

## 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.**

Our goal is to take appropriate steps to attempt to safeguard any medical or other personal information that is provided to us. The Privacy Rule under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires us to : (i) maintain the privacy of medical information provided to us; (ii) provide notice of our legal duties and privacy practices; and (iii) abide by the terms of our Notice of Privacy Practices currently in effect.

### WHO WILL FOLLOW THIS NOTICE

This notice describes the practices of our employees and staff. This notice applies to each of these individuals, entities, sites and locations. In addition, these individuals, entities, sites and locations may share medical information with each other for treatment, payment and health care operation purposed described in this notice.

### INFORMATION COLLECTED ABOUT YOU

In the ordinary course of receiving treatment and health care services from us, you will be providing us with personal information such as:

- ~Your name, address and phone number
- ~Information relating to your medical history
- ~Your insurance information and coverage
- ~Information concerning your doctor, nurse or other medical providers
- ~Your social security number

In addition, we will gather certain medical information about you and will create a record of the care provided to you. Some information also may be provided to us by other individuals or organizations that are part of your “circle of care” –such as the referring physician, your other doctors, your health plan, and close friends or family members.

### HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU

We may use and disclose personal and identifiable health information about you for a variety of purposes. All the types of uses and disclosures of information are described below, but not every use or disclosure in a category is listed.

**REQUIRED DISCLOSERS**~We are required to disclose health information about you to the Secretary of Health and Human Services, upon request, to determine our compliance with HIPAA and to you, in accordance with your right to access and right to receive an accounting of disclosures, as described below.

**FOR TREATMENT**~We may use health information about you in your treatment. For example, we may use your medical history, such as any presence or absence of diabetes, to assess the health of your eyes.

**FOR PAYMENT**~We may use and disclose health information about you to bill for our services and to collect payment from you or your insurance company. For example, we may need to give a payer information about your current medical condition so that it will pay us for the eye examinations or other services that we have furnished you. We may also need to inform you payer of the treatment you are going to receive in order to obtain prior approval or to determine whether the service is covered.

Health information about you also may be disclosed when necessary to prevent a serious threat to your health and safety or the health and safety of others.

We may use or disclose certain health information about your condition and treatment for research purposes where Institutional Review Board or similar body referred to as a Privacy Board determines that your privacy interests will be adequately protected in the study. We may also use and disclose your health information to prepare or analyze a research protocol and for other research purposes.

If you are a member of the Armed Forces, we may release health information about you for activities deemed necessary by military command authorities. We may also release health information about foreign military personnel to their appropriate foreign military authority.

We may disclose your protected health information for legal or administrative proceedings that involve you. We may release such information upon order of a court or administrative tribunal. We may also release protected health information in the absence of such an order and in response to a discovery or other lawful request, if efforts have been made to notify you or secure a protective order.

If you are an inmate, we may release protected health information about you to a correctional institution where you are incarcerated or to law enforcement officials in certain situations such as where the information is necessary for your treatment, health or safety, or the health or safety of others.

Finally, we may disclose protected health information for national security and intelligence activities and for the provision of protective services to the President of the United States and other officials or foreign heads of the state.

**Our Business Associates---** We sometimes work with outside individuals and business associates so that can perform the test that we hire them to do. Our business associates must promise that they will respect the confidentiality of your personal and identifiable health information.

**Disclosers to persons assisting in your care or payment for your care~** we may disclose information to individuals involved in your care or in the payment for your care. This includes people and organizations that are part of your "circle of care" –such as your spouse, your other doctors or an aide who may be providing services to you. We may also use and disclose health information about a patient for disaster relief effort and to notify persons responsible for a patient care about a patients location, general condition, or death. Generally, we will attain your verbal agreement before using or disclosing health information in this way. However, under certain circumstances, such as an emergency situation, we may make these uses and disclosers without your agreement.

**Appointment reminders~** We may use and disclose medical information to contact you as a reminder that you have an appointment or that you should schedule an appointment.

## OTHER USES AND DISCLOSURES OF PEROSNAL INFORMATION

We are required to obtain written authorization from you for any other uses and disclosures of medical information other than those described above. If you provide us with such permission, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose personal information about you for the reasons covered by your written authorization, except to the extent we have already relied on your original permission.

## INDIVIDUAL RIGHTS

You have the right to ask for restrictions on the ways we use and disclose your health information for treatment, payment and health care operation purposes. You may also request that we limit our discourses to persons assisting your care or payment for your care. We will consider your request, but we are not required to accept it.