

Effective date of notice: April 4, 2013
Revised date of notice: September 20, 2013

NOTICE OF PRIVACY PRACTICES

COOS BAY VISION CENTER

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Office Manager

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

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This Notice describes how we protect your health information and what rights you have regarding it.

CONFIDENTIALITY AND SECURITY OF CLIENT INFORMATION

We restrict access of your nonpublic Patient information to those persons who need to know that information. We maintain physical, electronic and procedural safeguards to protect your Patient information. We will not sell your Patient information to anyone.

USES AND DISCLOSURE OF INFORMATION WITHOUT YOUR AUTHORIZATION

The most common reason why we use or disclose your health information is for treatment, payment or health care operations. *Examples of how we use or disclose information for treatment purposes are:* setting up an appointment for you, testing or examining your eyes, prescribing glasses, contact lenses, or eye medications, referring you to another doctor or clinic for eye care, or getting copies of your health information from another professional that you may have seen before us. *Examples of how we use or disclose your health information for payment purposes are:* asking you about your health or vision care plans or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency or attorney). "Health care operations" mean those administrative and managerial functions that we have to do in order to run our office. *Examples of how we use or disclose your health information for health care operations are:* financial or billing audits; internal quality assurance, personnel decisions; participation in managed care plans; defense of legal matters; business planning; and storage of our records. We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside of our office for these reasons, we usually will not ask you for special written permission.

We will ask for special written permission in the following situation: for research.

OTHER DISCLOSURES AND USES WE MAY MAKE WITHOUT YOUR AUTHORIZATION OR CONSENT

In some limited situations, the law allows or requires us to use or disclose your health information without your consent or authorization. Not all of these situations will apply to us; some may never come up at our office at all. Such uses or disclosures are:

- when a state or federal law mandates that certain health information be reported for a specific purpose.
- for public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or medical devices;
- disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;
- uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws;
- disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else;
- disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- uses or disclosures for health related research;
- uses and disclosures to prevent a serious threat to health or safety;
- uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service;
- disclosures of de-identified information;
- disclosures relating to worker's compensation programs;

- disclosures of a "limited data set" for research, public health, or health care operations;
- incidental disclosures that are an unavoidable by-product of permitted uses or disclosures;
- disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information;

SPECIFIC USES AND DISCLOSURE OF INFORMATION REQUIRING 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 communication 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.

APPOINTMENT REMINDERS

We may call, write, text, or electronically contact you to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call, write, or electronically contact you to notify you of other treatments or services available at our office that might help you. Unless you inform us in writing otherwise, we will mail you an appointment reminder on a post card, and/or contact you electronically, 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 available.

OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your health information unless you sign a written "authorization form." The content of an "authorization form" is determined by federal law. Sometimes, we may initiate the authorization process if the use or disclosure is our idea. Sometimes, you may initiate the process if it's your idea for us to send your information to someone else. Typically, in this situation you will give us a properly completed authorization form, or you can use one of ours.

If we initiate the process and ask you to sign, authorizing the form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign one you may revoke it at any time unless we have already acted upon it. Revocations must be in writing. Send them to the office manager.

Unless you object in writing, when we notify you that your eyewear is ready for pickup, we may leave a message on the answering machine, with the person who answers the phone, or send you an electronic message or text as to the balance of your account. This expedites the dispensing of your eyewear.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information. 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 account, or by another electronic means that is available to us. 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 manager at the address, fax or email shown at the beginning of this Notice.
- **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 a copy of your health information within 30 days of asking us (or sixty days if the information is stored off-site). You will have to pay for photocopies in advance. You can request us to provide the information in an electronic form or format agreed upon by the patient and this office, if we can reasonably produce it that way. You will have to pay in advance for the electronic copying, any materials incurred, and the staff time to produce the media. This office will provide either a CD or flash drive or some other form of electronic media or device for this purpose. We cannot allow you to bring a CD, flash drive or some other form of electronic device or medium into the office for us to use for this purpose. Emailed documents cannot be encrypted to send to a patient. Patients requesting their electronic medical record in an email format will assume the risk of security of that document.
 - **The patient may pick the electronic/portable document up from the office during normal business hours at a time and date agreed upon by the patient and the office.** The patient will be charged a fee for the copy staff time and the materials. If the document is mailed, the patient will be charged for the cost of mailing or any special delivery method that the patient wants us to use. All fees will be collected before we make any copies.
 - **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 manager at the above address, fax or email shown at the beginning of this Notice.

- **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 30 days from when we receive your written request. By law, we can have one 30 day extension of time if we notify you of the extension in writing. We will send the corrected information to persons who we know received the wrong information, and others that 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 our 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 you 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, to the office manager at the address, fax or email shown at the beginning of this Notice. We may also deny your request if the health information:
 - was not created by us, unless the person that created the information is no longer available to make the amendment,
 - is not part of the health information kept by or for us,
 - is not part of the information you would be permitted to inspect or copy, or
 - is accurate and complete.
- **receive a list of disclosures that we have made of your health information** within the past six years (or a shorter period if you wish). 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. If you want more than a once – yearly accounting, you will have to pay for them in advance. We will usually respond to your request within 30 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 manager at the address, fax, or email shown at the beginning of this Notice. Your request must state how you would like to receive the report (paper, electronically).
- **designate another party to receive your health information.** 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.
- **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 written request to the office manager at the address, fax or email at the beginning of this Notice.
- **ask us in writing to restrict the use of any PHI for purposes of treatment (except emergency treatment) if you are a cash pay patient.** You must pay in cash the full amount due at the time of service. We must honor the request to restrict any information transmissions of PHI to your insurance company if you cash pay for a specific service. This includes any and all service and materials or tests limited to a specific visit or instance. You must, in writing, submit a request for each visit or instance.
 - In order to comply with HIPAA's Privacy Rule, it is the policy of this office to mitigate known harm from an improper disclosure of protected health information, for a Cash Pay patient who has requested in writing that we restrict PHI being sent to their insurance company, when it is practical to do so. Whenever we learn of harm caused by an improper disclosure of protected health information to an insurance company of a patient who has requested in writing that we restrict that information, we will take reasonable steps to mitigate the harm.

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, have copies available 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 manager 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 manager at the address or phone number shown at the beginning of the Notice.