



7950 College Blvd  
Overland Park, KS 66210

Attached is the information as it pertains to Hunkeler Eye Institute (HEI) and our Notice of Privacy Practices, in keeping with the Health Insurance Portability and Accountability Act (HIPAA) which went into effect on April 14, 2003. You will need to read and sign this document. A copy can be provided for you; however, you will need to request this copy from our personnel.

**Your Health Information Rights** Although your health record is the physical property of HEI, the information belongs to you.

**You Have the Right to:**

**RESTRICTION**—Request a restriction on certain uses and disclosures of your information. We are not required by law to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

**COPY**—Obtain a copy of this Notice of Information Practices upon request.

**INSPECT**— Inspect and request a copy of your health record for a fee. We may deny your request under very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed by another health care professional chosen by someone on our healthcare team. We will abide by the outcome of that review.

**AMEND**—Request an amendment to your health record if you feel the information is incorrect or incomplete. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. Also, we may deny your request if the information was not created by our healthcare team, is not part of the information kept by our facility, is not part of the information which you would be permitted to inspect and copy, and if the information is accurate and complete. Please note that even if we accept your request, we are not required to delete any information from your health record.

**ACCOUNTING**—Obtain an accounting of disclosures of your health information. The accounting will only provide information about disclosures made for purposes other than treatment, payment or health care operations.

**CONFIDENTIAL**—Request communication of your health information by alternative means or locations.

**REVOCAION**—Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

**Disclosures requested by HEI:** We may ask you to sign an authorization allowing us to use or to disclose your health information to others for specific purposes such as notifying you of future educational or social events you might enjoy.

**Special situations that do not require your information consent or authorization:** The following disclosures of your health information are permitted by law without any oral or written permission from you:

**Organ and tissue donation**—if you are an organ donor, we may release health information to organization that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

**Military and veterans**—if you are a member of the armed forces, we may release health information about you as required by military commanding authorities. **Workmen's compensation**—we may release health information about you for worker's compensation or similar programs if you have a work related injury. These programs provide benefits for work related injuries.

**Averting serious threat**—we may use and disclose health information about you when necessary to prevent a serious threat to your health or safety or the health and safety of another person or the public. These disclosures would be made only to someone able to help prevent the threat.

**Public health activities**—we may disclose health information about you for public health activities. These generally include the following: 1) To prevent or control disease, injury or disability. 2) To report births and deaths. 3) To report child abuse or neglect. 4) To report reactions to medications, problems with products or other adverse events. 5) To notify people of recalls of products they may be using. 6) To notify a person who may have been exposure to a disease or may be at risk for contracting or spreading a disease or condition. 7) To notify the appropriate government authority if we believe a patient has been the victim of abuse (including elder abuse), neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities:** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include 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 Disputes:** If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court or administrative order. We may disclose health information in response to a subpoena; discovery request or other lawful process by someone involved in the dispute. We would only disclose this information if efforts have been made to tell you about the request to allow you to

obtain an order protecting the information requested.

**Law Enforcement**—We may disclose health information if asked to do so by law enforcement officials for the following reasons: 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) About the victim of a crime if, under certain circumstances, we are unable to obtain the persons agreement 4) About a death we believe may be the result of criminal conduct. 5) About criminal conduct at our facility. In emergency circumstances to report a crime, the location of the crime or victims, or the identify, description or location of the person who committed the crime.

**Coroners and Medical Examiners**—We may disclose health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death of a person. We may also release health information about patients at our facility to funeral home directors, as necessary to carry out their duties.

**National Security**—We may disclose health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

**Inmates**—If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose health information about you to the correctional institution or the law enforcement official. This is necessary for the correctional institution to provide you with health care, to protect your health and safety and the health and safety of others, or for the safety and security of the correctional institution.

**REQUIRED BY LAW:** We will disclose health information about with without your permission when required to do so by federal, state or local law.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN ACCESS THIS INFORMATION.**

**OUR CONTACT**—If you have any questions about this notice, please contact our Privacy Official at 913-338-4733 or visit our web site at [www.hunkeler.com](http://www.hunkeler.com) for any updated information.

**OUR PLEDGE REGARDING YOUR HEALTH INFORMATION:**

We understand that information about you and your health is personal. We are committed to protect the privacy of this information. Each time you visit Hunkeler Eye Institute, we create a record of the care and services which you receive. We need the record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of care generated by Hunkeler Eye Institute, whether made by health care personnel or the physician. This notice will tell you about the ways in which we use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

**Our Responsibilities**

Our primary responsibility is to safeguard your personal health information. We must also give you this notice of our privacy practices, and we must follow the terms of the notice currently in effect.

**Changes to this notice:** We reserve the right to change this notice. We reserve the right to make the revised change notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facilities, and it will also be posted on our web site: [www.hunkeler.com](http://www.hunkeler.com). A copy of the current notice in effect will be available at the registration area in each of our facilities.

**You have the right to file a complaint:** If you believe your privacy rights have been violated, you may file a complaint with any of our facilities. This complaint must be in writing to: Privacy Official, Hunkeler Eye Institute, P. A.; 7950 College Blvd. Overland Park, KS 66210. There will be no retaliation to filing a complaint. You have the right to complain to the Secretary of the Department of Health and Human Services. Their address: 200 Independence Ave. S.W. ; Washington, D.C. 20201. Their phone: 202-619-0257.

**How we may use and disclose health information about you:** The following categories describe different ways that we use your health information within HEI and how we disclose your health information to persons and entities outside of HEI. Each description is a category of uses or disclosures. We have not listed every use or disclosure within the categories, but all permitted uses and disclosures will fall within one of the following categories.

**With written acknowledgement of our information of privacy practices:**

In compliance with the federal Health Insurance Portability and Accountability Act (HIPAA), we will obtain, in writing, your acknowledgement of receipt of our Notice of Privacy Practices when you first visit HEI. The Notice of Privacy Practice and the Acknowledgement of receipt are necessary to allow us to use your health information within HEI and disclose your health information outside HEI.

**Treatment**—We may use health information about you to provide you with medical treatment and services. We may disclose health information about you to doctors, nurses, technicians, medical students, interns or other personnel who are involved in taking care of you during your visit with us.

**Payment**—we may use and disclose health information about you so that the treatment and services you receive here may be billed to and payment collected from you, an insurance company, or a third party. This may also include the disclosure of health information to obtain prior authorization for treatment and procedures from your insurance plan.

**Health Care Operations**—We may use and disclose health information about you for health care operations, including quality assurance activities; granting medical staff credentials to physicians; administrative activities, including HEI financial and business planning and development; customer service activities—including investigation of complaints; and certain marketing and fundraising activities, etc. These uses and disclosures are necessary to operate our health care facility and make sure all of our patients receive quality care.

**Business Associates**—There are some services provided in our organization through contracts with business associates. Examples of business associates include accreditation agencies, management consultants, quality assurance reviewers, etc. We may disclose your health information to our business associates so that they can perform the job we have asked them to. To protect your health information, we require our business associates to sign a contract that states they will appropriately safeguard your information.

**Appointment Reminders**—We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care at our health care facility.

**Marketing or fundraising:** We may contact you as a part of a marketing and/or fundraising effort. As part of our marketing, we may tell you about HEI's health related products and services that may be of interest to you. If you receive a communication from us for either marketing or fundraising purposes, in most cases you will be told how you can opt out of any further marketing or fundraising communication.

**With your written consent—research unrelated to treatment** - When a research study does not involve any treatment, we may disclose your health information to researchers when an Institutional Review Board (IRB) has reviewed the research proposal, has established appropriate protocols to ensure the privacy of your health information, and has approved the research.

**With your verbal agreement—individuals involved in care/payment**—We may disclose health information about you to a friend or family member, who is involved in your medical care, unless you tell us in advance not to do so. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort (such as the Red Cross) so that your family can be notified of your condition, status and location.

**With your specific written "authorization"** - Other uses and disclosures of health information not covered by this notice or laws that apply to us will be made only with your written permission (called authorization). If you authorize us to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke the authorization, we will not longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you. Some typical disclosures that require your authorization are as follows: **Research involving treatment** When a research study involves your treatment, we may disclose your health information to researchers only after you have signed a specific written authorization. In addition, for any such research study, an Institutional Review Board (IRB) will already have reviewed the research proposal, established appropriate protocols to ensure the privacy of your health information, and approved the research. You do not have to sign the authorization in order to get treatment from HEI, but if you refuse to sign the authorization, you cannot be part of the research study.

**Drug and Alcohol Abuse**—We will disclose drug and alcohol treatment information about you only in accordance with Federal Privacy Act. In general, the Privacy Act requires your written authorization for such disclosures.

**Disclosure of Mental Health Information**—We will disclose mental health treatment information you only in accordance with State law. In most cases, state law requires your written authorization or written authorization of your representative for such disclosures.

