

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

During your treatment at the Eye Institute, doctors, nurses, technicians, and other caregivers may gather information about your medical history and your current health. This notice will explain how such information may be used and shared with others. It will also explain your privacy rights regarding this kind of information.

Your medical information will be used and disclosed for the following purposes:

Treatment: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment: Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health Care Operations: Your health information may be used as necessary to support the day-to-day activities and management of the Eye Institute. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law Enforcement: Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting.

Public Health Reporting: Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Research: Your health information may be used and disclosed for research purposes.

Victims of Abuse, Neglect or Domestic Violence: In certain circumstances, covered entities may disclose protected health information to appropriate government authorities regarding victims of abuse, neglect, or domestic violence.

Health Oversight Activities: Covered entities may disclose protected health information to health oversight agencies for purposes of legally authorized health oversight activities, such as audits and investigations necessary for oversight of the health care system and government benefit programs.

Essential Government Functions: Your health information may be disclosed for certain essential government functions, including assuring proper execution of a military mission, conducting intelligence and national security activities that are authorized by law, making medical suitability determinations for U.S. State Department employees, protecting the health and safety of inmates or employees in a correctional institution, determining eligibility for or conducting enrollment in certain government benefit programs, and determining eligibility for military service.

Workers' Compensation: Your health information may be disclosed as authorized by, and to comply with, workers' compensation laws and other similar programs providing benefits for work-related injuries or illnesses.

Other Uses and Disclosures Require Your Authorization: Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after

authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Additional Uses of Information

Appointment Reminders: Your health information will be used by our staff to send you appointment reminders.

Information About Treatments and Health Related Services: Your health information may be used to send you information that you may find interesting on the treatment and management of your medical conditions. The Eye Institute may also send you information about your medical condition. We may also send you information describing other health-related products and services that we believe may interest you.

Individual Rights

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to receive an electronic copy of your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to add and/or revoke authorization to individuals designated to be allowed access to your PHI.

The Black Hills Regional Eye Institute Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We also are required to abide by the privacy policies and practices that are outlined in this notice.

We will notify you in the event of a breach of protected health information.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Requests to Inspect Protected Health Information

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the Eye Institute's Privacy Official. Your request will be reviewed and generally be approved unless there are legal or medical reasons to deny the request.

Complaints and Contact Person

If you would like to submit a comment or complaint about our privacy practices, need further information concerning our privacy practices, or if you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter outlining your concerns to the Privacy Officer:

Black Hills Regional Eye Institute
2800 Third Street
Rapid City SD 57701

Effective Date: This notice is effective on or after April 14, 2003.

Amended: This notice was amended on September 16, 2013 and April 13, 2015.