



**SouthEast Eye Physicians & Surgeons**

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**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.**

### **I. Our Commitment to Your Privacy**

Our practice is dedicated to maintaining the privacy of your personally identifiable health information (PHI). We are required by law to protect your PHI's confidentiality and provide you with this notice about our privacy practices.

### **II. How We May Use and Disclose Medical Information About You**

1. **For Treatment:** We may use your PHI to provide medical services and supplies to you. We might disclose your PHI to other healthcare providers involved in your care.
2. **For Payment:** We may use and disclose your PHI to get paid for the medical services and supplies we provide to you.
3. **For Health Care Operations:** Quality assessment, training, and care coordination.
4. **Appointment Reminders:** We might use and disclose your PHI to contact you as a reminder of an upcoming appointment.
5. **As Required By Law:** We will disclose PHI about you when required to do so by international, federal, state, or local law.

### **III. Your Rights Regarding Your Medical Information**

1. **Right to Inspect and Copy:** You have the right to access and obtain a copy of your PHI.
2. **Right to Amend:** If you feel that medical information we have about you is incorrect, you may ask us to amend the information.
3. **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your PHI.
4. **Right to Receive Confidential Communications:** You have the right to request that we communicate with you in a particular way or at a particular location.
5. **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this Notice of Privacy Practices.

#### **IV. Changes To This Notice**

We reserve the right to change our privacy practices and the terms of this Notice at any time.

#### **V. Complaints**

If you are concerned that we have violated your privacy rights, you may file a complaint with our office or with the Secretary of the U.S. Department of Health and Human Services.

**To obtain more information or to file a complaint with our office, you can contact:**

**Silva Karapetian** 6125 Green Bay Rd #800, Kenosha, WI 53142 **Phone: 262-654-0726**

*Effective Date: 08/25/2023*