

Notice of Privacy Practices
Effective April 14, 2003

EyeCare Associates
7721 East Main Street
Reynoldsburg, Ohio 43068
614-861-0950

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.

General Rule

We respect our legal obligation to keep private any health information that identifies you. This notice describes how we protect your health information and what rights you have regarding that information.

We may use your health information in our office or disclose it to others outside of our office, without your written permission, for purposes of treatment, payment and health care operations.

- **Treatment** means providing or coordinating your health care by one or more health care providers such as when we set your appointment or provide examinations, materials, medications, or referrals.
- **Payment** activities occur when we confirm insurance coverage, send a bill to you or your insurance company, or send information to payment collection agencies.
- **Health care operations** include financial or billing audits, internal quality assurance, personnel decisions, participation in managed care plans, defense of legal matters, business planning, and outside storage of our records.

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Most of these situations do not routinely occur in our office and can include, but are not limited to, reports to the FDA and other federal or state agencies, disclosures to business associates who agree to keep your health information private, uses or disclosures for health related research, and legal matters where we are obligated to provide private health information.

Office Procedures

We may call or send a postcard to confirm an appointment or to remind you that it is time to schedule an 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 may call your place of employment to notify you of appointments or that your glasses or contacts are ready to pick up. We may leave a message on your phone answering system or with the individual who answers your phone at home or work.

Because of space limitations, especially in our frame selection area, information about your glasses or contacts may be openly discussed, but sensitive conversations about health conditions such as diabetes or glaucoma will be limited to a more private area.

Unless you object, we may also share relevant information about your care with your family or friends who may be helping you with your eye care.

Other Disclosures

We will not make any other disclosures of your health information unless you sign a written authorization form. You may revoke this authorization in writing at any time unless we have already acted in reliance upon it.

Your Rights Regarding Your Health Information

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to our Compliance Officer:

- You have the right to inspect and copy your protected health information.
- You have the right to ask us not to use or disclose your health information for purpose of treatment, payment, or healthcare operation. We are not required to agree to a restriction that you may request, but if we agree we must abide by it.
- You have the right to receive communications from us by other means or at other locations than those listed above.
- You may have the right to have your physician amend your protected health information.
- You have the right to receive a list of any disclosures that we have made of your health information other than those listed above concerning treatment.

For More Information or to Report a Problem

If you believe your privacy rights have been violated, you can file a written complaint with our office or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

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 already have 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 Notice in our office, have copies available in our office, and post it on our website www.ecavision.com.

We are required by law to maintain the privacy of, and provide individuals with this notice of our legal duties and privacy practices with respect to their protected health information. If you have any objections to our privacy practices, please ask to speak with our HIPAA Compliance Officer in person or by phone at our listed phone number.

Signature below is only acknowledgment that you have received this Notice of our Privacy Practices:

Print Name _____ Signature _____ Date _____