

# NOTICE OF PRIVACY PRACTICES

09/23/2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW TO ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF THIS INFORMATION IS IMPORTANT TO US.

## CONTACT INFORMATION

For more information about our privacy practices, to discuss questions or concerns, or to get additional copies of this notice, please contact our Privacy Officer.

Privacy Officer: **James L. Daugherty**

Telephone: **317-594-5000**

Fax: **317-594-5056**

Email: **fisherseycare@sbcglobal.net**

Address: **Fishers Eye Care, LLC**

**11559 Cumberland Road Suite 300**

**Fishers, Indiana 46037**

## OUR LEGAL DUTY

We are required by law to protect the privacy of your protected health information ("medical information"). We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect on September 23, 2013, and will remain in effect unless we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make any changes to our privacy practices and the new terms of our notice applicable to all medical information we maintain, including medical information we created or received before we made the change.

We may amend the terms of this notice at any time. If we make a material change to our privacy practices, we will provide to you the revised notice upon your request. Any revised notice will be effective for all health information we maintain. The effective date of a revised notice will be noted. A copy of the current notice in effect will be available in our facility and on our website. You may request a copy of the current notice at any time.

We collect and maintain oral, written, and electronic information to administer our business and to provide products, services, and information of importance to our patients. We maintain physical, electronic, and procedural security safeguards in the handling and maintenance of our patients' medical information, in accordance with applicable state and federal standards, to protect against risks, such as loss, misuse, or destruction.

## USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION

**Treatment:** We may disclose your medical information to another optometrist, ophthalmologist, pharmacist, optician, physician, referring doctor, or other health care provider providing you treatment for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment.

**Payment:** We may use and disclose your health information so that the treatment you receive in our optometric office may be billed to, and payment may be collected from, you, an insurance company, or a third party.

**Health Care Operations:** We may use and disclose your medical information in connection with our healthcare operations. Healthcare operations include: Healthcare quality assessment and improvement activities; reviewing and evaluating vision care provider performance, qualifications, competence, health care training programs, provider accreditation, certification, licensing, and credentialing activities; conducting or arranging for medical reviews, audits, and legal services, including fraud and abuse detection and prevention; and business planning, development, management, and general administration, including customer service, complaint resolutions and billing, de-identifying medical information, and creating limited data sets for healthcare operations, public health activities, and research.

**Your Authorization:** You or your legal representative may give us permission to use your medical information or to disclose it to anyone for any purpose. Once you give us this information, we cannot guarantee that the person to whom this information is provided will not disclose this information. You may revoke your authorization at any time in writing, except if we had already acted based on your authorization, and this revocation will not effect any use or disclosure permitted by your authorization while it was in effect. Unless you give us written authorization, we will not use or disclose your medical information for any purpose other than those described in this notice. We will not use your information for marketing, fundraising, or commercial use.

**Family, Friends, and Others Involved in Your Care or Payment for Care:** We may disclose your medical information to a family member, friend, or any other person involved in your care or payment for your care. We will disclose only the information that is relevant to the person's involvement. We may use or disclose your name, location, and general condition to notify or assist an appropriate public or private agency in a medical emergency or during disaster relief efforts. We will provide you an opportunity to object to these disclosures, unless you are not present or incapacitated or it is an emergency or during disaster relief efforts. In those situations, we will use our professional judgment to determine if disclosing your medical information is in your best interest at the time.

**Health-Related Products and Services:** We may use your medical information to communicate with you about health-related products, products, benefits, services, payment for those products and services, and treatment alternatives.

**Reminders:** We may use or disclose your information to provide you with appointment reminders by phone, email, electronic means, letter, postcard, and voicemail messages.

**Plan Sponsors:** If your vision insurance is through an employer's sponsored vision plan, we may share summary health information with the plan sponsor if required by that sponsor.

**Public Health Information:** We may use and disclose your medical information when required by law and when authorized by law for the following kinds of public health and public benefit activities: 1) For public health, including to report disease and vital statistics, child abuse and adult abuse, neglect, or domestic violence 2) For healthcare oversight, such as activities by state insurance commissioners, licensing and peer review authorities, and fraud prevention agencies 3) For research 4) In response to court and administrative orders and other lawful purposes 5) To law enforcement officials with regard to crime victims and criminal activities 6) To coroners, medical examiners, funeral directors, and organ procurement organizations 7) to the military, to federal officials for lawful intelligence, counter-intelligence, and national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody and 8) as authorized by state worker's compensation laws. If use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

**Business Associates:** We may disclose your medical information to our business associates that performs functions on our behalf or provide us with services, if that information is necessary for such functions or services. Our business associates are required, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**Data Breach Notification Purposes:** We may use your contact information to provide legally-required notices of unauthorized acquisition, access, or disclosure of your health information.

**Additional Restrictions on Use and Disclosure:** Certain state and federal laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. "Highly confidential information" may include confidential information under federal laws governing alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information:

- 1) HIV/AIDS
- 2) Mental health
- 3) Genetic tests
- 4) Alcohol and drug abuse
- 5) Sexually transmitted diseases and reproductive health information
- 6) Child or adult abuse or neglect, including sexual assault.

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## YOUR RIGHTS

**Access:** You have a right to examine and receive a copy of your medical information, with limited exceptions: We will use the format you request unless we cannot practically do so. You should submit your request in writing to our Privacy Officer. We may charge you reasonable, cost-base fees for a copy of your information, for mailing the copy to you, and for preparing any summary or explanation of your medical information you request. Contact our Privacy Officer for information about these fees.

**Disclosure Accounting:** You have the right to a list of instances in which we disclose your health information for purposes other than treatment, payment, or healthcare operations, as authorized by you, and for certain other activities. Submit your request to our Privacy Officer and we will provide you with information about each accountable disclosure that we made during the period for which you are requesting the accounting, except we are not obligated to account for a disclosure that occurred more than 6 years before the date of your request.

**Amendment:** You have the right to request that we amend your health information. You should submit your request in writing to our Privacy Officer. We may deny your request only for certain reasons. If we deny your request, we will provide a written explanation and you may have a statement of disagreement added to your medical information. If we accept your request, we will make your amendment a part of your health information and use reasonable effort to inform others of the amendment who we know may have and rely on the unamended information to your detriment, as well as other person or persons you specify.

**Restriction:** You have the right to restrict our use or disclosure of your medical information for treatment, payment, or healthcare operations, or with family, friends, or other you identify. Except in limited circumstances, we are not required to agree to your request, but if we do agree, we will abide by our agreement, except in a medical emergency or as required or authorized by law. Submit your request to our Privacy Officer. Except as otherwise required by law, we must agree to a restriction request if: 1) except as otherwise required by law, the disclosure is to a health plan for carrying out payment or healthcare operations and not for purposes of carrying out treatment and 2) the medical information pertains solely to a healthcare item or service for which the healthcare provider involved has been paid out of pocket in full by the patient.

**Confidential Communication:** You have the right to request we communicate with you about your medical information in confidence by means or to locations that you specify. You should submit your request in writing to our Privacy Officer.

**Breach Notification:** You have the right to receive notice of a breach of your unsecured medical information. Breach may be delayed or not provided if so required by a law enforcement official. You may request that notice by electronic mail. If you are deceased, the notification will be provided to next of kin if we know the identity and address of such individuals.

**Electronic Notice:** If you receive this notice electronically, you are entitled to receive this notice in written form by contacting our Privacy Officer.

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## COMPLAINTS

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information, about amending your medical information, about restricting our use or disclosure of your medical information, or about how we communicate with you about your medical information (including a breach notice communication), you may contact our Privacy Officer.

You may also submit a written complaint to the Office of Civil Rights of the United States Department of Health and Human Services, 200 Independence Avenue, Room 509F, Washington, D.C., 20201. You may contact the Office for Civil Rights Hotline at 1-800-368-1019.

We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the United States Department of Health and Human Services.