

NOTICE OF PRIVACY PRACTICES

The Eye Institute of Wyoming, P.C.
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Dana L. Day, O.D., F.A.A.O., Privacy Official

HEALTH INFORMATION AND LEGAL OBLIGATION

This Notice describes how we protect your health information and what rights you have regarding it, please read it carefully. Your "health information," for purposes of this Notice, is generally any information that identifies you and is created, received, maintained or transmitted by us in the course of providing health care items or services to you (referred to as "health information" in this Notice).

We respect our legal obligation to keep health information that might identify you private. We are obligated by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and other applicable laws to maintain the privacy of your health information, to provide individuals with this Notice of our legal duties with respect to such information, and to abide by the terms of this Notice. We are also required to notify affected individuals following a breach of their unsecured health information.

USES AND DISCLOSURES OF INFORMATION WITHOUT OUR AUTHORIZATION

Treatment, Payment, and Health Care Operations. The most common reasons we would use or disclose your health information is for treatment, payment, or business operations. We routinely use and disclose your medical information within the office on a daily basis. We do not need specific permission to use or disclose your medical information in the following matters, although you have the right to request that we do not.

Examples of how we might use or disclose health information for **treatment purposes** might include:

Setting up or changing appointments including leaving messages with those at your home or office who may answer the phone or leaving messages on answering machines, voice mails or emails; prescribing glasses, contact lenses, or medications as well as relaying this information to suppliers by phone, fax or other electronic means including initial prescriptions and requests from suppliers for refills; notifying you that your ophthalmic goods are ready, including leaving messages with those at your home or office who may answer the phone, or leaving messages on answering machines, voice mails or emails; referring you to another doctor for care not provided by this office; obtaining copies of health information from doctors you have seen before us; discussing your care with you directly or with family or friends you have inferred or agreed may listen to information about your health; sending you postcards or letters or leaving messages with those at your home who may answer the phone or on answering machines, voice mails or emails reminding you it is time for continued care.

Examples of how we might use or disclose health information for **payment purposes** might include:

Asking you about your vision or medical insurance plans or other sources of payment; preparing and sending bills to your insurance provider or to you; providing any information

required by third party payers in order to insure payment for services rendered to you; collecting unpaid balances either ourselves or through a collection agency, attorney, or district attorney's office.

Examples of how we might use or disclose health information for **business operations** might include:

Financial or billing audits; internal quality assurance programs; participation in managed care plans; defense of legal matters; business planning; certain research functions; informing you of products or services offered by our office; compliance with local, state, or federal government agencies' request for information; oversight activities such as licensing of our doctors; Medicare or Medicaid audits; and off-site storage of our records.

USES AND DISCLOSURES FOR OTHER REASONS NOT NEEDING PERMISSION

In some other limited situations, the law allows us to use or disclose your medical information without your specific permission. Most of these situations will never apply to you but they could. Such uses and disclosures are:

1. When a state or federal law mandates that certain health information be reported for a specific purpose.
2. For public health reasons, such as reporting of a contagious disease, investigations or surveillance, and notices to and from the federal Food and Drug Administration regarding drugs or medical devices.
3. Disclosures to government or law authorities about victims of suspected abuse, neglect, domestic violence, or when someone is or suspected to be a victim of a crime.
4. Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative hearings.
5. Disclosures to a medical examiner to identify a deceased person or determine cause of death or to funeral directors to aid in burial.
6. Disclosures to organizations that handle organ or tissue donations.
7. Uses or disclosures for health related research.
8. Uses or disclosures to prevent a serious threat to health or safety of an individual or individuals.
9. Uses or disclosures to aid military purposes or lawful national intelligence activities.
10. Disclosures of de-identified information.
11. Disclosures related to a workman's compensation claim.
12. Disclosures of a "limited data set" for research, public health, or health care operations.
13. Incidental disclosures that are an unavoidable by-product of permitted uses and disclosures.
14. Disclosures to business associates who perform health care operations for The Eye Institute of Wyoming, P.C. and who commit to respect the privacy of your information.
15. Unless you object, disclosure of relevant information to family members or friends who are helping you with your care or by their allowed presence cause us to assume you approve their exposure to relevant information about your health.

USES OR DISCLOSURES TO PATIENT REPRESENTATIVES

It is the policy of The Eye Institute of Wyoming, P.C. for our staff to take phone calls from individuals on a patient's behalf requesting information about making or changing an appointment; the status of eyeglasses, contact lenses, or other optical goods ordered by or for the patient. The Eye Institute of Wyoming, P.C. staff will also assist individuals on a patient's behalf in the delivery of eyeglasses, contact lenses, or other optical goods. During a telephone or in person contact, every effort will be made to limit the encounter to only the specifics needed to complete the transaction required. No information about the patient's vision or health

status may be disclosed without proper patient consent. The Eye Institute of Wyoming, P.C. staff and doctors will also infer that if you allow another person in an examination or treatment room with you while testing is performed or discussions held about your vision or health care that you consent to the presence of that individual.

OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your health information unless you sign a written *Authorization for Release of Identifying Health Information*. The content of this authorization is determined by federal law. The request for signing an authorization may be initiated by The Eye Institute of Wyoming, P.C. or by you as the patient. We will comply with your request if it is applicable to the federal policies regarding authorizations. If we ask you to sign an authorization, you may decline to do so. If you do not sign the authorization, we may not use or disclose the information we intended to use. If you do elect to sign the authorization, you may revoke it at any time. However, we are generally unable to retract any disclosures that we may have already made with our authorization. Revocation requests must be made in writing to the Privacy Officer named at the beginning of this Notice.

The following are some specific uses and disclosures we may not make of your health information **without** your authorization:

Marketing activities. We must obtain your authorization prior to using or disclosing any of your health information for marketing purposes unless such marketing communications take the form of face-to-face communications we may make with individuals or promotional gifts of nominal value that we may provide. If such marketing involves financial payment to us from a third party your authorization must also include consent to such payment.

Sale of health information. We do not currently sell or plan to sell your health information and we must seek your authorization prior to doing so.

Psychotherapy notes. Although we do not create or maintain psychotherapy notes on our patients, we are required to notify you that we generally must obtain your authorization prior to using or disclosing any such notes.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Restriction Requests. You may ask us to restrict our uses and disclosures for purposes of treatment (except in emergency care), payment, or business operations. We must agree to restrict disclosure of your health information to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law and such information pertains solely to a health care item or service for which you have paid in full (or for which another person other than the health plan has paid in full on your behalf). This request must be made in writing to the Privacy Officer named at the beginning of this Notice. We do not have to agree to your request, but if we agree, we must honor the restrictions you ask for.

Confidential Communication. You may ask us to communicate with you in a confidential manner. Examples might be only contacting you by telephone at your home or using some special email address. We will accommodate these requests if they are reasonable and if you agree to pay any additional cost, if any, incurred in accommodating your request. Requests for special communications must be made in writing to the Privacy Officer named at the beginning of this Notice.

Review or Copy. You may ask to review or get copies of your health information. There are a very few limited situations in which we may refuse your access to your health information. For the most part we are happy to provide you with the opportunity to either review or obtain a copy (applicable charges applied) of your medical information. All requests for review or copy of medical information must be made in writing to the Privacy Officer named at the beginning of this Notice. While we usually respond to these requests in just a day or so, by law we have fifteen (15) days to respond to your request. We may request an additional thirty (30) day extension in certain situations.

Amendments. You may ask us to amend or change your health care information if you think it is incorrect or incomplete. If we agree, we will make the amendment to your medical record within thirty (30) days of your written request for change sent to the Privacy Officer named at the beginning of this Notice. We will then send the corrected information to you or any other individual that you feel needs a copy of the corrected information.

If we do not agree for reasons including but not limited to: 1) the information was not created by us, 2) the information is not part of the health information kept by us, 3) the information is not part of the information you would not be permitted to inspect or copy, or 4) the information is accurate and complete then you will be notified in writing of our decision. You may then write a statement of your position and we will include it in your medical record along with any rebuttal statement we may wish to include.

Accounting of Non-routine Disclosures. You may request a list of any non-routine disclosures of your health information that we might have made within the past six (6) years (or a shorter period if you wish). Routine disclosures would include those used your treatment, payment, and business operations of The Eye Institute of Wyoming, P.C. These routine disclosures will not be included in your list of disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you must pay for them in advance at a fee of \$25.00 per list. We will usually respond to your written request (made to the Privacy Officer named at the beginning of this Notice) within thirty (30) days but we are allowed one thirty (30) day extension if we need the time to complete your request. Your request must state how you would like to receive the report either paper or electronically.

Patient Representative. If your request for access of your health information directs us to transmit a copy of the health information directly to another person the request must be made by you in writing to the address below and must clearly identify the designated recipient and where to send the copy of the health information.

CHANGING OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change the Notice. We reserve the right to change this Notice at any time. If we change this Notice, the new privacy practices will apply to your existing health information as well as any additional information generated in the future. If we change this Notice, we will post a new Notice in our office and on our website.

COMPLAINTS

If you think that anyone at The Eye Institute of Wyoming, P.C. has not respected the privacy of your health information, you are free to complain to the Privacy Officer named at the beginning of this Notice. We are more than happy to try to resolve any concern you may have in writing or by phone. You may also file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you if you make such a complaint.

You may obtain additional copies of this Notice of Privacy Practices from our business office.