

IN COMPLIANCE WITH THE FEDERAL REGULATIONS OF HIPAA'S PRIVACY RULE, THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THE INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are committed to protecting your privacy and safeguarding your health information. In accordance with legal requirements, we are obligated to provide you with this notice outlining our privacy practices. This notice explains how we protect your health information and details your rights regarding it.

**\*\*TREATMENT, PAYMENT, AND HEALTH-CARE OPERATIONS\*\***

We may use or disclose your health information primarily for treatment, payment, or health-care operations. These are the most common reasons your information is shared within our office, and specific permission is generally not required. However, you do have the right to request that certain disclosures be limited.

Examples of how your health information may be used or disclosed for treatment purposes include:

- Scheduling or changing appointments, which may involve leaving messages with individuals at your home or office, or on voicemail, email, or answering machines.
- Calling your name in a reception area.
- Prescribing glasses, contact lenses, or medications, and communicating this information to suppliers.
- Notifying you when your ophthalmic products are ready, including leaving messages with individuals at your home or office, or on voicemail, email, or answering machines.
- Referring you to other healthcare providers for services not offered at our office.
- Obtaining copies of health information from other healthcare providers you have seen.
- Discussing your care directly with you or with family or friends who you have authorized to receive information about your health.
- Sending reminders about upcoming appointments via postcards, letters, or messages left with individuals at your home or office, or on voicemail, email, or answering machines.
- Providing copies of your medical records via email, upon your request.

Examples of how your health information may be used or disclosed for payment purposes include:

- Verifying your insurance coverage or other payment sources.
- Preparing and sending bills to your insurance provider or to you.
- Providing necessary information to third-party payers to ensure payment for services rendered.
- Sending payment reminders to the designated responsible party, which may include details about the services provided.
- Collecting unpaid balances through our office, a collection agency, or legal channels.
- At your request, we may withhold certain health information related to services you have paid for out of pocket.

Examples of how your health information may be used or disclosed for business operations include:

- Financial or billing audits.
- Internal quality assurance programs.
- Participation in managed care plans.
- Defense of legal matters.
- Business planning and certain research activities.
- Informing you about products or services offered by our office.
- Compliance with requests from local, state, or federal government agencies.
- Oversight activities such as licensing of our doctors, Medicare or Medicaid audits, and providing vision status information to appropriate authorities.

**\*\*USES AND DISCLOSURES FOR OTHER REASONS NOT NEEDING PERMISSION\*\***

There are limited situations where the law permits us to use or disclose your health information without your specific permission. While most of these situations may not apply to you, they include:

- Mandatory reporting of certain health information under state or federal law.
- Public health activities, such as reporting contagious diseases or communicating with the FDA regarding medical devices.
- Disclosures to authorities about victims of suspected abuse, neglect, or domestic violence.
- Disclosures in response to subpoenas, court orders, or other legal processes.
- Disclosures to medical examiners or funeral directors for purposes related to identifying deceased individuals or facilitating burial.
- Disclosures to organizations involved in organ or tissue donations.
- Use or disclosure of information for health-related research.
- Use or disclosure to prevent a serious threat to individual or public health or safety.
- Use or disclosure for military or national intelligence purposes.
- Disclosure of de-identified information.
- Disclosure related to workers' compensation claims.
- Disclosure of a "limited data set" for research, public health, or health care operations.
- Incidental disclosures that are unavoidable by-products of permitted uses and disclosures.
- Disclosure of information required for school-related vision screenings or certifications for occupational or recreational licenses.
- Disclosure to business associates performing healthcare operations on our behalf, provided they adhere to our privacy policies.

**\*\*USES OR DISCLOSURES TO PATIENT REPRESENTATIVES\*\***

Our policy allows us to respond to inquiries from individuals acting on your behalf, such as scheduling appointments or checking the status of orders. We will only share the specific information necessary to complete the requested transaction. If you allow someone to be

present during an examination, discussion, or other encounter, we will infer that you consent to their presence and exposure to your health information.

#### **\*\*OTHER USES AND DISCLOSURES\*\***

We will not use or disclose your health information for any other purposes unless you provide written authorization. This authorization must comply with federal laws, and you have the right to refuse or revoke it at any time. If you choose not to sign an authorization, we will not use or disclose the information as specified in the request. If you choose to sign, you may revoke the authorization at any time by submitting a written request to the Privacy Officer named at the beginning of this notice.

#### **\*\*YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION\*\***

You have several rights concerning your health information, including the right to:

- Request restrictions on certain uses and disclosures, although we may not be obligated to agree to your request.
- Request confidential communication methods, such as using a specific email address or phone number. We will accommodate these requests if reasonable and may require you to cover any additional costs.
- Review or obtain copies of your health information, with some exceptions. Requests must be submitted in writing, and we have up to 15 days to respond.
- Request an amendment to your health information if you believe it is inaccurate or incomplete. If we agree, we will make the amendment within 30 days and provide you with a copy. If we disagree, we will inform you in writing, and you may submit a statement of your position for inclusion in your record.
- Request a list of non-routine disclosures of your health information for the past six years. Routine disclosures for treatment, payment, and business operations are not included. You are entitled to one free list per year; additional lists are available for a fee of \$10 each.
- Obtain additional copies of this notice from our business office or website.

#### **\*\*CHANGING OUR NOTICE OF PRIVACY PRACTICES\*\***

We are required by law to adhere to the terms of this notice but reserve the right to change it at any time. Any changes will apply to all existing and future health information. Updated notices will be posted in our office and on our website.

#### **\*\*COMPLAINTS\*\***

If you believe that your privacy rights have been violated by anyone at St Moses Eyecare LLC, you may file a complaint with our Privacy Officer or the U.S. Department of Health and Human Services, Office of Civil Rights, or the state Attorney General's Office. We assure you that there will be no retaliation for filing a complaint.