Retina Consultants of Indiana and Ohio

Patient Consent for Use and Disclosure of Protected Health Information

I hereby give my consent for Retina Consultants of Indiana and Ohio to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO). (The Notice of Privacy Practices provided by Retina Consultants of Indiana and Ohio describes such uses and disclosures more completely.)

I have the right to review the Notice of Privacy Practices prior to signing this consent. Retina Consultants of Indiana and Ohio reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Jeffrey Rapkin, M.D.

With this consent, Retina Consultants of Indiana and Ohio may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory test results, among others.

With this consent, Retina Consultants of Indiana and Ohio may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked "Personal and Confidential."

With this consent, Retina Consultants of Indiana and Ohio may e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that Retina Consultants of Indiana and Ohio restrict how it uses or discloses my PHI to carry out TPO. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to allow Retina Consultants of Indiana and Ohio to use and disclose my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Retina Consultants of Indiana and Ohio may decline to provide treatment to me.

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Signature of Patient or Legal Guardian

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Print Patient's Name Date

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Print Name of Patient or Legal Guardian, if applicable

Patient Information and Privacy Notice

Retina Consultants of Indiana and Ohio, with offices in Muncie and Richmond, are required by law to maintain the privacy of medical information about you and to provide individuals with notice of our legal duties and privacy practices with respect to your medical information. We reserve the right to make changes to this privacy notice at any time.

Advance Directives

If you have an advance directive or Do Not Resuscitate (DNR) order, please advise our staff immediately so that we may keep a copy of your directives and orders on file.

Notice of Ownership

Retina Consultants of Indiana and Ohio, and our physician staff, hold no ownership in any hospital, surgery center, or other health care facility other than the offices of Retina Consultants of Indiana and Ohio.

Patient Rights

You have the following rights with respect to medical information that we maintain about you:

1. You have the right to request that we restrict the uses or disclosures of your information to carry out treatment, payment, or health care operations.
2. You have the right to restrict the uses or disclosures that we make to a family member, other relative, close personal friend, or any other person identified by you.
3. You have the right to receive confidential communications.
4. You have the right to inspect and copy your medical information (with certain exceptions).
5. You have the right to request that amend medical information about you.
6. You have the right to an accounting of disclosures of your medical information.

Use and Disclosure of Your Medical Information

Retina Consultants of Indiana and Ohio, our physicians, staff, and representatives will share information about you with each other as necessary to carry out treatment, payment, and/or health care operations. The use and disclosure of your information will be for the following purposes:

Treatment. We may use your information to provide, coordinate, or manage your health care.

Payment. We may contact you in order to be paid for services.

Health Care Operations. We may use your information as required to maintain quality health care.

To Contact You. We may contact you by telephone or mail at your home or place of employment.

Appointment Reminders. We may disclose information to remind you of your appointment.

Treatment Alternatives.

Health Related Benefits and Services.

Individuals Involved In Your Care. We may disclose to a family member, other relative, a personal friend, or any other person identified by you, any medical information that is directly relevant to that person's involvement with your care and/or payment related to your care.

Other. We may disclose information in cases of disaster relief, as required by law, public health oversight activities, and as identified per our HIPAA Privacy Policy.

Our Duties

We are required by law to maintain the privacy of medical information about you and to provide individuals with notice of our legal duties and privacy practices with respect to medical information. We reserve the right to make changes to this privacy notice at any time.

Complaints

If you believe your privacy rights have been violated you may file a complaint with us by writing to: Privacy Officer, Retina Consultants of Indiana and Ohio, 2801 N. Oakwood Blvd., Muncie IN 47304. You may also file a complaint with: US Secretary of Health and Human Services, c/o Office for Civil Right, 200 Independence Ave. SW, Washington DC 20201.