

**ALLISONVILLE EYE CARE CENTER, INC  
10173 ALLISONVILLE RD, STE 200  
FISHERS, IN 46038  
317-577-0707**

**NOTICE OF PRIVACY PRACTICES**

*This Notice describes the way in which your protected health information may be used and disclosed and how you can get access to this information. We are required by law to abide by the terms of this Notice of Privacy Practices. Though we may change the terms of our notice at any time, we will provide you with any revised Notice of Privacy Practices upon request.*

Your protected health information is information about you, including demographic information, that may identify you and that may be used or disclosed by us in one or more of the following ways:

- To other health care providers (i.e., you Primary Care Physician, another Eye Care Provider, etc.) in connection with the rendering of eye care services to provide for your healthcare needs
- To third parties such as insurance companies in order to obtain payment for services rendered
- To certifying licensing and accrediting bodies in connection with obtaining certification, licensing, accreditation, or for audits
- To support the normal business activities of our practice, for example, by having you sign in at the registration desk, or by calling you by name when we are ready to see you
- To certain outside Business Associates to perform various activities, provided that we have a written contract that contains terms that will protect the privacy of your protected health information as required by law
- To provide you with information on services or treatment alternatives that may be of benefit to you and to recall you for future appointments, though you may request that these materials not be sent to you
- To staff members who may have a role in your treatment, and to other parties who may see or overhear incidental disclosures about your scheduling, etc.
- To a relative, friend, or other person you identify who is involved in your treatment, unless you object to this disclosure
- To various public health authorities and agencies and legal authorities as required by law

Under the privacy rules, you have the right to:

-Inspect and copy your protected health information for as long as we maintain these records

-Request restrictions in the use and disclosure of your protected health information by sending a letter to:

Allisonville Eye Care Center  
Attn: Angi  
10173 Allisonville Rd, Ste 200  
Fishers, IN 46038

Sending a letter does not indicate that your request will be granted. If the request is agreed to in full or in part, however, you will receive a letter granting such restrictions.

-Request to receive confidential communications from us by alternative means or at an alternate location (This request should be made in writing to the address noted above.)

-Request that your protected health information be modified in certain circumstances

-Request to receive an accounting of certain disclosures we have made, if any, of your protected health information- This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosure we may have made to you, to personal care givers, family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that have occurred after April 14, 2003, but not more retroactive than six years.

-Request a paper copy of this notice from us even if you have agreed to accept this notice electronically

You may, without risk of retaliation, complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Contact of your complaint at the address noted above.