



**This notice describes how health information about you may be used and disclosed, and how you can get access to this information.**

**Please review it carefully.**

Health information may be used for:

1. **Your treatment** - For example, your physician may forward a copy of your medical record to another physician who will be involved in your care;
2. **For payment** - For example, the Northwest Eye business office may send a copy of your medical record to your insurance company in order to process payment; and
3. **For healthcare operations** - For example, a supervisor may review copies of your medical record for the purposes of staff training in documentation or auditing for billing compliance. Your protected health information may be used to support the business activities of our organization.

Northwest Eye is permitted or required, under specific circumstances, to use or disclose protected health information without the individual's written authorization. Other uses and disclosures will be made only with the individual's written authorization, and the individual may revoke such authorization. We may contact you to provide appointment reminders or information about treatment alternatives, or other health-related benefits and services that may be of interest to you.

- You have the right to request access to inspect and obtain a copy of your protected health information.
- You have the right to request an accounting of disclosures of your health information.
- You have the right to request an amendment to your protected health information
- You have the right to request restrictions on use and disclosures of your health information.

We will maintain the privacy of protected health information and provide you with notice of our legal duties, your rights to your health records, and our privacy practices concerning protected health information. We are required to abide by the terms of the Notice currently in effect. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that we maintain. Revised Notices will be made available on our website and at each of your visits.

Northwest Eye will not use the patient database for the purpose of marketing or fund raising.

If you believe your privacy rights have been violated, you have the right to file a complaint. To file a complaint with us, please contact our Compliance Office at (952) 567-6037 or 8401 Golden Valley Road, Suite 330, Golden Valley, MN 55427.

To file a complaint with the Secretary, mail it to Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201. Call (202) 619-0257 (or toll-free (877) 696-6775) or go to the website of the Office for Civil Rights, [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/), for more information.