

## Notice of Privacy Practices

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**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ CAREFULLY.**

This notice takes effect on October 12, 2002 and remains in effect until further notice.

### **Privacy**

The privacy of your medical information is important to you and us as well. We understand that your medical information is personal and we are committed to protecting the information we have obtained regarding you. We create a medical record of the services you receive at Oculoplastic & Orbital Consultants. We need to keep these records in order to provide you with the best care and to comply with certain legal requirements. This policy will inform you about ways that we may use your medical information along with the certain duties we have regarding the use and disclosure of medical information, and your rights.

### **Our Legal Responsibility**

The law requires us to follow terms of this notice, and to keep your medical information private. It is also our legal responsibility to give you this notice informing you of our legal responsibilities, privacy policies, and your rights regarding your medical information.

With these responsibilities we have the right to change our privacy policies and the terms of this at any time, provided that all changes are in accordance by law, and to make changes in our privacy policies and the terms of our notice effective for all medical information we keep, including all information created or obtained prior to changes. If changes are made in our privacy policies, we will make changes of this notice and provide a new notice, available to all patients upon request.

### **Disclosure and Use of Medical Information**

The following policy will describe in several ways in which we use and disclose medical information. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted by law to use and disclose medical information. *We will not use or disclose your medical information for any purpose not listed below, without your written consent. Any specific written authorization you provide may be revoked at any time with written notice to us.*

## **Treatment**

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other people who are taking care of you. We may also disclose information about you to your other health care providers to assist them in treating you.

## **Payment**

We may use and disclose your medical information for payment purposes when filing claims to your insurance company. We may also disclose medical information to your health insurance prior to any surgery you may have in order to obtain prior authorization.

## **Health Care Operations**

We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you as a patient.

## **Additional Uses and Disclosures**

In addition to using and disclosing your medical information for treatment, payment, and health care operations, we may use and disclose medical information for the following purposes.

## **Medical Information**

We may use and disclose information to notify a family member, your personal representative, or another person responsible for your care. We may share information about general condition, or death. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of an emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medication, medical supplies, or medical information for you.

## **Disaster Relief**

Medical information with a public or private organization or person who can legally assist in disaster relief efforts may be given.

## **Funeral Director, Coroner, Medical Examiner**

To help them carry out their duties, we may share the medical information of a person who has died with a coroner, medical examiner, funeral director, or an organ procurement organization.

## **Specialized Government Functions**

Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of the State, for correctional institutions and other law enforcement custodial situations, and for government programs providing health benefits.

## **Court Orders and Judicial and Administrative Proceedings**

We may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your medical information with law enforcement officials. We may share limited information with a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person. We may share the medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

## **Public Health Activities**

As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems to enable product recalls, repairs or replacements, to track products, or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized to do so, notify a person who may have been exposed to a communicable disease or condition.

## **Victims of Abuse, Neglect or Domestic Violence**

We may disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others. We may share medical information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

## **Workers Compensation**

We may disclose health information when authorized and necessary to comply with laws relating to workers compensation or other similar programs.

## **Health Oversight Activities**

We may disclose medical information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

## **Law Enforcement**

Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

**Your Individual Rights**

You have the right to obtain copies of your medical information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. You must make your request in writing. You may get the form to request access by calling our office at (859) 219-0299. You may receive a list of all the times we or our business associates shared your medical information for purposes other than treatment, payment, and health care operations and other specified exceptions. You also may request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency). You may request that we communicate with you about your medical information by different means or to different locations. Your request that we communicate your medical information to you by different means or at different locations must be made in writing to the contact person listed at the end of this notice.

**Questions and Complaints**

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Dr. David Cowen  
771 Corporate Drive, Suite 460  
Lexington, Kentucky 40503  
Telephone: (859) 219-0299

If you think that we may have violated your privacy rights, contact the person named above. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint.

**Acknowledgment Form**

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Name: \_\_\_\_\_ (Printed)

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