

We routinely use your information for these purposes without any special permission.

#### USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your information without your permission. Examples of such uses or disclosures are:

- ◇ when a state or federal law mandates that certain information be reported for a specific purpose
- ◇ to governmental authorities about victims of suspected abuse, neglect or domestic violence
- ◇ for health oversight activities, such as the licensing of professionals; for audits by payors; or for investigation of possible violations of health care laws
- ◇ for health related research
- ◇ to prevent a serious threat to health or safety of a "limited data set" for research, public health, or health care operations
- ◇ incidental disclosures that are an unavoidable by-product of permitted uses or disclosures
- ◇ for legal purposes, such as subpoenas or court orders
- ◇ for law enforcement purposes, such as information pertaining to a victim of a crime; or to report a crime
- ◇ to a medical examiner; or to funeral directors; or to organizations that handle organ or tissue donations
- ◇ for specialized government functions, such as intelligence activities; disaster relief activities; or other national security activities authorized by law
- ◇ for public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or devices of de-identified information.
- ◇ relating to worker's compensation programs
- ◇ to "business associates" who provide services for us and who commit to respect the privacy of your information.

Unless you object, we will also share relevant information about your care with your family, friends, or caregivers who are helping you with your vision rehabilitation needs.

*APPOINTMENT REMINDERS:* We may call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other services available at Lighthouse International that might help you. Unless you tell us otherwise, we may leave you a reminder message on your home answering machine or with someone who answers your phone if you are not home.

*FUND RAISING:* We may contact you as part of a fund-raising effort.

We will not make any other uses or disclosures of your information unless you sign a written "authorization form". Federal law mandates the content of an "authorization form". In all situations, other than those described above, we will ask you for your written authorization before using or disclosing your information. If you have given us an authorization, you may revoke it at any time, if we have not already acted on it. Revocations must be in writing.

## HIPPA Privacy Information



### Center for Colon and Digestive Diseases

**7150 Smoke Ranch Rd.  
Ste 110  
Las Vegas, NV 89128**

#### **NOTICE OF PRIVACY PRACTICES**

Effective Date of Notice: April 14, 2003

**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.**

At Center for Colon and Digestive Diseases, we respect our legal obligation to keep information private that identifies you. We are obligated by law to give you notice of our privacy practices. This notice describes how we protect your information and what rights you have regarding it.

## UNDERSTANDING YOUR HEALTH RECORD

Each time you visit Center for Colon and Digestive Diseases, a record of your visit is made. Typically, this record contains the reason for your visit, a history and examination, test results, diagnoses, treatment, and your procedure report. This information, often referred to as your health or medical record, serves as a:

- ◇ Basis for planning your care and treatment.
- ◇ Means of communication among health professionals who contribute to your care.
- ◇ Legal document describing care you received,
- ◇ Means by which you or a payer can verify that services billed were actually provided
- ◇ A source of data for medical research;
- ◇ A source of information for public health officials to help improve health of the nation;
- ◇ A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where and why others may access your health information and make more informed decisions when authorizing disclosure to others.

## YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of Center for Colon and Digestive Diseases, who compiled the information, the information itself belongs to you. You have the right to:

- ◇ Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522.
- ◇ Obtain a paper copy of the notice of information practices upon request
- ◇ Inspect and request copies of your health record as provided for in 45 CFR 164.524.
- ◇ Amend your health record as provided for in 45 CFR 164.528.
- ◇ Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528.
- ◇ Request communications of your health information by alternative means or at alternative locations.
- ◇ Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

## OUR RESPONSIBILITIES

Center for Colon and Digestive Diseases is required to:

- ◇ Maintain the privacy of your health information.
- ◇ Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- ◇ Abide by the terms of this notice
- ◇ Notify you if we are unable to agree to a requested restriction
- ◇ Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us, or if you agree, we will email the revised notice to you.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

## FOR MORE INFORMATION

If you want more information about our privacy practices, please contact the practice's Privacy Officer, Tousif Pasha M.D. Via US. Mail: 7150 Smoke Ranch Rd., Ste 110, Las Vegas, NV 89128

## PRIVACY COMPLAINTS

If you believe that your privacy rights have been violated, you should immediately contact us. We will not take action against you for filing a complaint. You may also file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services. The address:

*Office for Civil Rights*  
U.S. Department of Health and Human Services  
200 Independent Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

## EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS

The most common reason why we use or disclose your information is for treatment, payment or health care operations.

*Examples of how we use or disclose information for treatment purposes are:* setting up an appointment for you; testing or examining your eyes; prescribing devices; referring you to another provider for care; or getting copies of your health information from another professional that you may have seen before us.

*Examples of how we use or disclose your information for payment purposes are:* asking you about your health plans, or other payors; and preparing or sending bills or claims.

*Examples of how we use or disclose your information for health care operations are:* financial or billing audits; internal quality assurance; education of residents and other professionals and related academic programs.