

This notice is effective 07.20.2015

Revised to reflect the 2013 HIPAA/HITECH Omnibus Final Rule

## **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.**

If you have any questions about this notice, please contact the Practice Privacy Officer at 303.674.4143.

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This notice describes how we protect your health information and what rights you have regarding it.

### **TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**

We may use and disclose health information for your treatment and to provide you with treatment-related health care services. We may use and disclose health information so that we or others, or an insurance company or a third party may bill and receive payment from you for the treatment and services you received. We may use and disclose health information for the health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. We may use and disclose health information to contact you to remind you that you have an appointment with us. We also may use and disclose health information to tell you about treatment alternatives or health-related benefits and services that may interest you.

Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you; testing or examining your eyes; prescribing glasses, contact lenses, or eye medications and faxing them to be filled; showing you low vision aids; referring you to another doctor or clinic for eye care or low vision aids or services; or getting copies of your health information from another professional that you may have seen before us. Examples of how we use or disclose your health information for payment purposes are: asking you about health or vision care plans, or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency or attorney). Examples of how we use or disclose your health information for health care operations are: financial or billing audits, internal quality assurance, personnel decisions, participation in managed care plans, defense of legal matters, business planning, and our outside storage of our records.

We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside of our office for these reasons, we usually will not ask you for special written permission.

### **USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION**

As Required by Law, we will disclose health information when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Business Associates. We may disclose health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services.

Organ and Tissue Donation. If you are an organ donor, we may use or release your health information to organizations that handle organ procurement. We may also release your health information to other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release health information as required by military command authorities. We also may release health information to the appropriate foreign military authority, if you are a member of a foreign military.

Workers' Compensation. We may release health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risk. We may disclose health information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; report a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree when authorized by law.

Health Oversight Activities. We may disclose health information to a health oversight agency for activities authorized by law.

Data Breach Notification Purposes. We may use or disclose health information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose health information in response to a court or administrative order. We also may disclose health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release health information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime event even if, under certain very limited circumstances, we are able to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We also may release health information to funeral directors as necessary for their duties.

National Security and Intelligence Activities. We may release health information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law. Protective services for the president and others. We may disclose health information to authorize federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information to the correctional institution or law enforcement official. This release would be necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

### **APPOINTMENT REMINDERS**

We may call or write to remind you of scheduled appointments, or when it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we will mail you an appointment reminder on a post card, email you, text you, and/or leave you a message on your home answering machine, or with someone who answers your phone if you are not home.

### **USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT**

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose your health information to a member of your family, a relative, a close friend or any other person you identify that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief. We may disclose your health information to disaster relief organizations that seek your health information to coordinate your care, or to notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or to object to such a disclosure whenever we are able to do so.

### **OTHER USES AND DISCLOSURES**

We will not make any other uses or disclosures of your health information, unless you sign a written *authorization form*. The content of an *authorization form* is determined by federal law. Sometimes, we may initiate the authorization process if the use or disclosure is our idea. Sometimes, you may initiate the process if it's your desire to send your information to someone else. Typically in this situation, you will give us a properly completed authorization form, or you can use one of ours.

If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing. Send them to the Practice Privacy Officer.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the following rights regarding health information we have about you:

Right to Inspect and Copy. You have the right to inspect and copy health information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this health information, you must make your request, in writing, to the Practice Privacy Officer. We have up to 30 days to make your health information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. If your health information is maintained in an electronic format (known as an Electronic Medical Record or an Electronic Health Record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your health information in the form or format you request, if it is readily producible in such a form or format. If the health information is not readily producible in the form or format, we will provide a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured health information.

Right to Amend. If you feel that the health information we have 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 our office. To request an amendment, you must make your request in writing, to the Practice Privacy Officer.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of health information for purposes other than treatment, payment and health care operations or for which you provide written authorization. To request an accounting of disclosures, you must make your request, in writing, to the Practice Privacy Officer.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose to someone involved in your care or the payment for your care like a family member or friend.

Out-of-Pocket-Payments. If you paid out-of-pocket - in other words, you have requested that we not bill your health plan - in full for a specific item or service, you have the right to ask that your health information with respect to that item or service, not be disclosed to a health plan for purposes of payment or health care operations. We will honor that request.

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 contact you by mail or at work. To request confidential communications, you must make your request, in writing, to the Practice Privacy Officer. Your request must specify how or where you wish to be contacted. We will accommodate 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 of this notice. You may obtain a copy of this notice on our website, [www.evergreenenvision.com](http://www.evergreenenvision.com). To obtain a paper copy of this notice, contact 303.674.4143.

#### **CHANGES TO THIS NOTICE:**

We reserve the right to change this notice and to make the new notice apply to health information we already have as well as to any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page.

#### **COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the Practice Privacy Officer. All complaints must be made in writing. You will not be penalized for filing a complaint.

You may contact our office at:

Evergreen Vision Clinic, P.C.  
Attn: Practice Privacy Officer  
30960 Stagecoach Blvd Suite 200  
Evergreen, CO. 80439  
303.674.4143 Phone  
303.670.4081 Fax

The plans may change the terms of this notice at any time. If the plans change this notice, the plans may make the new notice terms effective for all of your health information that plans maintain, including any information the plans created or received before we issued the new notice. If the plans change this notice, the plans will make it available to you.