



HIPAA Notice of Privacy Practices

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 carefully.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information (protected health information) used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose medical information.

- **For Treatment:** To provide you with medical treatment or services, including disclosure of medical information about you to doctors, nurses, therapists, optometry students, or other personnel who are involved in taking care of you at the office.
- **For Payment:** So that your vision services may be billed to and payment collected from you, your insurance company or a third party.
- **Health Care Operations:** To run the optometry and vision therapy offices ensuring all of our patients receive quality care and to review our treatment and services to evaluate staff performance.
- **Appointment Reminders:** To contact you as a reminder that you have an appointment for treatment at the office.
- **Treatment Alternatives:** To tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services:** To tell you about health-related benefits, services or products that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care:** To inform a friend, family member or caregiver who is involved in your optometric care.
- **As Required By Law:** We will disclose medical information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat
- **Military and Veterans:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

- **Workers' Compensation:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks:** We may disclose medical information about you for public health activities.
- **Health Oversight Activities:** To a health oversight agency for activities authorized by law (audits, investigations, inspections, and licensure).
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose medical information in response to subpoena, discovery request, or other lawful process.
- **Law Enforcement, National Security and Intelligence Activities:** We may release medical information if asked to do so by law enforcement, National Security or Intelligence activities as required by law.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU: You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care.
- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the office.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. ***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.
- **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 of this notice.

CHANGES TO THIS NOTICE: We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the office. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at the office for treatment or health care services, we will offer you a copy of the current notice in effect.

For more information about HIPAA or to file a complaint: The U.S. Department of Health & Human Services Office of Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201, 877-696-6775 (toll-free)

By signing below, I acknowledge that I have received Tod R. Davis, OD, FCOVD; Amy E. Carlyle, OD, FAAO Developmental Optometry & Vision Therapy Services' Notice of Privacy Practices.

Signature (Patient or Authorized Representative)

Date

Printed (Patient or Authorized Representative)

Date