

**Walter J. Shurminsky, Jr., O.D. (Lic. # 4678)**  
**470 North Franklin Tpke.**  
**Suite 104**  
**Ramsey, NJ 07446**

## **Notice of Privacy Practices (HIPAA)**

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

The most common reason why we use or disclose your health information is for treatment, payment, or health care operations. Some examples of how we use or disclose information for treatment purposes are the following: setting up an appointment for you, testing or examining your eyes, prescribing medications and faxing or calling them in to be filled, referring you to another doctor or clinic for eye care or low vision aids/services, or getting copies of your health information from another professional whom you may have seen before us. Some examples of how we use or disclose your health information for payment purposes are the following: asking you about your 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). Health care operations mean those administrative and managerial functions that we have to perform in order to run our office. Some examples of how we use or disclose your health information for health care operations are the following: financial or billing audits, internal quality assurance, personal decisions, participation in managed care plans, defense of legal matters, business planning, and 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.

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

In some limited situations, the law allows or requires us to use 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 or disclosures are the following:

- 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, and notices to and from the federal Food and Drug Administration regarding drugs or medical devices
- disclosures to governmental authorities about victims of suspected abuse, neglect, or domestic violence
- uses and disclosures for health oversight activities, such as for the licensing of doctors, for audits by Medicare or Medicaid, or for investigations of possible violations of health care laws
- disclosure for judicial and administrative proceedings, such as in response to subpoena 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 in our office, or to report a crime that happened somewhere else
- disclosure to a medical examiner to identify a deceased person or to determine the cause of death, to funeral directors to aid in burial, or to organizations that handle organ or tissue donations
- uses or disclosures for health-related research
- uses and disclosures to prevent a serious threat to health or safety
- uses or disclosures for specialized government functions, such as for the protection of the president or high-ranking government officials, lawful national intelligence activities, military purposes, or the evaluation and health of members of the foreign service
- disclosures of de-identified information
- disclosures related to worker's compensation programs
- disclosures of a "limited data set" for research, public health, or health care operations
- incidental disclosures that are an unavoidable by-product of permitted uses or disclosures
- disclosures to "business associates" who perform health care 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 helping you with your care.

### **APPOINTMENT REMINDERS**

We may call, text, email, or write to remind you of your scheduled appointments, or that it is time to make a routine appointment. We may also do the same 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 postcard, and/or leave you a reminder through text, email, voicemail, or with someone who answers your phone if you are not available.

## 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 you request 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 it to the office, and it will be indicated in your record.

## YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

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

- ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you requested. To ask for a restriction, please send a written request to the office.
- ask us to communicate with you in a confidential way, such as by calling you at work rather than at home or by mailing health information to a different address.
- ask to see or get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 30 days of your request (or 60 days if the information is stored off-site). You will have to pay for photocopies in advance. If we deny your request, we will send you a written explanation and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one 30 day extension of the time for us to give you access or photocopies if we send you a written notice of the extension. If you want to review or get photocopies of your health information, send a written request to the office.
- ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the correct information to entities that we know got the wrong 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 along whenever we make a permitted disclosure of your health information. By law, we can have one 30 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 an amendment to the office.
- get additional paper copies of this Notice of Privacy Practices upon request. If you want additional copies, send a written request to the office.

## 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 a new notice in our office and have copies available in the office.

If you think that we have not properly respected the privacy of your health information, you are free to complain to us 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 want to complain to us, send a written complaint to the office, or if you prefer, you can discuss your complaint in person or over the phone.

Revised notice on July 19, 2022