints must be submitted in writing. You may also submit a complaint to the Secretary of the Department of Health and Human Services. 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: Sept 2013**

#### CONTACT INFORMATION

**The Privacy Officer for Mauer Eye Center, P.C. may be reached by mail or by telephone.  
Mauer Eye Center, P.C. | 319-433-3000  
2515 Cyclone Drive, Waterloo, IA 50701**



## 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 describes the Privacy Practices of Mauer Eye Center, P.C. and its affiliates, which include Mauer Vision Center, d'vine Medical Spa® and Parallax Solutions.

"We" and Mauer Eye Center as used in this notice refer to Mauer Eye Center and all of these affiliates and to all locations where Mauer Eye Center and the other listed entities provides services to you.

All employees of Mauer Eye Center as well as any healthcare professional, whether an employee of Mauer Eye Center or not, who is authorized to enter information into your chart may have access to information in your chart for treatment, payment and healthcare operations, and may use and disclose information as described in this Notice.

This Notice also applies to any volunteer or trainee we allow to help you while seeking services from us.

#### OUR OBLIGATIONS TO YOU:

We are required by law to:

- make sure that medical information that identifies you is kept private except as otherwise provided by state or federal law;
- give you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the Notice that is currently in effect.
- inform you of any unauthorized access, use or disclosure of your unencrypted confidential information in the event its security or privacy is compromised (i.e., in the event that a reportable breach occurs as provided by the HIPAA Omnibus Final Rule.)

We will provide such notice to you without unreasonable delay but in no case later than sixty days after we discover the breach.

#### HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION WITHOUT AUTHORIZATION

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). However, we will only disclose AIDS or HIV-related information, or substance abuse treatment information, or mental health information with an authorization that complies with state or federal law.