

# Cherry Hills Family Eye Care

## Notices of Privacy Practices

Effective Date: 4-14-03

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Cherry Hills is required by law to maintain the privacy of your health information, to follow the terms of this notice, and to provide you with this notice of its legal duties and privacy practices with the respect to your health information. We will not use or disclose medical information about you without your written authorization, except as described in this notice. We reserve the right to change our practices and this notice and to make the new notice effective for all medical information we maintain. Upon request, we will provide a revised notice to you.

### **How Cherry Hills Eye Care May Use or Disclose Your Health Information**

We will protect the privacy of your health information. The law permits us to use or disclose your health information for the following purposes

- Treatment, Payment, & Regular health care operations-Information obtained by our office will be used to dispense and provide prescription ophthalmic goods and services to you, bill your insurance carrier if you have third party coverage, and to record and monitor the services provided to you. Information will also be provided to you upon request.
- As and when required by law- We may use and disclose your health information to the Public Health Officials, Law Enforcement, Health Oversight Activities (for audits, investigations, etc.), Judicial and Administrative, Deceased person information, Worker Compensation Programs, Food & Drug Administration (FDA for reporting of adverse drug events and quality issues), if there is a serious threat to your health or safety, in times of National Security, if you are in the Military or are a Veteran of the armed forces when requested, or if you become an inmate in a correctional facility.
- Personal Communications-We may contact you to provide appointment reminders, annual eye exam cards, and other information about treatment alternatives or other health-related benefits and services that may be of interest to you as well as communicate with individuals involved in your care or payment of your care.
- Disclosure to our business associates- There are some services provided by us through contracts with business associates. When these services are contracted for, we may disclose health information about you to our business associates so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, we require the business associate to appropriately safeguard the health information.
- Victims of Abuse, Neglect, or Domestic Violence- We may disclose your health information to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence.

### **When Cherry Hills Eye Care may not use or disclose your health information**

Except as described in this notice or privacy practices, we will not use or disclose your health information without your **WRITTEN** authorization. If you do authorize us to use or disclose of your health information for another purpose, you may revoke your authorization in writing at any time. If Missouri state law provides additional restrictions upon any of the foregoing uses and disclosures, we must follow these state laws.

### **You have the following rights with respect to your health information.**

- You have the right to request restrictions on certain uses and disclosures of your health information. To make such a request, you must complete the Restriction of the use of patient information form. We are not required to agree to the restrictions you requested.
- You have a right to inspect and copy your health information as long as the office maintains the health information. Your health information usually will include prescription and billing information. To inspect or copy your health information, you must complete a Request to Inspect Medical Records Form. We may charge you a fee for the cost of copying, mailing, or other supplies that are necessary to grant your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed. You have the right to request that we amend your health information that is incorrect or incomplete. To request an amendment, you must complete a Request to Amend Records Form. We are not required to change your health information and will provide you with information about the procedure for addressing any disagreement with the denial. You have the right to receive an accounting of disclosures of your health information we have made after April 14, 2003 for most purposes other than treatment, payment, health care operations, information provided to you, and certain government functions. To request an accounting, you must complete a Request for Accounting Disclosure Form. You must specify the time period but may not be longer than six years. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time. You may request communications of your health information by alternative means. For example, you may request that we contact you about medical matters only in writing or at a different address or post office box. To request confidential communication of your health information, you must complete a Request for Alternative Communication Form. Your request must state how or when you would like to be contacted. We will accommodate all reasonable requests.

### **Changes to this notice of Privacy Practices**

We reserve the right to amend this notice of privacy practices at any time in the future. Until such amendment is made, we are required by law to comply with this notice. The revised notice will be posted in our office and will be available upon request.

### **For More Information or to Report a Problem**

If you have questions or would like additional information about the privacy practices, you may contact the HIPAA directly through the secretary of health and human services office at [www.hhs.gov/ocr/contact/html](http://www.hhs.gov/ocr/contact/html) or 800-368-1019.

Signature below is only acknowledgement that you have received this notice or our privacy practices:

Print: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Authorized Party(s): \_\_\_\_\_