

Effective Date: April 11, 2014

## **NOTICE OF PRIVACY PRACTICES**

### **VisionCare *Consultants***

12121 Tesson Ferry Professional Center, St. Louis, MO 63128

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*Office Contact Person:* David B. Seibel, O.D., F.A.A.O.

### **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

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 HEALTHCARE OPERATIONS**

The most common reason why we use and/or disclose your health information is for treatments, payment or healthcare operations. Examples of how we use and/or disclose information for treatment purposes are as follows: setting up an appointment for you; testing or examining your eyes; prescribing glasses, contact lenses or eye medications, and faxing and/or e-prescribing them to be filled; referring you to another doctor or clinic for eyecare, or receiving copies of your health information from another professional that you may have seen before us. Examples of how we use and/or disclose your health information for payment purposes are as follows: asking you about your health or vision care plans or other sources of payment; preparing and sending bills or claims; collecting unpaid amounts (either ourselves or through a collection agency or attorney). "Healthcare operations" mean those administrative and managerial functions that we have to do in order to run our office. Examples of how we use and/or disclose your health information for healthcare operations are as follows: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; 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 will not ask you for special written permission.

We will ask for special written permission in the following situations: transfer of full medical records to another medical professional.

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

In some limited situations the law allows or requires us to use and/or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our office at all. Such uses and/or disclosures are as follows:

- when a state or federal law mandates that certain health information be reported for a specific purpose;
- for public health purposes such as contagious disease reporting, investigation or surveillance; notices to and from the U.S. Food and Drug Administration regarding drugs or medical devices;
- disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;
- uses and/or disclosures for health oversight activities such as for the licensing of doctors; for audits by Medicare; for investigation of possible violations of healthcare laws;
- disclosures for judicial and administrative proceedings such as in response to subpoenas or orders of courts or administrative agencies;

- disclosures for law enforcement purposes such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; to report a crime that happened somewhere else;
- disclosure to a medical examiner to identify a dead person or to determine the cause of death; to funeral directors to aid in burial; to organizations that handle organ tissue donations;
- uses and/or disclosures for health related research;
- uses and/or disclosures to prevent a serious threat to health or safety;
- uses and/or disclosures for specialized government functions such as for the protection of the president or high-ranking government officials; for lawful national intelligence activities; for military purposes; for the evaluation and health of members of the foreign service;
- disclosures of de-identified information;
- disclosures relating to worker's compensation programs;
- disclosures of a "limited data set" for research, public health or healthcare operations;
- incidental disclosures that are an unavoidable by-product of permitted uses and/or disclosures;
- disclosures to "business associates" who perform healthcare operations for us and who commit to respect the privacy of your health information;

Unless you object, we will also share relevant information about your care with your family or friends who are assisting you with your eyecare.

### **APPOINTMENT REMINDERS**

We may call, text, email, or write to remind you of scheduled appointments or that it is time to make an appointment. We may also call, text, email, or write to notify you of other treatments or services available at our office that might benefit or be available to you.

### **OTHER USES AND/OR DISCLOSURES**

We will not make any other uses and/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 and/or disclosure is based on our needs. Sometimes you may initiate the process if it is for your needs for us 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 that we provide to you.

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 form, 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 office contact person named at the beginning of this Notice.

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

The law gives you many rights regarding your health information. You can exercise the following:

- ask us to restrict our uses and/or disclosures for purposes of treatment (except emergency treatment), payment or healthcare operations. We do not have to agree to this request, but if we agree, we must honor the restrictions that you requested. To request this restriction, send a written request to the office contact person at the address, fax or email shown at the beginning of this Notice.
- ask us to communicate with you in a confidential way such as by phoning you at work rather than home, by mailing health information to a different address or by using email to your email address. We will accommodate these requests if they are reasonable, and if you pay us for any extra cost. If you want to ask for confidential communications, send a written request to the office contact person at the address, fax or email shown at the beginning of this Notice.

- ask to see or to receive photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying of your health information. For the most part, however, you will be able to review or receive a copy of your health information within 30 calendar days of requesting it from us (or sixty calendar days if the information is stored off-site). You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation and instructions about how to receive an impartial review of our denial if one is legally available. By law, we can have one 30 calendar day extension of the time for us to grant you access or photocopies if we send you a written notice of the extension. If you want to review or receive photocopies of your health information, send a written request to the office contact person at the address, fax or email shown at the beginning of this Notice.
- ask us to amend your health information if you believe that it is incorrect or incomplete. If we agree, we will amend the information within 60 calendar days from when you request us to. We will send the corrected information to persons who we know received the incorrect information and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it with your health information whenever we make a permitted disclosure. By law, we can have one 30 calendar day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, send a written request, including your reasons for the amendment, to the office contact person at the address, fax or email shown at the beginning of this Notice.
- receive a list of the disclosures that we have made of your health information within the past six years (or a shorter period if you desire). By law, the list will not include the following: disclosures for purposes of treatment, payment or healthcare operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. You are entitled to one such list per year without charge. If you request more frequent lists, you will have to pay for them in advance. We will respond to your request within 60 calendar days of receiving it, but by law we can have one 30 calendar day extension of time if we notify you of the extension in writing. To request a list, send a written request to the office contact person at the address, fax or email shown at the beginning of this Notice.
- receive additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you received one electronically or in paper form already. If you want additional paper copies, send a written request to the office contact person at the address, fax or email shown at the beginning of this Notice.

### **OUR NOTICE OF PRIVACY PRACTICES**

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we have already generated as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new one in our office and have copies available to you in our office.

### **COMPLAINTS**

If you believe that we have not properly respected the privacy of your health information, you can file a complaint to our office or the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you desire to complain to our office directly, send a written complaint to the office contact person at the address, fax or email shown at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone.

**FOR MORE INFORMATION**

If you desire more information about our privacy practices, call or visit the office contact person at the phone number or address shown at the beginning of this Notice.

**ACKNOWLEDGEMENT OF RECEIPT**

**I hereby acknowledge that I have received a copy or one has been made available to me of VisionCare *Consultants'* Notice of Privacy Practices.**

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_