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NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed, and how you can obtain access to this information. Please review it carefully.

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This Notice describes how we protect your health information and what rights you have regarding it.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

Generally, we will only use or disclose your health information for purposes of treatment, payment or health care operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you; testing or examining your eyes; prescribing glasses, contact lenses, or eye medications; showing you low vision aids or visual therapy aids. We may disclose your health information outside of our office for treatment purposes, for example: referring you to another doctor or clinic for eye care or low vision aids or services; sending a prescription for glasses or contact lenses to another professional to be filled; providing a prescription for medication to a pharmacist; when we phone you to let you know that your glasses or contact lenses are ready to be picked up. Examples of how we use or disclose your health information for payment purposes are: asking you about your health or vision care plans, or other sources of payment for

our services; processing payment by credit card; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency or attorney). We use and disclose your health information for health care operations in a number of ways. "Health care operations" means those administrative and managerial functions that we have to do 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 or 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 ask you for special permission.

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 call or write to notify you of other treatments or services available at our office that might help you.

Uses and Disclosures Without An Authorization

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of 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 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 Food and Drug Administration regarding drugs or medical devices.
- Disclosures to governmental 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 possible 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; to report a crime that happened somewhere else.
- Disclosures 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 and 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 relating to workers' compensation programs.
- Disclosures to business associates who perform healthcare operations for us and who agree to keep your health information private.
- Incidental disclosures that are an unavoidable by-product of permitted uses or disclosures.

Unless you object, we will also share relevant information about your care with your family or friends who are helping you with your eye care.

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. You do not have to sign such a form. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing. Send them to the office contact person named at the beginning of this Notice.

Your Rights Regarding Your Health Information

The law gives you many rights regarding your health information. You can:

- Ask us to restrict our uses and disclosures for purposes 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 you want. To ask for a restriction, send a written notice to the office contact person at the address, fax, or e-mail 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 at a different address, or by using e-mail to your personal e-mail 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 e-mail 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. Primarily, however, you will be able to review or have a copy of your health information within 30 days of asking us. 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 required. By law, we can have one 30-day extension of the time for us to give you access or photocopies if we sent you a written notice of the extension. If you want to review or get photocopies of your health information, send a written request to the contact person at the address, fax or e-mail shown at the beginning of this Notice.
- Ask us to amend your health information if you think 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 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 e-mail shown at the beginning of this Notice.
- You can 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), except disclosures for purposes of treatment, payment or health care operations, disclosures made in accordance with an authorization signed by you, 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 e-mail 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 e-mail at the beginning of this Notice.

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 in compliance with and 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 to 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 e-mail at the beginning of this Notice.

For More Information

For more information about our privacy practices, call or visit the office contact person at the address, fax or e-mail at the beginning of this Notice.

I, _____ acknowledge that I have received a copy of the Notice of Privacy Practices from Davidson Optometry, P.C.. I have listed individuals that are authorized to receive my protected health information. I am aware that I can revoke the authorization for any individual at any time, but must do so in writing.

Signature of Patient

Date

Signature of Patient Representative & Relationship
(Required if patient is a minor or an adult unable to sign form)

Date

The following individuals have my authorization to access my Protected Health Information

Name

Relationship

Date of Birth

Name

Relationship

Date of Birth

Name

Relationship

Date of Birth