

Notice of Privacy Practices
This Notice is first in effect on April 14, 2003.**THIS NOTICE DESCRIBES HOW PROTECTED MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

We respect our legal obligation to keep your health information private. By law we must give you notice of our privacy practices. This notice describes how we protect your health information and what rights you have regarding it.

The most common way we use or disclose protected health information is for treatment, payment and health care operations, as described, but not limited to, the following examples:

For treatment:

Making appointments; examinations; prescribing glasses, contact lenses, medications and arranging for them to be filled by a lab or pharmacy; referrals to another health care provider; or obtaining information from a provider you have seen previously.

For payment:

Asking about your health or vision care plans; or other sources of payment; preparation and sending of bills or claims; and collection of unpaid amounts (either ourselves or through a collection agent or attorney).

For health care operations:

Include administrative and managerial tasks we do in order to run our office; financial audits; quality control; personnel decisions; participation in managed care plans; or business planning. Other uses or disclosures of your health information will only be made with your written consent.

We intend to engage in (n)one or more of the following activities:

We may contact the individual to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual. We may contact the individual/Patient to raise funds. A group health plan, or a health insurance issuer or HMO with respect to a group health plan, may disclose protected health information to the sponsor of the plan.

We are permitted or required to use or disclose your health information without written authorization:

By order of a court in response to subpoenas or orders;
To comply with the Secretary of Health and Human Services;
When mandated by federal or state law; for public health purposes;
To authorities to report suspected abuse, neglect or domestic violence;
For health oversight activities like the licensure of doctors, Medicare or Medicaid audits, possible violations of health care laws;
To law enforcement to provide information about a crime victim or reporting of a crime;
To a medical examiner to aid in their duties, a funeral director to aid in burial, or organizations to aid in organ and tissue donation;
For health research;
For the prevention of a serious threat to health or safety;
For governmental functions such as protection of the president or other officials, national intelligence activities, military purposes or evaluation of the health of members of the foreign service;
For de-identified information;
To workers compensation programs;
Incidental disclosures which are an unavoidable by-product of permitted uses and disclosures;
To business associates who perform healthcare operations for us who commit to respect the privacy of your health information.

Unless you object we will share relevant information about your care with family or friends who are helping you with your eye care. In all instances we will strive to disclose or obtain only the limited data required to assist or is required by the request.

You have many rights regarding protected health information. You have:

The right to request restrictions on certain uses and disclosures of protected health information (except emergency treatment). We are not required to agree to a requested restriction, however.

The right to receive confidential communications of protected health information. For example you may request to be contacted at work rather than home, or by another means such as email or fax. We will accommodate reasonable requests as best we can, but you will be responsible for any additional cost caused by your request. We require that your request be in writing.

The right to inspect and copy protected health information (except a few instances where by law we may refuse your request). In most instances we will provide access or a copy within 30 days. You may have to pay for copies in advance. If we deny your request you will be notified and given instructions on how to get an impartial review of your denial. By law we may have one 30 day extension if we notify you in writing. Your request must be in writing including **the extent of information your are requesting and whether you wish to review or have copies of the information.**

The right to amend your health information if you believe it to be incorrect or incomplete. If we agree, we will amend the record within 60 days and send the correction to anyone who received the wrong information or to any others you specify. If we disagree, we will send you a rebuttal to which you may write a statement of your position. Both will be included as part of your record and both will be included in future disclosures of your health information. By law we may have one 30 day extension if we notify you in writing. Your request must be in writing including **a statement regarding the requested amendment.**

The right to receive an accounting of disclosures of your protected health information. The request is limited to disclosures of up to six years after April 14, 2003 or a shorter period if you request. By law this does not include disclosure for treatment, payment or healthcare operations; disclosure you authorized; incidental disclosures; or those required by law and some other limited disclosures. You may have one copy per year at no cost. Subsequent copies must be paid for in advance. We will usually respond within 60 days, but by law may have one 30 day extension if we notify you in writing. Your request must be in writing and state that you would like **an accounting of disclosures.**

The right to obtain a paper copy of this notice upon request even if you have agreed previously to receive it by other means.

All written requests must include: the date of your request; your name; address to which we are to respond; alternative means of contacting you; and the specific nature of the request as described in your rights above.

Address your requests to: Edwin M Schott OD
Attn: Privacy Contact
To either address listed in the header

Notice of Privacy Practices:

We are required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information. We will abide by the terms of the notice currently in effect. We reserve the right to change the terms of this notice. If we change the terms of this notice the new privacy practices will apply to your health information we currently have and all information we generate in the future. We will provide individuals or patients with a revised notice by publishing it to all office web sites and providing a paper copy at our next encounter.

Complaints:

If you feel we have not properly respected your right to the privacy of your health information you are free to complain to us or to the Secretary of the Department of Health and Human Services without fear of retaliation by us. If you choose to complain to us you may initiate the contact by phone, in person or by writing. We may request that you complete a Report of Privacy Violation (Form P014) so we may document and correct any potential operations problems in our office.

If you want more information about our privacy practices, call or visit the office and request to speak to our Privacy Contact.