



## 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.

### **Background**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires healthcare providers such as Heart of America Eye Care, referred to in this notice collectively as “we” or “our” or “us,” to maintain the privacy of patients’ health information. We must also notify patients about the policies and practices we use to protect the confidentiality of patient health information. This notice tells you the ways we may use and disclose health information about you, describes your rights, and states obligations we have regarding the use and disclosure of your health information. We are required to provide this notice to you.

This notice applies to any information created by our physicians and other healthcare providers who provide services to you when you are seen at Heart of America Eye Care.

### **Our Promise Regarding Your Health Information Privacy**

Our privacy policies and practices protect confidential health information that identifies you or could be used to identify you and relates to a physical or mental health condition or the payment of your healthcare expenses. This individually identifiable health information is known as protected health information (PHI). Your PHI will not be used or disclosed without written authorization from you, except as described in this notice or as otherwise permitted by federal and state health information privacy laws.

### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

The following are the different ways we may use and disclose your PHI without first having to obtain your written authorization.

- **To Our Own Healthcare Providers:** We may share your PHI with our physicians and our healthcare providers so that such providers can care for you, obtain payment for their services and conduct healthcare operations.
- **For Treatment:** We may disclose your PHI to nurses and other healthcare professionals on staff and to physicians who provide you treatment. We also may disclose your PHI to other healthcare providers not affiliated with us who provide you treatment.
- **For Payment:** We may use and disclose your PHI so claims for healthcare treatment, services and supplies you receive may be paid. For example, submitting claims to your insurer or other parties responsible for payment of your care. We may also need to obtain prior approval from your insurer and in doing so explain to the insurer your need for care and the services that will be provided to you. You have the right to restrict disclosure to a health plan for healthcare services for you pay in full out of pocket (excluding deductible).
- **For Healthcare Operations:** We may use and disclose your PHI to enable us to operate or operate more efficiently. Examples including using your PHI to manage and plan future operations to improve quality

and lower the cost of the care we provide; for case management; to conduct compliance, medical or legal services reviews, audits or quality assurance; or to evaluate our staff's performance.

- **Business Associates:** We may share PHI with certain others who assist us with our activities including those hired to perform services or research activities.

- **Health Information Exchange and Other Healthcare Providers:** We may participate in a Health Information Exchange (HIE). An HIE allows healthcare professionals and patients to access and securely share a patient's vital medical information electronically. Your PHI may be disclosed to the HIE, to other healthcare providers that participate in the HIE, and/or to other healthcare providers involved in your care.

- **Other Benefits and Services:** We may use and disclose your PHI to tell you about possible treatment options or alternatives or other health-related benefits or services that may be of interest to you. We may use and disclose your PHI to remind you of appointments for healthcare services.

#### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU IF YOU DO NOT OBJECT**

The following are the different ways we may use and disclose your PHI if you do not object or if you provide consent.

- **Individuals Involved in Your Care or Payment of Your Care:** We may disclose PHI to a caregiver, close friend, family member/relative, or another person that you identify as being involved in your care or who helps pay for your healthcare. Written authorization will be obtained from you in all cases where it is possible. In an emergency situation, we may also disclose PHI to a disaster relief agency, such as the Red Cross, to help notify your friends or family of your location.

#### **SPECIAL USES AND DISCLOSURES**

The law allows us to use or disclose your PHI under the following special circumstances without first having to obtain your written authorization.

- **As Required by Law:** We will disclose your PHI when required to do so by federal, state or local law, including those laws that require the reporting of certain types of wounds or physical injuries.

- **Lawsuits and Disputes:** If you become involved in a lawsuit or other legal action, we may disclose your PHI in response to a court or administrative order, a subpoena or search warrant.

- **Law Enforcement:** We may release your PHI if asked to do so by a law enforcement official. Your PHI may be released to law enforcement in order to, for example, treat or make medical determinations with inmates; identify or locate a suspect, witness or missing person; or to report details of a crime.

- **Workers' Compensation:** We may disclose your PHI as authorized by and to comply with workers' compensation laws.

- **Military and Veterans:** If you are or become a member of the U.S. armed forces, we may release medical information about you if required by military command authorities.

- **To Avert Serious Threat to Health or Safety:** We may, consistent with applicable law and ethical standards of conduct, use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.

- **Public Health Risks:** We may disclose health information about you for public health activities or purposes. These disclosures include preventing or controlling disease, injury or disability; reporting births and deaths; reporting reactions to medication or problems with medical products; or notifying people of recalls of products they have been using.

- **Health Oversight Activities:** We may disclose your PHI to a health oversight agency for audits, investigations, inspections and licensure necessary for the government to monitor the healthcare system and government programs.

- **Research:** Under certain circumstances, we may use and disclose your PHI for medical research purposes. Before we disclose any of your health information for such research purposes, the project will be subject to an extensive review and approval process.
- **National Security Services:** We may release your PHI to authorized federal officials for protection of the president or for national security and intelligence activities.
- **Organ and Tissue Donation:** If you are an organ donor, we may release your PHI to organizations that handle organ, eye or tissue donation and transplantation.
- **Coroners, Medical Examiners and Funeral Directors:** We may release your PHI to a coroner or medical examiner for identifying a deceased person or determining the cause of death. We also may release your PHI to a funeral director, as necessary, to carry out his/her duties including prior to and in reasonable anticipation of your death.
- **To Report Abuse and Neglect:** We are allowed to notify government authorities if we believe a person is the victim of child or elder abuse or neglect. We will make this disclosure only when specifically required or authorized by law. In cases of domestic violence, we will only report when a patient authorizes disclosure or when disclosure is required or authorized by law.

### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

Your rights regarding the health information we maintain about you are as follows.

- **Right to Inspect and Copy:** You have the right to inspect and copy your PHI. To inspect and copy your health information, submit your request in writing to the appropriate individual as listed in the contacts section at the end of this notice. You may receive an electronic copy upon request. We may charge a fee for the cost of copying and/or mailing your request. In limited circumstances, we may deny your request to inspect and copy your PHI. Generally, if you are denied access to your health information, you may request a review of the denial.
- **Right to Amend:** You have the right to request an amendment to your health information if you believe it is incorrect or incomplete. To request an amendment, send a detailed request in writing to the appropriate individual as listed in the contacts section at the end of this notice. (NOTE: We are not required to agree to your request.)
- **Right to an Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of disclosures of your PHI that we made to others, except for those necessary to carry out healthcare treatment, payment or operations, and disclosures you have authorized. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. In a 12-month period, you are eligible to receive one complimentary accounting, but additional requests will be subject to a reasonable cost-based fee. To request an accounting of disclosures, submit your request in writing to the appropriate individual as listed in the contacts section at the end of this notice.
- **Right to Request Restrictions:** You have the right to request a restriction on the health information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. To request restrictions, submit your request in writing to the appropriate individual as listed in the contacts section at the end of this notice. We will notify you when we cannot fulfill your request for a restriction. You have a right to restrict your PHI from disclosure to a health plan for services where you have paid out of pocket and in full. We will comply with this request.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we send you bills or reminders at a specified address. To request confidential communications, submit your request in writing to the appropriate individual as listed in the contacts section at the end of this notice.

We will not require that you provide any reasons for your request. (NOTE: We are not required to agree to your request.)

- **Right to a Paper Copy of this Notice:** You and your representative have the right to a copy of this notice. To obtain a written copy of this notice at any time, request it from the appropriate individual as listed in the contacts section at the end of this notice.
- **Right to Notice in the Event of a Breach:** We will keep your medical information private and secure as required by law. If any of your medical information is breached as described in HIPAA, we will notify you without unreasonable delay but within 60 days following the discovery of a breach.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice at any time and to make the revised or changed Notice effective for health information we already have about you. A copy of the current Notice is posted in our registration sites. If changes are made to the Notice, a copy of the revised Notice will be made available to you. We are required to abide by the terms of the Notice currently in effect.

### **COMPLAINTS**

If you believe your privacy rights under this policy have been violated, we encourage you to express your concerns by filing a written complaint with the Compliance Officer, Heart of America Eye Care, 8800 W 75<sup>th</sup> Street, Suite 140, Shawnee Mission, KS 66204. Alternatively, you may voice your concern to the Secretary of the U.S. Department of Health and Human Services. (NOTE: You will not be penalized or retaliated against for filing a complaint.)

### **OTHER USES AND DISCLOSURES OF HEALTH INFORMATION**

Most uses and disclosures of psychotherapy notes require your written authorization. Also, uses and disclosures of PHI for marketing purposes or sales of your PHI require your written authorization. We will not use your PHI to contact you for fundraising purposes without your authorization. Other uses and disclosures of health information not covered by this notice or by the laws that apply to us will be made only with your written authorization. If you authorize us to use or disclose your PHI, you may revoke the authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by your written authorization; however, we will not reverse any uses or disclosures already made in reliance on your prior authorization.

### **CONTACTS**

For questions or concerns regarding the notice specific to this notice, please contact:

Compliance Manager/ Practice Administrator

Heart of America Eye Care

8800 W 75<sup>th</sup> St

Suite 140

Shawnee Mission, KS 66204

913-362-3210