

**Notice of Privacy Practices**  
**Effective April 14, 2003**

**Advanced EyeCare Centers, P.C.**  
[arapvision@pcisys.net](mailto:arapvision@pcisys.net)

**Our Commitment to Protect Your Confidential Health Information**

**Please read the following notice carefully.** Advanced EyeCare Centers, PC wants you to understand how your health information may be used and disclosed and how you can get access to this information. We will use and communicate your health information only for the purpose of providing you treatment, obtaining payment and conducting health care operations. Your health information will not be used for other purposes unless we have asked for and been voluntarily given your written permission.

**Health Insurance Portability and Accountability Act (HIPAA)**

Federal HIPAA laws were written to protect the confidentiality of your health information. The rapid evolution of computer technology and its use in health care has motivated the Federal government to legally enforce the importance of the privacy of health information. The government has appropriately sought to standardize and protect the privacy of the electronic exchange of your health information.

Our office is subject to State and Federal laws regarding the confidentiality of your health information and in keeping with these laws, we want you to understand our procedures and your rights as our valuable patient.

**How Your Health Information May be Used**

- 1) **To Provide Treatment.** We will use your health information within our office to provide you with the best care possible. This may include administrative and clinical office procedures regarding scheduling and coordination of care between our doctors and opticians, clinical technicians and business office staff. We may also share your health information with referring physicians and clinics, pharmacies, optical laboratories and dispensaries, and other health care personnel providing you treatment and materials, such as glasses and contact lenses.
- 2) **To Obtain Payment.** We may include your health information with an invoice used to collect payment for treatment and materials you receive in our office. We may do this with insurance forms filed for you in the mail or sent electronically. We will be sure to only work with companies with a similar commitment to the security of your health information.
- 3) **To Conduct Health Care Operations.** Your health information may be used during performance evaluations of our staff. Your health information may be disclosed during audits by insurance companies or government appointed agencies as part of their quality assurance and compliance reviews. Your health information may be reviewed during routine processes of certification, licensing or credentialing activities.
- 4) **In Patient Reminders.** We believe that annual eye examinations are important to your health. We may call or write to remind you if scheduled appointments or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we will mail you an appointment reminder on a postcard, and/or leave you a reminder message on your home or work answering machine or with someone who answers your phone if you are not at home or at work.
- 5) **Abuse or Neglect.** We will notify government authorities if we believe a patient is the victim of abuse or neglect or domestic violence. We will make this disclosure only when we are compelled by our ethical judgment, when we believe we are specifically required or authorized by law or with the patient's agreement.

- 6) **Public Health and National Security.** We may be required to disclose to Federal officials or military authorities health information necessary to complete an investigation related to public health or national security. Health information could be important when the government believes that the public safety could lead to the control or prevention of an epidemic or the understanding or new side effects of a drug treatment or medical device.
- 7) **For Law Enforcement.** As permitted or required by State or Federal law, we may disclose your health information to a law enforcement official for certain law enforcement purposes, including, under certain limited circumstances, if you are a victim of a crime or in order to report a crime.
- 8) **Family, Friends and Caregivers.** We may share your health information with those you tell us will be helping you with your home hygiene, treatment, medications or payment. We will be sure to ask you permission first. In the case of an emergency, where you are unable to tell us what you want we will use our best judgment when sharing your health information only when it will be important to those participating in providing your care.
- 9) **To Coroners, Funeral Directors and Medical Examiners.** We may be required by law to provide information to coroners, funeral directors and medical examiners for the purposes of determining a cause of death and preparing for a funeral.
- 10) **Medical Research.** Advancing medical knowledge often involves learning from the careful study of the medical histories of prior patients. Formal review and study of health histories as a part of a research study will happen only under the ethical guidance, requirements and approval of an Institutional Review Board.
- 11) **Authorization to Use and Disclose Health Information.** Other than is stated above or where Federal, State or Local law requires us, we will not disclose your health information other than with your written authorization. You may revoke that authorization in writing at any time.

## **Patient Rights**

### **The law gives you many rights regarding your health information.**

- 1) **Restrictions.** 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 that you want. To ask for a restriction, send a written request to the office contact person at the address, fax or email shown at the beginning of this Notice.
- 2) **Confidential Communications.** You can 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 to a different address, or by using email to your personal email 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 email shown at the beginning of this Notice.
- 3) **Inspect and Copy your Health Information.** You can ask to see or to get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have or have a copy of your health information within 30 days of asking us (or sixty days if the information is stored off-site). 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 available. By law, we can have one 30 day extension of the time for us to give you access or photocopies if we send 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 office contact person at the address, fax or email shown at the beginning of this Notice.
- 4) **Amend Your Health Information.** You can ask us to amend your health information if you think that 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 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 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, the office contact person at the address, fax or email shown at the beginning of this Notice.
- 5) **Documentation of Health Information.** 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). By law, the list will not include: disclosures for purposes of treatment, payment or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. You are entitled to one such list once 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 email shown at the beginning of this Notice.
  - 6) **Request a Paper Copy of this Notice.** You can 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 email shown 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 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 and post it on our web site.

## **Complaints**

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or 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 email shown at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone.

## **For More Information**

If you want more information about our privacy practices, call or visit the office contact person at the address or phone number shown at the beginning of this Notice.