

TotalVision Eyecare

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A Notice about our Privacy Policy

We are providing you with this Notice of our Privacy Practices in accordance with the Federal Health Insurance Portability and Accountability Act (HIPAA) of 1996. This Act regulates how we may use and share your health information and how you can exercise your health privacy rights. Protected health information (PHI) is personal information that concerns your past, present, or future physical and mental health condition.

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.

Your rights with respect to your protected health information

1. You have the right to obtain a copy of our privacy notice.
2. You have the right to request restrictions on certain uses and disclosures of your PHI. You may restrict disclosure of your PHI to your insurance company if you have paid us in full for the service.
3. You have the right to receive confidential communications of your PHI by alternative means or at alternative locations.
4. You have the right to inspect your PHI, or receive a copy in paper or electronic format.
5. You have the right to amend your PHI.
6. You have the right to receive an accounting of some disclosures of your PHI for purposes other than treatment, payment, or operations.
7. You have the right to receive notifications of breaches of your unsecured PHI.

Our responsibilities with respect to your protected health information

1. We are required to maintain the privacy of your PHI.
2. We are required to provide you with a Notice of Privacy Practices.
3. We are required to abide by the terms of the notice currently in effect.
4. We are required to restrict disclosure of your PHI for payment or operations, if it is not otherwise required by law, and the PHI pertains solely to a health care item or service for which you or a person other than a health plan has paid us on your behalf in full.
5. We are required to accommodate reasonable requests to deliver confidential communications of your PHI by alternative means or at alternative locations.
6. We are not required to agree to other requests regarding your PHI.

How we use and disclose your information for treatment, payment or operations

Treatment We will use and disclose your PHI when assessing the health of your eyes, prescribing visual correction devices, and prescribing medications. If you are referred to another provider for additional treatment, we will send your medical records to that provider. We will send prescriptions to your pharmacy.

Payment We may send a bill to you directly, or submit claims on your behalf to your insurance company. We may disclose PHI to a company which performs billing services for us.

Operations We may share your PHI with other businesses that perform various services for our practice, who are also required to safeguard your privacy.

Uses and disclosures of your protected health information with a written Authorization

An authorization is a detailed document that gives us permission to use protected health information for specified purposes, which are generally other than treatment, payment, or health care operations, or to disclose certain protected health information to a third party specified by you. You will be asked to complete a HIPAA Authorization form to allow us to use and disclose psychotherapy notes, psychiatric communications, information relating to AIDS or HIV, substance abuse records; and PHI related to confidential testing and treatment of a minor. Other uses and disclosures not described in this Notice will be made only with an Authorization. You may revoke the Authorization at any time in writing.

Uses and disclosures of your protected health information with your opportunity to agree or object

You will have the opportunity to agree or object to some disclosures, for example:

1. We may share electronic health information for treatment, payment, and operations by way of a Health Information Exchange with other providers involved in your care unless you object.
2. We may review your prescription history with your pharmacy unless you object.
3. We may disclose PHI to a family member, relative, close friend or other person you identify, as it affects that person's involvement in your healthcare unless you object. If you are unable to agree or object, the physician will use professional judgment to decide whether to disclose PHI.
4. We may contact you to remind you of your next appointment. We may provide information to you about treatment alternatives or other health-related services that may be of interest.

Uses and disclosures of your protected health information without your opportunity to agree or object

Uses and disclosures required by LAW to the extent that such use or disclosure is required by law and the use or disclosure complies with and are limited to the relevant requirements of such law.

Uses and disclosures for PUBLIC HEALTH activities for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions; or, at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority.

Uses and disclosures TO A PUBLIC HEALTH AUTHORITY authorized by law to receive reports of child abuse or neglect.

Uses and disclosures TO THE FOOD AND DRUG ADMINISTRATION (FDA) with respect to an FDA-regulated product or activity, for activities related to the quality, safety or effectiveness of such FDA- regulated product or activity.

Uses and disclosures TO A PERSON WHO MAY HAVE BEEN EXPOSED TO A COMMUNICABLE DISEASE or may otherwise be at risk of contracting or spreading a disease or condition, if we or public health authority are authorized by law to notify such person as necessary in the conduct of a public health intervention or investigation.

Uses and disclosures TO AN EMPLOYER, about an individual who is a member of the workforce of

the employer, if the provider provides health care to the individual at the request of the employer in order to conduct an evaluation relating to medical surveillance of the workplace; or evaluate whether the individual has a work-related illness or injury; the PHI that is disclosed consists of findings concerning a work-related illness or injury or a workplace-related medical surveillance, and if the employer needs such findings in order to comply with its obligations, under Federal or state law to record such illness or injury or to carry out responsibilities for workplace medical surveillance.

DISCLOSURES ABOUT VICTIMS OF ABUSE, NEGLECT OR DOMESTIC VIOLENCE

This practice may disclose PHI, if in the exercise of professional judgment, we believe a disclosure is necessary to prevent serious harm to the individual or other potential victims; (or if the individual is unable to agree because of incapacity,) and a law enforcement or other public official authorized to receive the report represents that the PHI for which disclosure is sought is not intended to be used against the individual and that an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure. When making this type of disclosure our practice must promptly inform the individual that such a report has been or will be made, except if in the exercise of professional judgment, we believe that informing the individual would place the individual at risk of serious harm.; or unless this practice would be informing a personal representative, and we reasonably believe the personal representative is responsible for the abuse, neglect, or other injury, and that informing such person would not be in the best interests of the individual as determined in the exercise of professional judgment.

Uses and disclosures for HEALTH OVERSIGHT activities

This practice may disclose PHI to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of the health care system; government benefit programs for which health information is relevant to beneficiary eligibility and entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards; or entities subject to civil rights laws for which health information is necessary for determining compliance. Health oversight activity does NOT include an investigation or other activity in which the individual is the subject of the investigation or activity and such investigation or other activity does not arise out of and is not directly related to the receipt of health care, a claim for public benefits related to health; or qualification for, or receipt of, public benefits or services when a patient's health is integral to the claim for public benefits or services. If a health oversight activity or investigation is conducted in conjunction with an oversight activity or investigation relating to a claim for public benefits not related to health, the joint activity or investigation is considered a health oversight activity.

Disclosures for JUDICIAL AND ADMINISTRATIVE proceedings

This practice may disclose PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal, provided that this practice discloses only the PHI expressly authorized by such order; or to a subpoena, discovery request, or other lawful process, that is not accompanied by an order of a court or administrative tribunal. We must receive satisfactory assurances from the party seeking the information that reasonable efforts have been made by to ensure that the individual who is the subject of the PHI has been given notice of the request, or that reasonable efforts have been made by such party to secure a qualified protective order.

This practice shall consider satisfactory assurances from a party seeking PHI to have been received if we receive from such party a written statement and accompanying documentation demonstrating that the parties to the dispute giving rise to the request for information have agreed to a qualified protective

order and have presented it to the court or administrative tribunal with jurisdiction over the dispute; or the party seeking the PHI has requested a qualified protective order from such court or administrative tribunal.

This practice may disclose PHI in response to lawful process without receiving satisfactory assurances if this practice makes reasonable efforts to provide notice to the individual sufficient to meet the requirements of this section, or seeks a qualified protective order sufficient to meet the requirements of this section.

Disclosures for LAW ENFORCEMENT purposes

Pursuant to process and as otherwise required by law, this practice may disclose PHI as required by law, including laws that require the reporting of certain types of wounds or other physical injuries, in compliance with, and as limited by, the relevant requirements of a court order or court-ordered warrant, or a subpoena or summons issued by a judicial officer, a grand jury subpoena; or an administrative request, including an administrative subpoena or summons, a civil or an authorized investigative demand, or similar process authorized under law, provided that the information sought is relevant and material to a legitimate law enforcement inquiry, the request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought; and de-identified information could not reasonably be used.

We may disclose PHI in response to a law enforcement official's request for such information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, provided that we may disclose only the following information: Name and address; Date and place of birth; Social security number; ABO blood type and Rh factor; Type of injury; date and time of treatment; date and time of death, if applicable; and description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair (beard or mustache), scars, and tattoos. We may not disclose for the purposes of identification or location any protected health information related to the individual's DNA or DNA analysis, dental records, or typing, samples or analysis of body fluids or tissue.

This practice may disclose PHI in response to a law enforcement official's request for such information about an individual who is or is suspected to be a victim of a crime if the individual agrees to the disclosure; or we are unable to obtain the individual's agreement because of incapacity or other emergency circumstance, provided that the law enforcement official represents that such information is needed to determine whether a violation of law by a person other than the victim has occurred; and such information is not intended to be used against the victim, the law enforcement official represents that immediate law enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure; and the disclosure is in the best interests of the individual as determined by this practice, in the exercise of professional judgment.

This practice may disclose to a law enforcement official PHI that this practice believes in good faith constitutes evidence of criminal conduct that occurred on our premises.

A covered health care provider providing emergency health care in response to a medical emergency, other than such emergency on the premises of the covered health care provider, may disclose PHI to a law enforcement official if such disclosure appears necessary to alert law enforcement to the commission and nature of a crime, the location of such crime or of the victim(s) of such crime; and the identity, description, and location of the perpetrator of such crime.

Disclosure about DECEDEMENTS

We may disclose PHI about an individual who has died to a law enforcement official for the purpose of alerting law enforcement of the death of the individual if we have a suspicion that such death may have resulted from criminal conduct.

This practice may disclose PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. If our practice also performs the duties of a coroner or medical examiner, we may use PHI for the purposes described in this paragraph.

We may disclose PHI to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent. If necessary for funeral directors carry out their duties, we may disclose the PHI prior to, and in reasonable anticipation of, the individual's death.

Uses and disclosures for cadaveric organ, eye or TISSUE DONATION purposes

This practice may use or disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.

Uses and disclosures to AVERT A SERIOUS THREAT to health or safety

This practice may, consistent with applicable law and standards of ethical conduct, use or disclose PHI, if we, in good faith, believe the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; and the disclosure is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat; or is necessary for law enforcement authorities to identify or apprehend an individual because of a statement by an individual admitting participation in a violent crime that we reasonably believes may have caused serious physical harm to the victim; or where it appears from all the circumstances that the individual has escaped from a correctional institution or from lawful custody.

Use or disclosure NOT PERMITTED

A use or disclosure may NOT be made if the information is learned by this practice in the course of treatment to affect the propensity to commit the criminal conduct that is the basis for the disclosure, or through counseling or therapy; or a request by the individual to initiate or to be referred for the treatment, counseling, or therapy.

Presumption of good faith belief

This practice is presumed to have acted in good faith with regard to a belief described in this section, if the belief is based upon this practice's actual knowledge, or in reliance on a credible representation by a person with apparent knowledge or authority.

Provision of notice

We must provide this notice no later than the date of your first appointment. In an emergency treatment situation, we will provide a notice as soon as reasonably practicable after the emergency treatment situation. Our notice is posted on our web site for you to read and download.

If you agree, we may send the notice to you by e-mail. We may provide the notice to an individual by e-mail, if the individual agrees to electronic notice and such agreement has not been withdrawn. If we know that the e-mail transmission has failed, a paper copy of the notice must be provided to the individual. Provision of electronic notice by the covered entity will satisfy the Privacy Notice provision requirements.

If the first service delivery to an individual is delivered electronically, we must provide electronic notice automatically and contemporaneously in response to the individual's first request for service. The individual who is the recipient of electronic notice retains the right to obtain a paper copy of the notice from our office upon request.

We have this notice available at our medical office for individuals to request to take with them. You may call our privacy office at any time and request that a copy of the privacy notice be sent.

Why you are asked to “sign” a form

The law requires a doctor or other health care provider you see in person to ask you to state in writing that you received the Privacy Notice. Usually that means the receptionist will ask you to sign a form stating that you received the notice that day. You are not required to sign the “acknowledgement of receipt of the notice.” Signing does not mean that you have agreed to any special uses or disclosures of your health records. Refusing to sign the acknowledgement does not prevent us from using or disclosing health information as HIPAA rules permit us to do. If you refuse to sign the acknowledgement, the Doctor’s office must keep a record that they failed to obtain your acknowledgement.

Revisions to this notice

We reserve the right to change the terms of our privacy notice at any time. We will make any revised notice provisions effective for all protected health information that we created or received prior to issuing the revised notice. We must promptly revise and distribute the notice whenever there is a material change to the uses or disclosures, the individual's rights, the covered entity's legal duties, or other privacy practices stated in the notice. Except when required by law, a material change to any term of the notice may not be implemented prior to the effective date of the notice in which such material change is reflected. Whenever the notice is revised, we shall make the notice available upon request on or after the effective date of the revision and promptly comply with all requirements.

Complaints

You may contact our privacy office if you believe your privacy rights have been violated. Please contact us so we can address your concerns or questions. You may also complain to the Secretary of Health and Human Services. You will not be retaliated against for filing a complaint.

Contact

For further information please contact the office.

Effective date: September 23, 2013