

# NOTICE OF PRIVACY PRACTICES CONSENT FOR TREATMENT

VISION INSTITUTE OF MICHIGAN, P.C.  
VISION INSTITUTE OF MICHIGAN OPTICAL  
ACCENTS COSMETIC SURGERY & MEDICAL SPA

**Definitions:** Vision Institute of Michigan, P.C. will be known as VIM  
Vision Institute of Michigan Optical will be known as VIMO  
Accents Cosmetic Surgery & Medical Spa will be known as ACCENTS

I consent and authorize treatment by my doctor or his designees, as they may deem advisable. This may include routine diagnostic, radiology and laboratory procedures and medication administration.

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

This Notice describes our practices and those of:

- All employees, staff and other VIM; VIMO; and ACCENTS personnel
- All employees of Anesthesia Services and any individual or group who have a contractual relationship to provide services for and on the premises of VIM; VIMO; and ACCENTS.

## Use and Disclosures of Your Health Information

*Treatment.* Your health information may be used by our physicians and staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, your health information may be disclosed to a corrective lens provider to obtain corrective lenses for you.

*Payment.* Your health information may be used to seek payment from your health plan, other sources of coverage such as an automobile insurer, or 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 service provided and the medical condition being treated.

I understand VIM has offered to provide billing services on my behalf for my convenience. I assign and authorize payment for all services directly to VIM from my insurance company or third party payer including, but not limited to: Medicare, Medicaid, commercial health insurance, automobile no-fault insurance and workers disability compensation insurance.

In consideration of the services provided to me, I agree to pay all charges not covered by my insurance company, or other applicable health benefit provider. I understand that it is my responsibility to:

- Know what my insurance benefits cover, including:
  - Testing, procedures, surgeries, office visits, materials and hospitalizations
  - Co-pays and deductibles
  - Pre-authorization requirements for any services prior to my visit
- Fully pay all deductibles, co-payments, non-covered services by cash, check or credit card on the day the service is provided unless prior arrangements have been made between the Practice Administrator and myself
- Compensate VIM for all charges for services rendered despite any disputes or disagreements between my insurance company and myself
- A \$5 service charge will be added to each invoice that must be sent if the account is not paid in full on the first sent invoice.
- If my account is sent to a collection agency, I will pay an additional 4% of the balance due; to cover collection costs

*Health Care Operations.* Your health information may be used as necessary to support the day-to-day activities and management of VIM; VIMO; and ACCENTS. For example, information on services you received may be used to support budgeting and financial reporting, activities to evaluate and promote quality and to insure that our practice is meeting various legal requirements.

*Law enforcement.* Your health information may be disclosed to law enforcement agencies, without your permission, 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 and governmental agencies as required by law. For example, our practice is required to report certain communicable diseases to the Michigan Department of Public Health.

#### **Additional Uses for Information**

- *Appointment reminders.* Your health information will be used by our staff to call/send you appointment reminders and notices regarding your surgical and medical appointments, as well as optical and contact lens orders.
- *Information about treatments.* Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health-related goods and services that we believe may interest you.

Other uses and disclosures require your authorization. Disclosures or uses of your health information for a 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 we received the written revocation.

#### **Your Rights Regarding Your Medical Information**

You have the following rights regarding your protected health information:

- The right to request restrictions on the use and disclosure of your protected health information. VIM; VIMO; and ACCENTS are not required to agree to a requested restriction. A written request should be submitted to the contact person named below.
- 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 request an amendment 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 receive a copy of this Notice

#### **Requests to Inspect Protected Health Information**

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 from the Records Clerk or Practice Administrator. If you request a copy, we may charge a fee.

#### **VIM; VIMO; ACCENTS Duties**

We are required by law to maintain privacy of your protected health information and to provide you with this notice of privacy practices. We are also required to abide by the privacy policies and practices that are outlined in this Notice.

#### **This Notice May Be Amended at Any Time**

We may change the terms of this Notice at any time. Any revised Notice will be effective for all health information that we maintain. The effective date of a revised Notice will be noted. A copy of the current Notice in effect will be posted. You may request a copy of the current Notice at any time.

#### **Comments, Questions and Complaints**

If you would like to submit a comment or complaint about our privacy practices, or obtain additional information about our privacy practices, you can do so by sending a letter outlining your concerns to the person listed below. You will not be penalized or otherwise retaliated against for filing a complaint.

Madeline Cook, Privacy Officer  
VIM, VIMO, ACCENTS  
44650 Delco Blvd  
Sterling Heights, MI 48313  
586-254-1770

This Notice has been revised on May 8, 2012

Madeline Cook, Practice Administrator, Privacy Officer