

# KOVACH EYE INSTITUTE

## Notice of Privacy Policies

Effective: 4/7/2026

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.

At Kovach Eye Institute (KEI), we believe your health information is personal. We keep records of the care and services that you receive at our facilities. We are committed to keeping your health information private, and we are required by law to respect your confidentiality.

This Notice describes the privacy practices of Kovach Eye Institute. This Notice applies to all of the health information that identifies you and the care you receive at KEI facilities. This information may consist of paper, digital or electronic records but could also include photographs, videos and other electronic transmissions or recordings that are created during your care and treatment. We are legally required to keep your health information private, to notify you of our legal responsibilities and privacy practices that relate to your health information, and to notify you if there is a breach of your unsecured health information. We are also legally required to give you this Notice and to follow the terms of the Notice currently in effect.

All KEI providers, staff, employees and offices follow the terms of this Notice. Our office locations are listed at [www.kovacheye.com](http://www.kovacheye.com) or may be obtained by calling the KEI Privacy Officer/Principal Director at 630-833-9621 ext. 200.

We may share your health information with referring providers for reasons of treatment, payment, and health care operations as described below.

### HOW KEI MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

When you become a patient of KEI, we will use your health information within KEI and disclose your health information outside KEI for the reasons described in this Notice. The following categories describe some of the ways that we will use and disclose your health information.

*Treatment:* We use your health information to provide you with health care services. We may disclose your health information to doctors, nurses, technicians, or other persons at KEI who need the information to take care of you.

*Payment:* We may use and disclose your health information so that the health care you receive can be billed and paid for by you, your insurance company, or another third party. For example, we may give information about surgery you had here to your health plan, so it will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive so we can get prior payment approval or learn if your plan will pay for the treatment.

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*Health Care Operations:* We may use your health information and disclose it outside KEI for our health care operations. These uses, and disclosures help us operate KEI to maintain and improve patient care. For example, we may use your health information to review the care you received and to evaluate the performance of our staff in caring for you. We also may combine health information about many patients to identify new services to offer, what services are not needed, and whether certain therapies are effective. We may also disclose information to doctors, nurses, technicians, and other persons at KEI for learning and quality improvement purposes. We may remove information that identifies you so people outside KEI can study your health data without knowing who you are.

*Contacting You:* We may use and disclose health information to reach you about appointments and other matters. We may contact you by mail, telephone or email. For example, we may leave voice messages at the telephone number you provide us with, and we may respond to your email address.

*Health Information Exchanges:* We may participate in certain health information exchanges whereby we may disclose your health information, as permitted by law, to other health care providers or entities for treatment, payment, or health care operations purposes. A full list of these arrangements can be obtained by calling the K KEI Privacy Officer/Principal Director at 630-833-9621 ext. 200.

*Legal Matters:* We will disclose health information about you outside KEI when required to do so by federal, state, or local law, or by the court process. We may disclose health information about you for public health reasons, like reporting births, deaths, child abuse or neglect, reactions to medications or problems with medical products. We may release health information to help control the spread of disease or to notify a person whose health or safety may be threatened. We may disclose health information to a health oversight agency for activities authorized by law, such as for audits, investigations, inspections, and licensure.

*Substance Use Disorder Patient Records:* To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

### **AUTHORIZATIONS FOR OTHER USES AND DISCLOSURES**

As described above, we will use your health information and disclose it outside KEI for treatment, payment, health care operations, and when required or permitted by law. We will not use or disclose your health information for other reasons without your written authorization. For example, most uses, and disclosures of psychotherapy notes, uses and disclosures of health information for certain marketing purposes, and disclosures that constitute a sale of health information require your written authorization. These kinds of uses and disclosures of your health information will be made only with your written authorization. You may revoke the authorization in writing at any time, but we cannot take back any uses or disclosures of your health information already made with your authorization.

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### YOUR RIGHTS REGARDING HEALTH INFORMATION

*Right to Accounting:* You may request an accounting, which is a listing of the entities or persons (other than yourself) to whom KEI has disclosed your health information without your written authorization. The accounting would not include disclosures for treatment, payment, health care operations, and certain other disclosures exempted by law. Your request for an accounting of disclosures must be in writing, signed, and dated. It must identify the time period of the disclosures and the KEI facility that maintains the records about which you are requesting the accounting. We will not list disclosures made earlier than six (6) years before your request. Your request should indicate the form in which you want the list (for example, on paper or electronically). You must submit your written request to the KEI Privacy Officer/ Principal Director, 152 N. Addison Ave Elmhurst, IL 60126. We will respond to you within 60 days. We will give you the first listing within any 12-month period free of charge, but we will charge you for all other accountings requested within the same 12 months.

*Right to Amend:* If you feel that health information we have about you is incorrect or incomplete, you have the right to ask us to amend your medical records. Your request for an amendment must be in writing, signed, and dated. It must specify the records you wish to amend, identify the KEI facility that maintains those records and give the reason for your request. You must address your request to the KEI Privacy Officer/Principal Director, 152 N. Addison Ave Elmhurst, IL 60126. KEI will respond to you within 60 days. We may deny your request; if we do, we will tell you why and explain your options.

*Right to Inspect and Obtain Copy:* You have the right to inspect and obtain a copy of your completed health records unless your doctor believes that disclosure of that information to you could harm you. You may not see or get a copy of information gathered for a legal proceeding or certain research records while the research is ongoing. Your request to inspect or obtain a copy of the records must be submitted in writing, signed and dated, to the KEI Privacy Officer/Principal Director. (Requests for billing records should be sent to the billing department.) We may charge a fee for processing your request. If KEI denies your request to inspect or obtain a copy of the records, you may appeal the denial in writing to the KEI Privacy Officer/Principal Director, 152 N. Addison Ave Elmhurst, IL 60126.

*Right to Request Restrictions:* You have the right to ask us to restrict the uses or disclosures we make of your health information for treatment, payment, or health care operations, but we do not have to agree. You also may ask us to limit the health information that we use or disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. Again, we do not have to agree. A request for a restriction must be signed and dated. The request should also describe the information you want restricted, say whether you want to limit the use or the disclosure of the information or both and tell us who should not receive the restricted information.

You must submit your request in writing to the KEI Privacy Officer/Principal Director, 152 N. Addison Ave Elmhurst, IL 60126. We will tell you if we agree with your request or not. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

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However, if you pay out of pocket and in full for a health care item or service, and you ask us to restrict the disclosures, we make to a health plan of your health information relating solely to that item or service, we will agree to the extent that the disclosure to the health plan is for the purpose of carrying out payment or health care operations and the disclosure is not required by law.

*Right to Request Confidential Communications:* You have the right to request that we communicate with you about your health in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Your request for confidential communications must be in writing, signed, and dated. It must specify how or where you wish to be contacted. You need not tell us the reason for your request, and we will not ask. You must send your written request to the KEI Privacy Officer/Principal Director, 152 N. Addison Ave Elmhurst, IL 60126. We will accommodate all reasonable requests.

*Right to a Paper Copy of This Notice:* You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy. You may obtain a paper copy of this Notice at any of our facilities or by calling the KEI Principal Director at 630-833-9621 ext. 200. You can also view this Notice at our website, [www.kovacheye.com](http://www.kovacheye.com).

### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the KEI Principal Director or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with KEI, you must submit your complaint in writing to the KEI Privacy Officer/Principal Director, 152 N. Addison Ave Elmhurst, IL 60126. You will not be penalized for filing a complaint.

### CHANGES TO THIS NOTICE

KEI may change this Notice at any time. Any change in the Notice could apply to medical information we already have about you, as well as any information we receive in the future. The effective date of the Notice is on the first page in the top right corner.

### QUESTIONS

If you have any questions regarding this Notice, please contact the KEI Privacy Officer/Principal Director at 630.833.9621 ext. 200. A current list of KEI clinic locations is available at [www.kovacheye.com](http://www.kovacheye.com) or may be obtained by calling the number listed above.