Cokingtin Eye Center, PA
Midwest Eye Consultants

Notice of Privacy Practices

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.

UNDERSTANDING YOUR HEALTH RECORD / INFORMATION:

Each time you visit a physician or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examinations and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, is used to plan your care, document services, communicate among providers, and comply with legal and regulatory requirements.

OUR DUTIES:

Cokingtin Eye Center, PA is required by federal and state law to:

- Maintain the privacy and security of your protected health information ("PHI")
- Provide you with this Notice describing our legal duties and privacy practices
- Follow the terms of this notice currently in effect
- Notify you if a breach of unsecured PHI occurs

We reserve the right to change this Notice. Any changes will apply to all PHI we maintain. Updated Notices will be posted in the practice and made available upon request and, if applicable, on our website.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use and disclose your PHI without written authorization for the following purposes:
***Treatment*: We will use your health information for treatment.** To provide, coordinate, or manage your health care and related services among healthcare providers.

***Payment*: We will use your health information for payment.** To bill and receive payment from health plans or other payers.

***Health Care Operations*: We will use your health information for regular health operations.**
For quality improvement, training, credentialing, auditing, compliance, and business operations.

***Business Associates*:** We may share PHI with Business Associates (such as billing services, laboratories, IT vendors) who are required by contract and law to protect your information in compliance with HIPAA and the HIPAA regulations.

***Appointment Reminders and Communications*:** We may contact you by phone, voicemail, text, email, or patient portal regarding appointments or care, unless you request restrictions.

***Individuals Involved in Your Care*:** We may disclose relevant protected health information to family members, personal representatives, or other individuals involved in your care or the payment for your care, as permitted by applicable law and unless you object. To safeguard your privacy, patients are required to establish a personal identification number (PIN) or password, which must be provided by any individual seeking access to such information. Disclosure of protected health information will not occur unless the requesting individual is able to verify the required PIN or password, except as otherwise permitted or required by law.

***Research*:** Under certain circumstances, we may use and disclose medical information about you for research purposes regarding medications, efficiency of treatment protocols and the like. All research projects are subject to an approval process, which evaluates a proposed research project and its use of medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We will obtain an Authorization form from you before using or disclosing your individually identifiable health information unless the authorization requirement has been waived. If possible, we will make the information non-identifiable to a specific patient. If the information has been sufficiently de-identified, an authorization for the use or disclosure is not required.

***Marketing**:* We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

***Coroners and funeral directors**: We* may disclose health information to a coroner to help determine the cause of death or to identify the deceased. We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

***Organ procurement organizations**: Consistent* with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

***Public Health, Safety, and Oversight*:** We may disclose PHI for public health reporting, abuse or neglect reporting, health oversight activities, and to prevent serious threats to health or safety.

***Workers' Compensation*:** We may disclose PHI as authorized by workers' compensation or similar laws.

***Law Enforcement and Legal Proceedings*:** We may disclose your protected health information when required by law or for certain law enforcement purposes permitted by federal, Kansas, or Missouri law, including:

- In response to a court order, subpoena, warrant, summons, or other lawful process
- To help identify or locate a suspect, fugitive, material witness, or missing person
- To provide information about a victim of a crime when, in limited circumstances, we are unable to obtain the individual's permission
- To report a death that we believe may be the result of criminal conduct
- To address suspected criminal activity involving the Practice
- In emergency situations, to report a crime, including the location of the crime or victims, or to identify, describe, or locate the individual who committed the crime

Investigation and Government Activities*: We* may disclose medical information to a local, state or federal agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the payer, the government and other regulatory agencies to monitor the health care system, government programs and compliance with civil rights laws.

SPECIAL STATE LAW PROTECTIONS

Kansas and Missouri Law

Kansas and Missouri law may provide greater privacy protections than HIPAA for certain types of information. When state law is more protective than federal law, we will follow the state law. These enhanced protections may apply to, among other things:

- Mental health information
- Substance use disorder records
- HIV/AIDS or sexually transmitted infection information
- Genetic information
- Information involving minors and parental access

If applicable, disclosures of such information will be made only as permitted or required by Kansas or Missouri law, or with your written authorization**.**

SUBSTANCE USE DISORDER RECORDS (42 CFR PART 2)

Cokingtin Eye Center, PA does not typically provide substance use disorder treatment services subject to 42 CFR Part 2. If such records are created or received, they are subject to additional federal protections and generally require your written consent for most disclosures.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

- Obtain a paper copy of this Notice at any time

- Inspect and obtain copies of your medical that may be used to make decisions about your care, access to billing records, including electronic copies where available; excluding psychotherapy notes
- Request amendments to your medical record
- Direct us to send records to a third party of your choosing
- Request restrictions on uses or disclosures of PHI
    - We must honor requests to restrict disclosures to a health plan for services you pay for in full out-of-pocket
- Request confidential communications
- Receive an accounting of certain disclosures

All requests must be submitted in writing to our Privacy or Compliance Officer. Ask the front desk person for the name of the privacy or Compliance Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies (tapes, disks, etc.) associated with your request.
We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that our Compliance Committee review the denial. Another licensed health care professional chosen by the practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome and recommendations from that review.

BREACH NOTIFICATION
You will be notified in accordance with federal and applicable state law if a breach of unsecured PHI occurs that compromises the privacy or security of your information.

COMPLAINTS
If you believe your privacy rights have been violated, you may file a complaint with the practice or the Secretary of the Department of Health and Human Services. To file a complaint with the practice, contact the Administrator, who will direct you on how to file an office complaint. All complaints shall be investigated, without repercussion to you.
The Administrator can be reached at 913-491-3737.
You may also file a complaint with:

- The U.S. Department of Health and Human Services – Office for Civil Rights, or
- The Kansas or Missouri Attorney General, as applicable

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION
Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization, unless those uses can be reasonably inferred from the intended uses above. If you have provided us with your

authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. The revised Notice will apply to PHI we already maintain and any PHI we receive in the future. The current Notice will be posted in the practice and available upon request.

SMS Communications

If you opt in to receive text messages from Cokingtin Eye Center/Midwest Eye Consultants, the following applies to that communication channel specifically, in addition to the privacy practices described elsewhere in this policy:

How we use your mobile information

We use your mobile phone number and related opt-in consent solely to send you the text messages you've agreed to receive, such as appointment reminders, rescheduling notices, and post-visit surveys.

Data sharing

Mobile information and text messaging opt-in consent will not be shared with third parties or affiliates for marketing or promotional purposes. This applies regardless of any other data-sharing terms described elsewhere in this policy for other purposes (e.g., treatment, payment, or healthcare operations as permitted under HIPAA).

No sale of information

We do not sell, rent, or trade your mobile number or SMS opt-in data to any third party.

How to contact us

If you have questions about how your information is used in connection with text messaging, contact us at:

- Phone: 913-491-3737
- Email: privacy@cokingtineye.com

Opting out

You may withdraw consent to receive text messages at any time by replying 9 to any message. This will not affect any other communications or services described in this Privacy Policy.

Related terms

Full messaging terms, including message frequency and support information, are available in our Messaging Terms & Conditions https://cokingtineyecenter.com/wp-content/uploads/2026/10/Cokingtin-messaging-terms-and-conditions-review.pdf.

ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I have received or was offered a copy of this Notice of Privacy Practices.

Patient Name: _____

Patient Signature: _____

Date Signed: _____