

# STATEMENT OF PRIVACY NOTICE

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

*Please review this information carefully.*

- I understand that my protected health information may include information both created and received by the clinic, may be in the form of written or electronic records or spoken words, and may include information about my health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, and similar types of health-related information.
- Your protected health information may be released to your insurance provider for the purpose of Clarendon Vision Development Center “Clarendon Vision” receiving payment for providing you with needed services. Clarendon Vision might share your health information with your physician for payment activities related to the care you received.
- You may now restrict certain disclosures of protected health information to your insurance provider when you pay out of pocket for services in full.
- Your protected health information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime or domestic violence.
- Your protected health information may be released to other healthcare providers in the event you need emergency care.
- Information regarding your appointment time, presence at our facility, or other general details of your scheduled appointments may be provided over the phone to caller’s who request so by providing your name.
- Your protected health information may be released only after receiving written authorization from you except for those listed above or for treatment, payment, or healthcare operations. You may revoke your permission to release protected health information at any time. It must be in writing with effective date and be specific to the health information being protected. Clarendon Vision is not required to agree to your request.
- You may be contacted by Clarendon Vision by phone or mail (or leave a message on an automated answering device) to remind you of appointments, verify insurance/demographic information, etc. You have the right to request a more confidential way of providing your protected health information or alternative communication method at the time you are seen at Clarendon Vision. Clarendon Vision will honor all reasonable requests.
- You have the right to restrict the use of your protected health information; however, Clarendon Vision may choose to refuse your restriction if it conflicts with providing you with quality healthcare or in the event of an emergency.
- You have the right to review and photocopy any/all portions of your health information. Clarendon Vision has the right to assess a fee for the photocopying or printing of the health information.
- You have the right to request an amendment to your health information. It must be in writing and explain why the information should be amended. Clarendon Vision can deny the amendment and if so, a written explanation will be provided.
- You have the right to possess a copy of this State of Privacy Notice upon request. This copy can be in the form of an electronic transmission or on paper.
- Clarendon Vision is required by law to protect the privacy of its patients. It will keep protected all patient health information and will provide patients with a list of practices that protect health information upon request.
- Clarendon Vision will abide by the terms of this notice. Clarendon Vision reserves the right to make changes to this notice and will continue to maintain the confidentiality of all health information. Changes to this notice will be redistributed at your next visit to Clarendon Vision.
- You have the right to be notified following a breach of unsecured protected health information.
- You have the right to complain to Clarendon Vision if you believe your rights to privacy have been violated. If you feel your privacy rights have been violated, please mail your written complaint to: Clarendon Vision Development Center, 760 Pasquinelli Drive, Suite 300, Westmont, Illinois 60559.
- All complaints will be investigated. No personal issue will be raised by filing a complaint with Clarendon Vision.
- You may also file a complaint to: Region IV, Office of Civil Rights, US Dept of Health and Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsyth Street, S.W., Atlanta, GA 30303-8909.

If you would like more information regarding this Privacy Notice, please contact our office at 630-323-7300.