

Visionary Eye Care Professionals
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NOTICE OF PRIVACY PRACTICES

JULY, 2020

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

We respect our legal obligation to keep health information private that identifies you. 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:

The most common reason we use or disclose your health information is for treatment, payment or healthcare operations. Examples of how we use or disclose information for treatment purposes are: scheduling an appointment for you, testing or examining your eyes, prescribing glasses, contact lenses or eye medications, showing you low vision devices, referring you to another doctor or clinic for eye care, 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 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. Health care operation means those administrative and managerial functions that we have to do in order to run our office. 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, 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:

In certain 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. Examples of such uses or disclosures are: 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 investigation of possible health care laws, disclosures for judicial and administrative proceedings, such as in response to subpoenas or court orders or administrative agencies, disclosure for law enforcement purposes, such as to provide information and someone who is or is suspected to be a victim of a crime, to provide information about a crime at our office, or 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, or 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 disclosure 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 or 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 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 commit to respect the privacy of your health information, disclosures relating to public health or child and elderly abuse as required by state law.

NOTICE OF HIPAA PRIVACY PRACTICES (continued)

JULY, 2020

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

Uses and Disclosures for Other Reasons Requiring Permission:

Uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information require authorization. You may opt to or opt not to receive emails regarding trunk shows, specials or fundraising when you update our patient questionnaire or by notifying us in writing.

Appointment Reminders:

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

Other Uses and Disclosures:

We will not make any other uses or disclosures of your health information not described above 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 is your idea 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 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 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 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 want. To ask for a restriction, send a written request to the office contact person at the address, fax or email shown at the beginning of this notice.

You can ask us to restrict certain disclosures of protected health information to a health plan when you opt to pay out of pocket in full for the health care item or service.

You can ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using email to your personal 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.

You can ask to see or to 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 asking us (or 60 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 instruction about how to get an imperial review of our denial if one is legally available. By law, we can have an 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 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.

NOTICE OF HIPAA PRIVACY PRACTICES (continued)

JULY, 2020

You can 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 of the date the request was received. We will send the corrected information to persons who we know received 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 forward it whenever we make a permitted disclosure of your health information. By law, we can have one 30 day extension to consider a request. If you wish to amend 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.

You can get a list of the disclosures that we have made of your health information within the past six years or less. By law, the list will not include: disclosures for purposes of treatment, payment or health care operations, disclosures with your authorization, incidental disclosure, disclosures required by law and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30 day extension if we notify you of the extension in writing. If you want a list, send a written request to the office contact person at the address, fax or email shown at the beginning of this notice.

You can get additional paper copies of the "Notice of Privacy Practices" upon request. It does not matter whether you got 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.

You can expect to be notified by email if there is a breach of your unsecured protected health information.

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 notice in our office, have copies available in our office, and post it on our website.

Complaints:

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or the the US 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 request to the office contact person at the address, fax or email shown at the beginning of this notice. If you prefer, you can make an appointment to discuss your complaint in person or by phone.

For More Information:

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

Visionary Eye Care Professionals Doctors:

Michael Ciszek, OD

Joseph Warner, OD

Jamie Johnson, OD

Ryan Nguyen, OD