

Spivack Vision Center

NOTICE OF PRIVACY PRACTICES

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.

THE PROVISIONS OF THIS NOTICE ARE EFFECTIVE AS OF APRIL 14, 2003

This Notice of Privacy describes how we may use and disclose your “Protected Health Information” to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. Protected Health Information is information about you that may identify you and that relates to your past, present or future physical or mental health or conditions and related health care services. This Notice also describes your rights in regard to your Protected Health Information, including your rights to access and control such information.

This Notice describes our practices and those of:

- All employees, staff and other Spivack Vision Center personnel.
- Our business associates including transcription services, collection services, facilities to which we refer patients, etc.

Spivack Vision Center provides this Notice to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

OUR THOUGHTS ABOUT YOUR PROTECTED HEALTH INFORMATION:

We understand that your medical information is personal to you, and we are committed to protecting the information about you. As our patient, we create medical records about your health, our care for you, and the services and/or items we provide to you as our patient. We need this record to provide for your care and to comply with certain legal requirements.

We are required by law to:

- Make sure that the Protected Health Information about you is kept private;
- Provide you with a Notice of our Privacy Practices and your legal rights with respect to Protected Health Information about you; and
- Follow the conditions of the Notice that is currently in effect.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

The following categories describe different ways that we use and disclose Protected Health Information that we have and share with others. Each category of uses or disclosures provides a general explanation and provides some examples of uses. Not

every use or disclosure in a category is either listed or actually in place. The explanation is provided for your general information only.

Medical Treatment

We may use and disclose your Protected Health Information to provide medical treatment or services. In the course of providing medical treatment or services, we may use or disclose your Protected Health Information to doctors, nurses, technicians, or other individuals involved in your care. For example, we may refer you for laboratory tests or x-rays. We may also discuss your medical information with you to recommend possible treatment options or alternatives that may be of interest to you.

Payment

We may use and disclose your Protected Health Information for billing or collections from you, an insurance company or other third party for treatment and services that we provide to you. For example, we may need to give your health care information to your insurance carrier about treatment you received at Spivack Vision Center, to obtain payment or reimbursement. In some instances, your Protected Health Information will be disclosed in order to receive approval for a particular course of action. For example, we may need to disclose your Protected Health Information to a Health Maintenance Organization (HMO) or other entity in order to receive approval for a particular course of treatment.

Health Care Operations

We may use and disclose your Protected Health Information for health care operations. These uses and disclosures are necessary to support the business activities of our Practice and ensure that our patients receive quality care. These uses may include reviewing our treatment and services to evaluate the performance of our staff, deciding what additional services to offer and where. We may also combine the medical information we have with medical information from other practices to compare how we are doing and see where we can make improvements in the care and services we offer. We may also use or disclose information about you for internal or external utilization review and/or quality assurance, to business associates for purposes of helping us to comply with our legal requirements, to auditors to verify our records, to billing companies to aid us in this process and the like. We shall endeavor, at all times when business associates are used, to advise them of their continued obligation to maintain the privacy of your medical records.

OTHER USES AND DISCLOSURES

As a part of treatment, payment and healthcare operations, we may use and disclose to you Protected Health Information for the following purposes:

- To remind you of an appointment.
- To inform you of possible treatment options or alternatives.
- To inform you about health-related benefits or services that may be of interest to you.

This contact may be by phone, in writing, e-mail, or otherwise and may involve the leaving of an e-mail, a message on an answering machine, or otherwise which could (potentially) be received or intercepted by others.

Emergency Situations.

In addition, we may disclose Protected Health Information about you to an organization assisting in a disaster relief effort or in an emergency situation so that your family can be notified about your condition, status and location.

Research.

Under certain circumstances, we may use and disclose Protected Health Information about you for research purposes regarding medications, efficiency of treatment protocols and the like. All research projects are subject to an approval process, which evaluates a proposed research project and its use of medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We will obtain an Authorization from you before using or disclosing your individually identifiable health information unless the authorization requirement has been waived. If possible, we will make the information non-identifiable to a specific patient. If the information has been sufficiently de-identified, an authorization for the use or disclosure is not required.

Required By Law.

We will disclose Protected Health Information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety.

We may use and disclose Protected Health Information about you when necessary to prevent a serious threat either to your specific health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Workers' Compensation.

We may release Protected Health Information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks

Law or public policy may require us to disclose Protected Health Information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Investigation and Government Activities.

We may disclose Protected Health Information to a local, state or federal agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the payor, the government and other regulatory agencies to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes.

If you are involved in a lawsuit or a dispute, we may disclose Protected Health Information about you in response to a court or administrative order. This is particularly true if you make your health an issue. We may also disclose Protected Health Information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We shall attempt in these cases to tell you about the request so that you may obtain an order protecting the information requested if you so desire. We may also use such information to defend ourselves or any member of Spivack Vision Center in any actual or threatened action.

Law Enforcement.

We may release Protected Health Information about you if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the Practice; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Inmates.

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Protected Health Information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. We reserve the right to make the revised or changed Notice effective for Protected Health Information we already have about you, as well as any information we may receive from you in the future. We will post a copy of the current Notice in the Practice. The effective date of a revised Notice will be noted on its first page. In addition, each time you visit Spivack Vision Center for treatment or health care services you may request a copy of the current Notice in effect.

OTHER USES OF PROTECTED HEALTH INFORMATION.

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written permission, unless those

uses can be reasonably inferred from the intended uses above. If you have provided us with your permission to use or disclose Protected Health Information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose Protected Health Information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION
(This section describes your rights and the obligations of this Practice regarding the use and disclosure of your medical information).

Right to Inspect and Copy.

You have the right to inspect and copy medical information that may be used to make decisions about your care. This includes your own medical and billing records, but does not include psychotherapy notes. Upon proof of an appropriate legal relationship, records of others related to you or under your care (guardian or custodian) may also be disclosed.

To inspect and copy your medical record, you must submit your request in writing to our Compliance Officer. Ask the front desk person for the name of the Compliance Officer. If you request a copy of the information, we may charge a fee for the costs of copying and mailing, associated with your request. Your request to inspect and copy your Protected Health Information may be denied under limited circumstances. If your request is denied, you may request that the denial be reviewed.

Right to Amend.

If you feel that the Private Health Information we have about you in your record is incorrect or incomplete, then you may ask us to amend the information, following the procedure below. You have the right to request an amendment for as long as Spivack Vision Center maintains your medical record.

To request an amendment, your request must be submitted in writing, along with your intended amendment and a reason that supports your request to amend. The amendment must be dated and signed by you and notarized. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for Spivack Vision Center;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is inaccurate and incomplete.

Right to an Accounting of Disclosures.

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of Protected Health Information about you, to others. To request this list, you must submit your request in writing. Your request must state a time period not longer than six (6) years back and may not include dates before April 14, 2003 (or the actual implementation date of the HIPAA Privacy Regulations). Your request should

indicate in what form you want the list (for example, on paper or electronically). We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions.

You have the right to request a restriction or limitation on the Protected Health Information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the Protected Health Information we disclose about you to someone who is involved in your care or the payment for your care (a family member or friend). For example, you could ask that we not use or disclose information about a particular treatment you received. *We are not required to agree to your request, and we may not be able to comply with your request.* If we do agree, we will comply with your request except that we shall not comply, even with a written request, if the information is excepted from the consent requirement or we are otherwise required to disclose the information by law. To request restrictions, you must make your request in writing. In your request, you must indicate:

- what information you want to limit;
- whether you want to limit our use, disclosure or both; and
- to whom you want the limits to apply, (e.g., disclosures to your children, parents, spouse, etc.)

Right to Request Confidential Communications.

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail, that we not leave voice mail or e-mail, or the like. To request confidential communications, you must make your request in writing. We will not ask you the reason for your request. We will accommodate all *reasonable* requests. Your request must specify how or where you wish us to contact you.

Right to a Paper Copy of This Notice.

You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Spivack Vision Center or with the Secretary of the Department of Health and Human Services. To file a complaint with Spivack Vision Center, contact our Chief Executive Officer, who will direct you on how to file an office complaint. All complaints must be submitted in writing, and all complaints shall be investigated, without repercussion to you.

The Chief Executive Officer can be reached at the following number: 303-740-9310.

You will not be penalized for filing a complaint.



Notice of Privacy Policy

Certain government regulations, known as **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**, require medical providers to explain their privacy and security policy so that information obtained by us about you is used appropriately.

***How we may use and disclose Protected Health Information (PHI) about you:**

1. Treatment, management and coordination of your health care needs.
2. Payment of any and all medical claims.
3. Normal operation of our business, such as quality review and training of our staff.
4. **Communication from our office, such as to contact you to verify appointments, or to leave a message on voice mail with test results, or to answer questions.**
5. As required by law, to include but not limited to Public Health activities, abuse issues and legal proceedings.

***Your Rights regarding PHI about you:**

1. You have the right to request restrictions.
2. You have the right to receive confidential communications.
3. You have the right to inspect and copy **PHI** about you (a charge may apply for copies received).
4. You have the right to request that we amend your **PHI**.
5. You have the right to receive an accounting of disclosures.
6. You have the right to obtain a paper copy of our complete Notice of Privacy Practices.

Restrictions Requested:

Signature: _____

(To acknowledge receipt of this policy)

*This is not a complete listing of our Privacy Practices. Please ask to see our complete Notice of Privacy Practices.

We reserve the right to make changes to this Notice and make such changes effective for all **PHI we may already have about you. We will post any and all changes in a prominent location, and provide you a copy upon request.