

Cornea and Contact Lens Institute of Minnesota

Summary Notice of Privacy Practices

This Notice is a summary of our privacy practices and describes how we may use or disclose your health information and how you can gain access to such information. For your convenience, a full copy of our privacy practices is posted in the waiting area and is also available if you would like a copy. For the purpose of this notice, your “health information” refers to any information that identifies you and is created, received, maintained or transmitted by us during the course of treatment or services rendered.

We are required by the Health Insurance Portability and Accountability Act (HIPAA) as well as other applicable laws to maintain the privacy of your health information, to provide you with this notice of our legal duties and privacy practices with respect to such information, and to abide by the terms of this notice. We are also required by law to notify affected individuals following a breach of their unsecured health information.

In certain limited situations, the law allows us or requires us to use or disclose your health information without your consent or authorization. The situations most pertinent to our office are as followed (for more see our Full Notice of Privacy Practices)

- Uses and disclosures for health oversight activities, such as licensing for doctors; audits by Medicare or Medicaid; or investigations of possible violations of health care laws
- Uses or disclosures for health related research
- Disclosures relating to worker’s compensation programs
- Disclosures to “business associates” and their subcontractors who perform health care operations for us and have committed to respect the privacy of your health information in accordance with HIPAA (i.e. laboratories that only interact with physicians not patients)

Your Individual Rights in Summary

- To request restrictions on the health information we may use and disclose for treatment, payment and health care operations. To request restrictions you must submit this request in writing. Under certain restrictions, we may not be able to continue treatment and reserve the right to determine this.
- To receive a copy of your health information. Such requests must be made in writing and it must be noted if you would like a paper or electronic copy.
- To designate another party receive your health information. This request must be in writing and if it requires us to send it directly to another person, the designated recipient information must be provided.

We reserve the right to change our privacy practices and apply the revised practices to health information about you that we already have. Any revision to our privacy practices will be described in a revised Notice that will be posted in our facility and copies are available upon request.

I acknowledge I have read and understand the Cornea and Contact Lens Institute of Minnesota’s Notice of Privacy Practices.

Print Name **Date**

Signature

Please list anyone we can speak with regarding your personal health information. This can mean refilling prescriptions, picking up orders or discussing diagnosis, etc. Please print their name and relationship below.

Name **Relationship**