

Notice of Privacy Practices

Cynthia Kiernan, O.D. & Associates

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information.

We are required by law to maintain the privacy of your health information, to follow the terms of this Notice, and to provide you with this notice of its legal duties and privacy practices with respect to your health information. We will not use or disclose medical information about you without your written authorization, except as described in this Notice. We reserve the right to change our practices and this Notice and to make the new Notice effective for all medical information we maintain. Upon request, we will provide a revised Notice to you.

How We May Use or Disclose Your Health Information

We protect the privacy of your health information. The law permits us to use or disclose your health information for the following purposes:

- *Treatment, Payment, and Regular Health Care Operations* – Information obtained by us may be used or disclosed to an ophthalmologist, optician or other healthcare provider providing treatment or prescription ophthalmic goods to you, bill your insurance carrier if you have third party coverage, and to record and monitor the service provided to you. Information will also be provided to you upon your request.
- *As and When Required by law* – We may use and disclose your health information to Public Health Officials, Law Enforcement, Health Oversight Activities (for audits, investigations, etc.), Judicial and Administrative, Deceased Person Information, Worker Compensations programs, Food & Drug Administration (FDA for reporting of adverse drug events and quality issues), if there is a serious threat to your health or safety, in times of National Security, if you are in the Military or a Veteran of the armed forces when requested, or if you become an inmate in a correctional facility.
- *Personal Communications* – We may contact you to provide appointment reminders, annual eye examination cards, and other information about treatment alternatives or other health-related benefits and services that may be of interest to you as well as communicate with individuals involved in your care or payment for your care.
- *Disclosure to Our Business Associates* – There are some services provided by us through contracts with business associates. When these services are contracted for, we may disclose health information about you to our business associate so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, we require the business associate to appropriately safeguard the health information.
- *Victims of Abuse, Neglect, or Domestic Violence* – We may disclose your health information to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence.

Marketing Communications. We must obtain your written authorization prior to using your health information to send you any marketing materials. We may communicate with you about products or services relating to your treatment, care, or alternative treatments, or providers without authorization.

When We May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without your written authorization. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If your state law provides additional restrictions upon any of the foregoing uses and disclosures, we must follow your state law.

You have the following rights with respect to your health information.

- **Access:** You have the right to review or get copies of your health information. To inspect or copy your health information, you must complete a **Request to Inspect/Access Medical Records** and submit the request to the contact information below. We will charge you a reasonable cost-based fee for expenses such as copies, mailing, and staff time. You will be able to review or have a copy of your health information within 30 days of the request. By law, we can have one 30-day extension of time for us to give you access or photocopies if we sent you a written notice of the extension. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed.
- **Disclosure of Accounting:** You have a right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, health care operations, where you have provided an authorization and certain other activities, for the past 6 years, but not for disclosure made prior to April 14, 2003. To request an accounting, you must complete a **Request for Accounting of Disclosures** and submit the request to the contact information below. 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 request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.
- **Restrictions:** You have the right to request that we place additional restrictions on our use or disclosures of your health information. To make such a request, you must complete a **Restriction of the Use of Patient Information** and submit the request to the contact information below. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).
- **Alternative Communications:** You may request communications of your health information by alternative means or at alternative locations. To request confidential communication of your health information, you must submit a request in writing. Your request must state how or when you would like to be contacted. For example, you may request that we contact you about medical matters only in writing or at a different residence or post office box. We will accommodate all reasonable requests.
- **Amendment:** You have the right to request that we amend your health information that is incorrect or incomplete. To request an amendment, you must complete a **Request for Amendment of Medical Records** and submit the request to the contact information below. If we agree, we will amend the information within 60 days of the request. By law, we can have one 30-day extension of time to consider a request for amendment if we sent you a written notice of the extension. We may deny your request under certain circumstances.

If you would like to exercise one or more of these rights, contact us at the information listed at the end of this Notice.

Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. The revised notice will be posted in our office and a paper copy will be available upon request.

For More Information or to Report a Problem

If you have questions or would like additional information about our privacy practices, please contact us. If you believe your privacy rights have been violated, you may request and file a **COMPLAINT FORM** and submit the form to the contact information below, for which there will be no retaliation. If you prefer, you can discuss your complaint in person or by phone. You may also submit a written complaint to the U.S. Department of Health and Human Services.

Contact Person / HIPPA Officer: Tammy Hughes

Telephone #: (702) 614-5435

Fax #: (702) 614-5426