

For Office Use Only
Name: _____
MRN: _____

File to HIPAA



HIPAA AUTHORIZATION FORM

I. Information About the Use or Disclosure

Patient Name: _____ Date of Birth: _____

I hereby authorize the use and disclosure of my protected health information (PHI) as described below.

CVP is authorized to use and/or disclose my PHI as follows:

Other Persons/Organizations authorized to receive and use the information:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Description of information to be used and/or disclosed (e.g., date(s), condition(s)) to Other Persons/Organizations:

Check one: ALL HEALTH INFORMATION OR OTHER: _____

Check (if applicable): CVP is/ is not authorized to use and/or disclose my *name* and *address* to THE CINCINNATI EYE INSTITUTE FOUNDATION ("Foundation") for the purpose of educational and informational mailings on behalf of the Foundation.

Unless otherwise noted, the above uses and disclosures are made at the request of the individual and this authorization will expire one year from the date the authorization is signed.

II. Important Information About Your Rights

I understand that:

- This authorization is voluntary and I may refuse to sign it.
- I may revoke this authorization at any time prior to its expiration (except to the extent that action has been taken in reliance on it) by sending a written revocation notice to CVP. The revocation will not have any effect on any actions that CVP took before it received the revocation notice.
- I am not required to sign this authorization as a condition to receiving treatment or payment for health care; enrolling in a health plan; or establishing eligibility for benefits.
- The information that is used or disclosed under this authorization may be redisclosed by the recipient and, upon redisclosure, no longer be protected by federal privacy laws.

III. Signature of Patient or Patient's Representative

Signature of patient or patient's representative

Date

Print Name

If the form is signed by a personal representative, complete the following information:

Printed name of the patient's personal representative: _____

Relationship to the patient, including authority to act as personal representative: _____



Cincinnati Eye Institute
Dayton Eye Associates
Retina Physicians & Surgeons

NOTICE OF PRIVACY PRACTICES

Effective Date January 2, 2019

THIS NOTICE OF PRIVACY PRACTICES (HEREINAFTER REFERRED TO AS NOTICE) DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

CVP is required by law to maintain the privacy of your Protected Health Information (PHI) and to provide you with this Notice. This Notice is being given to you to comply with the requirements of the privacy rules issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This Notice applies to all of the records of your care generated by CVP, whether made by CVP or an associated facility.

OUR COMMITMENT TO YOUR PRIVACY

CVP is committed to safeguarding the privacy of your medical information. As our patient, CVP creates paper and electronic medical records about your health, and the services and/or items we provide to you as our patient. We will comply with all applicable federal and state laws regarding the privacy and confidentiality of your medical information. Should a breach of PHI occur, affected individuals will be notified.

WHO SHOULD READ THIS NOTICE?

All patients of CVP should read this Notice.

WHOM DOES THIS NOTICE COVER?

The terms “we”, “our” or “us” used in this Notice refer to CVP.

WHAT IS PROTECTED HEALTH INFORMATION?

Your Protected Health Information (PHI) is information which may identify you and has to do with your past, present or future physical or mental health or condition; the provision of health care to you; or the past, present, or future payment for health care provided to you.

WHAT INFORMATION IS IN THIS NOTICE?

This Notice describes your rights regarding your PHI. It also describes how we may use and disclose your PHI to carry out treatment, payment, health care operations, and for other specified purposes that are permitted or required by law. We are required to comply with the terms of this Notice. We will not use or disclose your PHI without your written authorization, except as described in this Notice.

WHAT RIGHTS DO YOU HAVE REGARDING YOUR PHI?

Right to Inspect and Copy your PHI. You have the right to inspect and obtain a copy of your medical information that may be used to make decisions about your care. This includes your medical and billing records but does not include psychotherapy notes. Upon proof of an appropriate legal relationship, records of others related to you or under your care (guardian or custodial) may also be disclosed.

To inspect and obtain a copy of your medical record, you must submit your request in writing to our Privacy Officer. Ask the front desk representative for the name of the Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies (tapes, disks, etc.) associated with your request.

We may deny your request to inspect and obtain a copy in certain very limited circumstances. If you are denied access to your medical information, you may request that our QI/QA Committee review the denial. Another licensed health care professional chosen by CVP 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 and recommendations from that review.

Right to Amend your PHI. If you feel the medical information in your record is incorrect or incomplete, then you may ask us to amend the information. You have the right to request an amendment for as long as CVP maintains your medical record.

To request an amendment, you must submit your request in writing to our Privacy Officer. This request must be signed, dated and should include your intended amendment and a reason that supports your request to amend.

In certain cases, 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 the amendment;
- is not part of your medical information kept by or for CVP;
- is not part of your medical information which you would be permitted to inspect and copy; or
- is inaccurate and incomplete.

Right to an Accounting of Disclosures of your PHI. You have the right to request an accounting of disclosures. This is a list of disclosures of your medical information given to others for other than treatment, payment, or health care operations.

To receive an accounting of disclosures of your PHI, you must submit your request in writing. The date of your request must not be more than six years prior and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (i.e., paper or electronically). 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 such as a family member or friend. For example, you may ask that we not use or disclose information about a particular treatment you received.

We are not required to agree to your request and we may not be able to comply with your request. If we do agree, we will comply with your request except that we

shall not comply, even with a written request, if the information is exempt from the consent requirement or we are otherwise required to disclose the information by law.

You may also request that we not disclose to your health plan any information about care that you have paid for out-of-pocket, in full, and we must abide by that request.

To request restrictions, you must make your request in writing. In your request, please indicate:

- what information you want to limit;
- whether you want to limit our use, disclosure or both; and
- to whom you want the limits to apply (i.e., disclosures to your children, parents, spouse, insurance carrier, etc.)

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we only contact you at work or by mail and that we not leave voice mail or e-mail, or the like.

To request confidential communications, you must make your request in writing. We will not ask you the reason for your request. We will accommodate all *reasonable* requests. Your request must specify how or where you wish us to contact you.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice and may request one at any time.

HOW WE MAY USE OR DISCLOSE YOUR PHI

The following categories describe different ways that we use and disclose PHI that we have and share with others including information concerning HIV testing, diagnosis or treatment of AIDS, AIDS related conditions, drug or alcohol abuse, drug related conditions, and/or psychiatric/psychological diagnosis/treatment. Each category of uses or disclosures provides a general explanation and provides some examples of uses. Not every use or disclosure in a category is either listed or actually in place. The explanation is provided for your general information only.

Medical Treatment. CVP uses your medical information previously given to provide you with current or prospective medical treatment or services. Therefore, CVP may disclose your medical information to doctors, nurses, technicians, medical students, or any staff who are involved in your care. For example, a doctor to whom CVP refers you for ongoing or further care may need your medical record. Different areas of CVP including front desk, administration, or the like, also may share your medical information including your medical record, prescriptions, requests of lab work and x-rays. We may also discuss your medical information with you to recommend possible treatment options or alternatives. We also may disclose your medical information to people outside CVP who may be involved in your medical care after you leave CVP. This may include your family members or other personal representatives authorized by you or by a legal mandate (a guardian or other person who has been named to handle your medical decisions, should you become incompetent).

Payment. CVP may use and disclose your medical information for services and procedures so they may be billed and collected from you, an insurance company, or any other third party. For example, we may need to give your health care information about treatment you received at CVP to obtain payment or reimbursement for the care. CVP may also tell your health plan and/or referring physician about a treatment you are going to receive to

obtain prior approval or to determine whether your plan will cover the treatment, to facilitate payment of a referring physician, or the like.

Health Care Operations. CVP may use and disclose your medical information so we can run more efficiently and make certain all of our patients receive quality care. These uses may include reviewing our treatment and services to evaluate the performance of our staff, deciding what additional services to offer and where, deciding what services are not needed, and whether certain new treatments are effective. CVP may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. CVP may also combine the medical information we have about you with medical information from other practices to compare how we are doing and to see where we can make improvements in the care and services we offer. CVP may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery.

CVP may email or text you surveys to rate your experience with our doctors and staff.

CVP may also use or disclose information about you for internal or external utilization review and/or quality assurance, to business associates for purposes of helping us to comply with our legal requirements, to auditors to verify our records, to billing companies to aid us in this process, and the like. We shall endeavor, at all times to maintain the privacy of your medical information.

Marketing Activities. CVP may use or disclose information for marketing activities purposes. If you do not want to be contacted for any marketing activities purposes please contact our Privacy Officer, in writing, at the address listed on the back of this notice. The physician may also discuss third party products or services without written authorization when one or more of the following exist: 1) the physician receives no compensation for the communication; 2) the communication is face to face; 3) the communication involves drug or biologic the patient is currently being prescribed and the payment is limited to reasonable reimbursement of the costs of the communication (no profit); 4) the communication involves general health promotion; and 5) the communication involves government or government-sponsored programs.

Appointment and Patient Recall Reminders. CVP may ask that you sign in at the front desk on the day of your appointment. CVP may use and disclose your medical information to contact you as a reminder that you have an appointment. This contact may be by phone, in writing, or via e-mail, and may involve sending an e-mail or leaving a message on an answering machine which could be received or intercepted by others.

Emergency Situations. CVP may disclose your medical information to an organization assisting in a disaster relief effort or in an emergency situation so your family can be notified about your condition, status and location.

Research. CVP may use and disclose your medical information for research purposes regarding medications, efficiency of treatment protocols, and the like. All research projects are subject to an approval process, which evaluates a proposed research project and its use of medical information. Before we use or disclose your medical information for research, the project will have been approved. We will obtain an authorization from you before using or disclosing your individually identifiable health information unless the authorization requirement has been waived. If possible, CVP will make your medical information non-identifiable. If the information has been sufficiently de-identified, an authorization for the use or disclosure is not required.

Required By Law. CVP will disclose your medical information when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. CVP may use and disclose your medical information when necessary to prevent a serious threat either 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.

Organ and Tissue Donation. If you are an organ donor, CVP may release your medical information to organizations that handle organ procurement, organ, eye or tissue transplantation, or an organ donation bank to facilitate organ or tissue donation and transplantation.

Workers' Compensation. CVP may release your medical information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. Law or public policy may require us to disclose your medical information for public health activities such as:

- preventing or controlling disease, injury or disability;
- reporting births and deaths;
- reporting child abuse or neglect;
- reporting reactions to medications or problems with products;
- notifying people of recalls of products they may be using;
- notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
- notifying 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 required or authorized by law.

Investigation and Government Activities. CVP may disclose your medical information to a local, state or federal agency for activities authorized by law. These activities include audits, investigations, inspections, licensure, and the like. These activities are necessary for the payer, the government and other regulatory agencies 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 a dispute, CVP may disclose your medical information in response to a court or administrative order. CVP may also disclose your medical information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. CVP shall attempt in these cases to inform you about the request so you may obtain an order to protect your medical information if you so desire. We may also use such information to defend ourselves or staff members of CVP in any actual or threatened action.

Law Enforcement. CVP may release your medical information if requested 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;
- concerning the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- concerning a death we believe may be the result of criminal conduct;
- concerning criminal conduct at CVP; 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. CVP may release your medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. CVP may also release your medical information to funeral directors as necessary to carry out their duties.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, CVP may release your medical information to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others or for the safety and security of the correctional institution.

CHANGES TO THIS NOTICE

CVP reserves the right to change this Notice at any time. CVP also reserves the right to make the revised Notice effective for medical information we already have about you as well as any information we may receive from you in the future. CVP will make available a copy of the current Notice. The Notice will contain the date of the last revision and effective date on the first page. In addition, each time you visit CVP for treatment or health care services, you may request a copy of the current Notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with CVP. To file a complaint, please contact our Compliance Officer at 513-569-3481, who will assist you. All complaints must be submitted in writing and shall be investigated. **You will not be penalized for filing a complaint.**

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of your medical information not covered by this Notice or the laws that apply to CVP will be made only with your written permission, unless those uses can be reasonably inferred from the intended uses above. If you have provided us with permission to use or disclose your medical information, you may revoke permission, in writing, at any time. If you revoke your permission, CVP will no longer use or disclose your medical information for the reasons covered by your written permission. You understand that CVP is unable to take back any disclosures that have already been made with your permission, and that CVP is required to retain records of the care that we have provided to you.

CVP
1945 CEI Drive
Cincinnati, Ohio 45242
(513) 984-5133

Compliance Officer:
513-569-3481

Privacy Officer:
513-569-3710