

Notice Regarding Electronic Communication: Midwest Retina, Inc. reserves the right to communicate with you via electronic mail (email) to the extent Midwest Retina, Inc. deems necessary, appropriate, and/or in furtherance of providing treatment and services, unless you or your duly-authorized Personal Representative instructs otherwise in writing to Midwest Retina, Inc.'s Privacy Officer.

Your Health Information Rights

*You have many rights regarding your health information. They include your rights to:*

- Receive a copy of this Notice of Privacy Practices. If you have agreed to receive this Notice of Privacy Practices electronically, you have the right to obtain a paper copy of the Notice of Privacy Practices from Midwest Retina, Inc. upon request.
- Inspect and copy your Protected Health Information, including receiving an electronic copy of your health information.
- Request that we amend your health information should you believe it to be incorrect or misleading.
- Request that we account for how we used or disclosed your health information.
- Request additional restrictions on our use or disclosure of your health information, beyond those set forth in this document. Midwest Retina, Inc. is not required to agree to a requested restriction, except in the case of a restriction related to a disclosure of your health information to a health plan if the disclosure is for payment or health care operations and pertains to an item or service for which the patient has paid Midwest Retina, Inc. in full.
- Request that we make special arrangements on how we confidentially communicate with you.
- Raise any questions, concerns or issues, including making complaints, on how we use, disclose or otherwise handle your health information.

For any above requests you may make, we shall apply governing law to review them and before we may deny any such requests. As permitted by law, we may charge certain reasonable cost-based fees for any health information access or accounting requests made.

Contact Information

You have the right to complain to Midwest Retina, Inc. and/or the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint. For any questions, concerns, issues or complaints you may have about your health information, you may contact the Privacy Officer or the U.S. Department of Health and Human Services, Office of Civil Rights, as follows:

Medical Privacy, Complaint Division  
Office of Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W., Room 509F,  
HHH Building  
Washington, D.C. 20201  
Telephone: 800.368.1019  
E-Mail: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)  
Website: [www.hhs.gov/ocr](http://www.hhs.gov/ocr)

# Midwest Retina, Inc.

## Notice of Privacy Policies



**MidwestRetina**<sup>SM</sup>

Compliance Officer  
Practice Administrator  
Midwest Retina, Inc.  
6655 Post Road  
Dublin, Ohio 43016  
614 339-8500  
614 973-5104 Direct  
614 225-0247 Direct Fax



**MidwestRetina**<sup>SM</sup>

Midwest Retina, Inc.  
Notice of Privacy Policies

**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.**

Midwest Retina, Inc. provides quality healthcare services to patients. We are often required to communicate with other health care providers such as physicians, psychologists, therapists, counselors, pharmacies, and other health care providers who provide services to our patients, with whom we will share Protected Health Information as necessary to carry out treatment, payment, and/or health care operations.

Midwest Retina, Inc. is required by law to maintain the privacy of Protected Health Information and to provide its patients with notice of its legal duties and privacy practices with respect to Protected Health Information and to notify affected individuals following a breach of unsecured Protected Health Information. You, the patient of Midwest Retina, Inc., have the right to know how we use, disclose and handle your health information.

This document explains how we use, disclose, and handle your health information. It also outlines the rights you have regarding your health information. Midwest Retina, Inc. is required to abide by the terms of the Notice of Privacy Practices that is currently in effect.

**Midwest Retina, Inc. reserves the right to change the terms of this Notice of Privacy Practices and to make the new provisions effective for all Protected Health Information it maintains, including health information we created or obtained prior to any change(s). Midwest Retina, Inc. will post a most recent version of this document at its facility and will provide a copy for your reference, upon request.**

**Using & Disclosing Your Health Information**

**Treatment & Care:** We may use or disclose your health information for your treatment, care and benefit. For example, health care providers may use or disclose your health information in the course of determining your diagnosis and analyzing methods of treatment. Once you become a patient, we will ask you to provide your general written consent to allow us to do so.

**Payment:** We do accept payment from certain government or private third-party payers. We may use or disclose your health information as necessary as it relates to payment for prescription services provided by Midwest Retina, Inc.

**Health Care Operations:** We may use your health information to carry out certain health care-related business functions, such as for compliance, quality assessment and improvement activities; or general administrative, legal and practice management activities. For example, we may use or disclose your health information in the course of reviewing your treatment for the purpose of determining quality of care. If we use or disclose your health information for health care operations, we will only do so as minimally necessary.

**Marketing:** Midwest Retina, Inc. may make a communication about a product or service that encourages recipients of the communication to purchase or use the product or service, which would fall within the definition of marketing. Before we use or disclose your health information to carry out marketing purposes, we must obtain your written authorization to do so.

**Sale of Protected Health Information:** A disclosure of your health information in which Midwest Retina, Inc. receives remuneration from or on behalf of the recipient of the information, beyond a reasonable, cost-based fee to cover the cost to prepare and transmit the information, constitutes the sale of your health information. Before we sell your health information, we must obtain your written authorization to do so.

**Family Members and/or Other Loved Ones:** Unless you object to our doing so, we may use or disclose your health information to advise your family members or any loved ones, in very basic terms, about your status and condition. If you wish for us to more openly communicate with your family members and loved ones, we require your special written authorization for us to do so.

**Treatment Alternatives:** We may use or disclose your health information to contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Government & Societal Priorities:** In some cases, the law may require us to use or disclose your health information without our obtaining your prior approval or consent. In such instances, Midwest Retina, Inc. will use or disclose your health information only to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law. Midwest Retina, Inc. may be required by law to use or disclose your health information to:

- Avert the spread of communicable diseases;
- Assist public health initiatives to control or prevent disease, injury, or disability;
- Report abuse, neglect or domestic violence in accordance with applicable State law;
- Assist in the regulation of products subject to the control of the United States Food and Drug Administration ("FDA");
- Undertake occupational safety and health efforts in accordance with federal and State occupational safety and health statutes and regulations;
- Facilitate health oversight, as in the case of authorized governmental civil audits; civil, administrative or criminal investigations; inspections; licenses; disciplinary actions; and civil administrative proceedings;

- Comply with the orders issued in connection with judicial or administrative proceedings;
- Assist law enforcement (as in cases of crimes on the premises; for the purpose of identifying or locating a suspect, witness, or missing person; in response to a request for information regarding patients who are victims of crime; compliance with legal process; emergency circumstances; etc.);
- Assist employers in their evaluation relating to medical surveillance of the workplace or the extent of work-related illnesses or injury;
- Assist research purposes, only if a number of legal prerequisites are met;
- Comply with laws relating to worker's compensation or other similar programs;
- Facilitate the responsibilities of coroners and funeral directors, or to assist in effecting organ or tissue donation procedures;
- Avert serious threats to health and safety or a person or the public;
- Promote special governmental purposes (including national security; military and veterans activities; correctional institution/custodial situations; etc.).

However, for any of these above instances, we will not use or disclose your health information unless all applicable legal requirements are met.

**Other Uses & Disclosures:** For any other purposes not otherwise addressed above, we will not disclose your health information to someone else unless you provide us special written authorization to do so. If you give such written authorization, you may revoke it at any time, provided that the revocation is in writing, and except to the extent Midwest Retina, Inc. has taken action in reliance on the authorization.

**Deitsch (Pennsylvania Dutch)**

Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 614 339-8500(TTY: 614 339-8500).

**Русский (Russian)**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 614 339-8500 (телетайп: 614 339-8500).

**Français (French)**

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 614 339-8500 (ATS: 614 339-8500).

**Tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 614 339-8500 (TTY: 614 339-8500).

**Oroomiffa (Oromo/Cushite)**

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 614 339-8500 (TTY: 614 339-8500).

**한국어 (Korean)**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 614 339-8500 (TTY: 614 339-8500)번으로 전화해 주십시오.

**Italiano (Italian)**

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 614 339-8500 (TTY: 614 339-8500).

**日本語 (Japanese)**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。614 339-8500 (TTY:614 339-8500) まで、お電話にてご連絡ください。

**Nederlands (Dutch)**

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 614 339-8500 (TTY: 614 339-8500)

**Українська (Ukrainian)**

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 614 339-8500 (телетайп: 614 339-8500).

**Română (Romanian)**

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 614 339-8500 (TTY: 614 339-8500).

## Non-discrimination Notice

Midwest Retina (MWR) complies with applicable Federal and Ohio civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, religion, military status or ancestry. MWR does not exclude people or treat people differently because of race, color, national origin, age, disability, sex, religion, military status or ancestry.

MWR will provide free interpretative services to allow communication between provider and patients. MWR will provide qualified sign language interpreters and language services for individual whose primary language is not English. If you need any of these services please notify the front desk when your appointment is scheduled.

If you believe that MWR has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Compliance Officer  
Midwest Retina  
6655 Post Road  
Dublin, Ohio 43016  
614 339-8500

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F, HHH Building  
Washington, D.C. 20201 1-800-368-1019  
800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

### Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 614 339-8500 (TTY: 614 339-8500).

### 繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 614 339-8500 (TTY: 614 339-8500)

### Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 614 339-8500 (TTY: 614 339-8500).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان . (Arabic) XXX-XXX-XXXX- اتصل برق). 614 339-8500 (- هاتف الصم والبكم

Patient Responsibility

If you are seeking a non-covered service, do not have insurance, or you are a participant with an insurance for which we are not a provider, we require that you be prepared to pay our fees at the time services are rendered. Please inquire with our front office staff about self pay discounts at the time of service. If you are covered by insurance, your bill will be reduced to our contracted allowable amount.

If you have a work related illness or injury, please notify our receptionists upon arrival to ensure the proper paperwork is completed before your visit.

We realize temporary financial problems may affect timely payment on your account. If such problems arise, or in circumstances where a claim is pending or when treatment will be provided for an extended period of time, it is recommended that a payment plan be initiated. We encourage you to promptly contact our billing office at 614-973-5100 for assistance in the management of your account.

Payment Details

We accept cash, check, and most major credit cards. We have the capability to accept payments over the phone with your debit or credit account information. We reserve the right to process your payment electronically based on information you provide us.

If you are having surgery, the surgery center and anesthesiologist are separate providers from us. Payment for services performed at any facility outside our office needs to be discussed with that facility.

Returned checks are subject to a \$35.00 fee. Returned checks must be resolved before any future appointments can be scheduled.

Miscellaneous Fees

Our practice charges fees for completing FMLA, disability and miscellaneous forms. We also follow the State of Ohio statute regarding copy fees for medical records. We follow HIPAA guidelines and will not disclose private health information without a signed authorization from our patient. In some cases, a signed authorization is not required. Questions may be directed to our medical records representative.

Minor Aged Patients

Adults accompanying minor patients (parents or guardians) will need to complete a Release of Liability and Permission form. The parent or guardian accompanying the minor is responsible for payment of any fees for that minor not covered by insurance. For unaccompanied minors, treatment will be denied unless we have received the proper paperwork. Insurance cards need to list the minor's name.

Missed Appointments

If you are unable to keep an appointment, we ask that you call us as early as possible to reschedule. In order to provide the best possible service and availability to all patients, it is our policy that if you miss three or more appointments, we may refuse to continue providing care to you.

Account Delinquency and Credit Reporting

An account is considered delinquent and may be referred for collections if payment in full is not made in a timely manner. If you are unable to adhere to an original payment agreement, you must contact us to discuss alternative arrangements. If payment arrangements are not made and/or payment in full is not made, your account with us would be referred to collections, and your credit history may be obtained.

We also reserve the right to bill a collections fee in addition to the outstanding amounts owed for services rendered. All outstanding balances must be paid off in order for future visits to be scheduled. If not resolved in a timely manner, we reserve the right to dismiss you from our practice.

I have read the Financial Policy. I understand and agree to this Financial Policy.

\_\_\_\_\_  
Name of Patient or Guarantor (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name (Witness)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**MidwestRetina®**

**www.midwestretina.com**  
**6655 Post Road**  
**Dublin, Ohio 43016**

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**Johnstone M. Kim, M.D.**  
**Vishal S. Parikh, M.D.**

**Phone (614) 339-8500**  
**Toll Free (866) 373-8462**

## ***OUR PATIENT FINANCIAL POLICY***

Thank you for choosing Midwest Retina to serve your healthcare needs. We are committed to your successful treatment. The following is a statement of our Financial Policy, which we require that you read and sign prior to any treatment. Our practice firmly believes that a good physician and patient relationship is based upon understanding and good communication. We believe that an informed consumer is a more satisfied patient. Therefore, we want to communicate our Patient Financial Policy to you in writing so you will know what to expect at the time of your visit.

### Insurance

All patients must complete our patient information form and provide current information before being seen by the doctor. We accept assignment from many insurance companies, however in the event your insurance does not cover your visit or treatment within a reasonable time (45-60 days) the balance may automatically be transferred to patient responsibility. Please be aware that some services provided may be non-covered services and considered not reasonable and necessary under Medicare and/or other medical insurance guidelines.

We must emphasize that as medical care providers, our relationship is with you, not your insurance company. We will appeal disputed claims with insurance companies to the extent additional documentation is required from us in order for your claim to be processed. While the filing of insurance claims is a courtesy we extend to our patients, all charges are your responsibility from the date services are rendered.

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of what those rates should be.

**All co-pays, deductible, and balances owed are due at time of service.** All co-pays not paid at the time of service will have an additional surcharge added to the account. The surcharge is not covered by insurance companies. If your insurance applies any charges to your annual deductible or coinsurance, that portion is due and payable by you at the time of service. If you elected to use our practice and our physicians are out of your network of coverage, please check with your insurance regarding benefit levels. Your employer or provider of insurance determines your benefit coverage by contracting with a particular insurance company. If you have questions regarding your coverage, please speak with your human resources representative or use the payer web address listed on your card. **It is your responsibility to understand your benefit coverage.**

### High Deductible Health Plans (HSA, HRA, FSA participants)

Please inform us prior to your visit if you are a participant in a High Deductible Health Plan (HDHP), a Health Savings Account (HSA), a Health Reimbursement Arrangement (HRA) or a Flexible Spending Account (FSA). You must be prepared with the plan information and **pay the patient responsible portion** from the HSA, HRA or FSA **at the time of service.**