



THE  
**Vision Care**  
CENTER  
NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

## **1. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)**

We are legally required to protect the privacy of your health information. We call this information "Protected Health Information," or "PHI" for short, and it includes information that we've created or received about your past, present, or future health or condition that can be used to identify you, the provision of health care to you, or the payment of this health care. We must provide you with this notice about our privacy practices that explains how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice.

However, we reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to our policies, we will promptly change this notice and post a new notice in the main lobby of our facilities waiting area. You can request a copy of this notice by calling locally 812-490-EYES(3937).

## **2. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your prior consent or specific authorization. Below, we describe the different categories of our uses and disclosures and give you some examples of each category

### **A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations That Do Not Require Your Prior Written Consent.**

We may use and disclose your PHI without your consent for the following reasons:

**1. For treatment.** We may disclose your PHI to physicians, nurses, medical students, and other health care personnel who provide you with health care services or are involved in your care. For example, we may disclose your PHI to your primary care physician. Also, if you are in need of emergency treatment, your PHI would be released to the treating entity.

**2. To obtain payment for treatment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing department and your health plan to get paid for the health care services we provided to you. We may also provide your PHI to our claims processing companies, and others that process our health care claims ("Business Associates"). In addition, your billing statement is sent to the responsible party indicated on the account and includes information on all family members listed on that account.

**3. For health care operations.** We may disclose your PHI in order to operate The Vision Care Center. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided

health care services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we're complying with laws that affect us.

The above examples are not all inclusive of the situations when, as permitted by Federal and State law, we may use and disclose PHI for treatment, payment, and operations.

**B. Other uses and Disclosures That Do Not Require Your Consent.** We may use and disclose your PHI without your consent or authorization for the following reasons:

**1. Public Health:** As required by law, we may disclose PHI to public health authorities concerning births and deaths and for certain health conditions such as birth defects and birth problems, cancer, communicable diseases, burn injuries, handicaps and disabilities, and infant/child disorders. In addition, for certain dangerous communicable diseases such as HIV and Hepatitis B, we may provide PHI to persons who may be at risk of contracting the disease.

**2. Health Oversight:** We may disclose PHI to a health oversight agency for activities authorized by law such as audits, investigations, and inspections.

**3. Abuse or Neglect:** As required by law, we may disclose PHI concerning child abuse or abuse or neglect of endangered adults to governmental or law enforcement agencies.

**4. Food and Drug Administration:** We may disclose PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.

**5. Legal Proceedings:** We may disclose PHI in the course of any judicial or administrative proceeding in response to (i) an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized) and (ii) in response to a subpoena, discovery request or other lawful process (excluding mental health records which, in Indiana, can only be released upon a court order) but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**6. Law Enforcement:** We may disclose PHI for law enforcement purposes such as reporting gun shot and stabbing injuries as required by law, responding to limited information requests for identification and location purposes, and reporting crimes.

**7. Coroners, Funeral Directors, and Organ Donation:** We may provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death. If you are an organ donor, we may release medical information to organizations that handle organ procurement and transplants.

**8. To Prevent Harm:** In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.

**9. Military Activity and National Security:** We may use or disclose PHI of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities and for Veterans Affairs benefits eligibility. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**10. Workers' Compensation:** We may release PHI about you for programs that provide benefits for work-related injuries or illness.

### **C. Other Uses and Disclosures We May Make**

1. Appointment Reminders. We may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or medical care.

2. Treatment Alternatives. We may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

3. Health-Related Benefits and Services. We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you.

4. Information for Family Members. We may disclose PHI about you to a family member who is involved in your medical care. We may also give information to someone who helps pay for your care.

5. Telephone Reports and Pick Up Services. The option to retrieve your lab or x-ray reports over the phone may be offered to you by your provider. Results may be given to the patient by direct mailing or by telephone. We may allow your family and friends to act on your behalf to pick up prescriptions, medical supplies, X-rays, and similar forms of PHI when we determine, in our professional judgement that it is in your best interest to do so.

**D. All Other Uses and Disclosures Require Your Prior Written Authorization.** In any other situation not described in sections 3 A, B, and C above, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we haven't taken any action relying on the authorization).

### **3. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI**

You have the following rights with respect to your PHI:

**A. The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

**B. The Right to Choose How We Send PHI to You.** You have the right to ask that we send information to you to an alternate address (for example, sending information to your work address instead of your home address) or by alternate means. We must agree to your request so long as we can easily provide it in the form you requested.

**C. The Right to View and Obtain Copies of Your PHI.** In most cases, you have the right to view or obtain copies of your PHI that we have, but you must make the request in writing. If we don't have your PHI but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed. If you request copies of your PHI, we will charge appropriately by the number of pages you are requesting. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.

**D. The Right to Obtain a List of the Disclosures We Have Made.** You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures for treatment, payment, operations, uses or disclosures you have authorized or disclosures directly to you or to your family. The list also will not include uses and disclosures made for national security purposes or to corrections or law enforcement personnel. We will respond within 60 days of receiving your request. The list we will give you will include only those requests made after the date stated in Section 6. We will provide data for the time span you requested, not to exceed 7 years. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge. If you make more than one request in the same year, we will charge you for each additional request.

**E. The Right to Correct or Update Your PHI.** If you believe there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we amend the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will amend to your PHI, inform you of the approved request, and inform others that need to know about your amended PHI.

### **4. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES**

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section 5 below. We will take no retaliatory action against you if you file a complaint about our privacy practices.

### **5. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES**

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact: Practice Manager, The Vision Care Center, 4233 Gateway Blvd., Newburgh, IN 47630, or telephone 812-490-EYES(3937).

### **6. EFFECTIVE DATE OF THIS NOTICE**

This notice is effective October 1, 2008