



CREEKSIDE
VISION & HEARING

Understanding Your Health Record and Information

Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. We refer to this information as your medical record. Your medical information is personal. The physician's and staff at Creekside Vision & Hearing, P.L.C. are committed to protecting your medical information. Understanding what is in your record and how your health information is used helps you to ensure its accuracy.

Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, plans for future care, demographics, and health insurance information. We need this information to provide you with quality care and to comply with certain legal requirements. We use this information for planning your care and treatment, to obtain payment for treatment, and for administrative purposes to evaluate the quality of care you receive.

In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

How This Office May Use and Disclose Your Medical Information

We use and disclose health information about you for treatment, payment, and health care operations. For example, we may use or disclose your health information to other physicians or healthcare providers providing treatment to you. We may use and disclose your health information to obtain payment for services we provide to you. We may use and disclose your health information in connection with our healthcare operations such as quality assessment and improvement activities, conducting training programs, accreditation, certification, licensing or credentialing activities.

The following describes the different ways that your medical information may be used or disclosed by our office for situations other than for treatment, payment, or administrative review. Not every possible use or disclosure is specifically mentioned.

Appointment Reminders: We may use and disclose information as a reminder to you that you have an appointment at this office. We currently use methods of phone calls, messages on answering machines, or postcards sent through the mail.

As Required By Law: We will disclose medical information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose medical information to someone able to help prevent a serious threat to your health and safety or the health and safety of the public or another person.

Individual Rights

In most cases, you have the right to look at or obtain a copy of your health information. It is our policy to charge a processing fee of \$15.00 and an additional .25 cents for each page for copies of your medical record. If you request a copy of your medical record, or to review your medical record, we will respond to your request within 30 days of receipt of your notice.

You have the right to receive information on the instances where we have disclosed health information about you for reasons other than treatment, payment, or administrative purposes. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

You may request in writing that we not use or disclose your information except when specifically authorized by you, or when required by law, or in emergency circumstances. We will consider your request but are not legally required to accept it.

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact our Privacy Official or our Administrator. You also may send a written complaint to the U.S. Department of Health and Human Services. The Privacy Official or Administrator can provide you with the appropriate address upon request.

Our Legal Duty

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice and in our policies.

If you have any questions or complaints, please contact:

Privacy Official or Administrator
Creekside Vision & Hearing, P.L.C.
1761 W. M-43 Hwy., Hastings, MI 49058
Phone: (269) 945-3888 fax: (269) 945-2112
Email: Eentinfo@eyeentmds.com

