
THIS NOTICE OF PRIVACY PRACTICES (“NOTICE”) DESCRIBES HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION AND HOW YOU CAN GET ACCESS TO SUCH INFORMATION. PLEASE READ IT CAREFULLY.

Your “health information,” for purposes of this *Notice*, is generally any information that identifies you and is created, received, maintained or transmitted by us in the course of providing health care items or services to you (referred to as “*health information*” in this Notice).

We are required by the **Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)** and other applicable laws to maintain the privacy of your *health information*, to provide individuals with this Notice of our legal duties and privacy practices with respect to such information, and to abide by the terms of this Notice. We are also required by law to notify affected individuals following a breach of their *unsecured health information*.

USES AND DISCLOSURES OF INFORMATION WITHOUT YOUR AUTHORIZATION

The most common reason why we use or disclose your *health information* are for treatment, payment, or health care operations. Examples of how we use or disclose your health information for treatment purposes are: setting up an appointment for you; examining your teeth or testing and examining your eyes; prescribing glasses, contact lenses; prescribing medications and faxing them to be filled; showing you low vision aids or services; referring you to another doctor or clinic for other health care or services; referring you to another doctor or clinic for eye care or low vision aids or services; or 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, dental 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 must carry out 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; 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 usually will not ask you for special written permission.

We will ask for special written permission in the following situations: Consultation with specialist regarding your dental care.

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 consent or authorization. Not all these situations will apply to us; some may never come up at our office at all. 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 government 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 violations of health care laws.
- disclosures for judicial and administrative proceedings, such as in response to subpoenas 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 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 or 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; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service.
- disclosures of de-identifications information.
- disclosures relating to worker's compensation program.
- disclosures of a "limited data set" for research, public health, or health care operations.
- incidental disclosures that are unavoidable by-product of permitted uses or disclosures.
- disclosures to "business associates" and their subcontractors who perform health care operations for us and who commit to respect the privacy of your *health information* in accordance with HIPAA.

VISION DISCLAIMER: Unless you object, we will also share relevant information about your care with any of your personal representatives who are helping you with your eye care. Upon your death, we may disclose to your family members or to other persons who were involved in your care or payment for health care prior to your death (such as your personal representative) *health information* relevant to their involvement in your care unless doing so is inconsistent with your preferences as expressed to us prior to your death.

DENTAL DISCLAIMER: Unless you object, we will also share relevant information about your care with your family or friends who are helping you with your dental care. Upon your death, we may disclose to your family members or to other persons who were involved in your care or payment for health care prior to your death (such as your personal representative) *health information* relevant to their involvement in your care unless doing so is inconsistent with your preferences as expressed to us prior to your death.

APPOINTMENT REMINDERS: We may call or write to remind you of scheduled appointments, or that it is time to make a routine 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 will mail you an appointment reminder on a postcard, and/or leave you a reminder message on your phone voicemail inbox, home answering machine or with someone who answers your phone if you are not home or 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 it is your idea for us to send your information to someone else. 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 form, 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. Revocation must be in writing. Send them to the office contact person named at the beginning of this Notice.

SPECIFIC USES AND DISCLOSURES: the following are some specific uses and disclosures we may not make of your *health information* **without** your authorization:

Marketing activities. We must obtain your authorization prior to using or disclosing any of your *health information* for marketing purposes unless such marketing communications take the form of face-to-face communications we may make with individuals or promotional gifts of nominal value that we may provide. If such marketing involves financial payment to us from a third party your authorization must also include consent to such payment.

Sale of health information. We do not currently sell or plan to sell your *health information* and we must seek your authorization prior to doing so.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

YOUR RIGHTS TO PROVIDE AN AUTHORIZATION FOR OTHER USES AND DISCLOSURES:

- other uses and disclosures of your *health information* that are not described in this Notice will be made only with your written authorization.
- You may give us written authorization permitting us to use your *health information* or to disclose it to anyone for any purpose.
- We will obtain your written authorization for uses and disclosures of your *health information* that are not identified in this Notice or are not otherwise permitted by applicable law.
- We must agree to your request to restrict disclosure of your *health information* to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law and such information pertains solely to a health care item or service for which you have paid in full (or for which another person other than the health plan has paid in full on your behalf).
- Any authorization you provide to us regarding the use and disclosure of your *health information* may be revoked by you in writing at any time. We may be required to disclose *health information* as necessary for purposes of payment for services received by you prior to the date you revoked your authorization.

THE LAW GIVES YOU MANY RIGHTS REGARDING YOUR HEALTH INFORMATION—YOU CAN:

- **Ask us to restrict our uses and disclosures for purpose 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. We reserve the right to determine if we will be able to continue your treatment under such restrictive authorizations. 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.
- **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 show at the beginning of this Notice.
- **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 asking us (or sixty 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 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 written notices of the extension. If you want to review or get photocopies of your *health information*, send a written request to the office contact person at the address, fax, or email show at the beginning of this Notice.
- **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 corrected information to persons who 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 the amendment, to the office contact person at the address, fax or email show at the beginning of this Notice.
- **Get a list of the disclosures** that we have made of your *health information* within the past six years (or a shorter period if you want). By law, the list will not include; disclosures for purposes of treatment, payment, or health care operations; disclosures with your authorization; incidental disclosures; 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 of time 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 show at the beginning of this Notice.
- **Get additional paper copies** of this 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 show at the beginning of this Notice.
- **To designate another party** to receive your *health information*. If your request for access of your *health information* directs us to transmit a copy of the health information directly to another person, the request must be made by you in writing to the address below and must clearly identify the designated recipient and where to send the copy of the *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 new 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 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 contact person at the address, fax, or email shown at the beginning of this notice. If you prefer, you can discuss your complaints in person or by phone.

FOR MORE INFORMATION: if you would like more information about our privacy practices, call or visit the office contact person at the address or phone number shown at the beginning of this notice.