

Notice of Privacy Practices

Kearney EyeCare
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Kearney, MO 64060
816.635.2211

www.kearneyeyecare.com

Kelli M. Regier-Hermon, Privacy Official

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

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

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; calling your name out in a reception room environment; 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; at your request, we can provide you with a copy of your medical records via email transmission

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 payors in order to insure payment for services rendered to you; sending notices of payment due on your account to the person designated as responsible party or head of household on your account with fee explanations that could include procedures performed

and for what diagnosis: 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; providing information regarding your vision status to the Department of Public Safety, a school nurse, or agency qualifying for disability status

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.

- When a state or federal law mandates that certain health information be reported for a specific purpose
- 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
- 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
- Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative hearings
- Disclosures to a coroner or medical examiner to identify a deceased person or determine cause of death or to funeral directors to aid in burial
- Disclosures to organizations that handle organ or tissue donations
- Uses or disclosures for health related research
- Uses or disclosures to prevent a serious threat to health or safety of an individual or individuals
- Uses or disclosures to aid military purposes or lawful national intelligence activities
- Disclosures related to a workman's compensation claim
- 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 and disclosures
- Disclosure of information needed in completing form from a school related vision screening, information to the Department of Public Safety, information related to certification for occupational or recreational licenses such as pilots license.
- Disclosures to our business associates who perform health care operations for Kearney EyeCare and who commit in writing to respect the privacy of your information
- 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 Kearney EyeCare for our staff to take phone calls from individuals on a patients 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. Kearney EyeCare 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. Kearney EyeCare staff and doctors will also infer that if you allow another person in an examination room, treatment room, dispensary, or any business area within the office with you while testing is performed or discussions held about your vision or health care or your account 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*. Specific examples of uses and disclosures of your health information requiring your authorization include: (i) most uses and disclosures of your health information for marketing purposes; and (iii) disclosures of your health information that constitute the sale of your health information. You may revoke your authorization at any time, except to the extent that we have taken action in reliance on the authorization. Revocation requests must be made in writing to the Privacy Officer named at the beginning of this Notice.

COMMUNICATION WITH PATIENTS

It is the practice of Kearney EyeCare to mail reminder postcards for upcoming appointments. While these postcards will not contain specific information regarding your health condition, they will contain date and time for your upcoming appointment. These postcards and other mailings are sent via standard mail service. Addresses that you provide to us will be utilized for these communications

We also communicate reminders of upcoming appointments, as well as informative phone calls that materials such as eyeglasses and contact lenses are ready to be picked up, via phone. If you are not reached at the time of the call, a voicemail will be left with this information. The phone numbers you provide to us will be used for such phone calls and voicemails.

When you supply us with an email address for communication, we often use email to communicate reminders of upcoming appointments, as well as to transmit information such as copies of your eyeglass or contact lens prescriptions or information from your medical records at your request. These items include data that are considered part of your protected health information (PHI). The email address that we send communications from is a secure email account that encrypts data according to HIPAA; however, if your email address is not a secure, encrypted account, this is not considered a safe mode of communication for transmitting your PHI. In supplying us with your email address, you are consenting to such information being sent to your email and assuming the risk of using an unsafe communication. If you do not wish for us to communicate with you in this way, please do not supply us with your email address.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your personal health information.

You may ask us not to use or disclose any part of your health information for a particular reason related to treatment, payment or health care operations. We will consider your request, but we are not legally obligated to agree to a requested restriction except for in the following situation: If you

have paid for services out-of-pocket in full, you may request that we not disclose information related solely to those services to your health plan. We are required to abide by such a request, except where we are required by law to make the disclosure. Any request for a restriction must in writing and submitted to our Privacy Officer named at the beginning of this Notice.

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 communication requests must be made to the Privacy Officer named at the beginning of this Notice.

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 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 thirty (30) days to respond to your request. We may request an additional thirty (30) day extension in certain situations.

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 you feel needs a copy of the corrected information. If we do not agree, 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.

You may ask that we not share information with your insurance provider. To honor this request, you must agree to pay for all services associated with that visit out of pocket at our usual and customary rate.

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 Kearney EyeCare. 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.

You may obtain additional copies of this Notice of Privacy Practices from our business office or online at our website address shown at the beginning of this Notice.

OUR RESPONSIBILITIES

We are required to (i) maintain the privacy of your health information as required by law; (ii) provide you with notice of our legal duties and privacy practices with respect to your health information, and to abide by the terms of such notice; and (iii) notify you following a breach of your health information that is not secured in accordance with certain security standards.

We reserve the right to change the terms of this Notice and to make the provisions of the new Notice effective for all health information that we maintain. If we change the terms of this Notice, the revised Notice will be made available upon request and posted in our practice locations. Copies of the current Notice may be obtained by contacting our Privacy Officer.

COMPLAINTS

If you think that anyone at Kearney EyeCare 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. If we cannot resolve your concern at that level, you may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Ave. S.W., Room 509F HHH Bldg., Washington DC 20201 (OCRComplaint@hhs.gov) or the Missouri Attorney General's Office. We will not retaliate against you if you make such a complaint.

Effective Date: January 29, 2016

Name of Patient (Printed)

Date of Birth

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

The law requires that Kearney EyeCare make every effort to inform you of your rights related to your personal health information. By my signing below, I acknowledge that:

- I have read or had explained to me Kearney EyeCare's Notice of Privacy Practice and agree to continue my care with Kearney EyeCare under said terms.
- I have read or had explained to me Kearney EyeCare's Notice of Privacy Practice and do not wish to continue my care with Kearney EyeCare under said terms.

I HAVE READ AND UNDERSTAND THIS FORM. I AM SIGNING IT VOLUNTARILY.

Signature of Patient

Date

If you are signing as a personal representative of the patient, please indicate your relationship

Representative

Relationship to Patient

CONSENT TO DISCLOSE PROTECTED HEALTH INFORMATION

I, _____, hereby authorize representatives of Kearney EyeCare,
Print Patient's Name

to release protected health information regarding me or my condition/treatment to:

Print Name of Representative

my _____
Relationship to Patient

Print Name of Representative

my _____
Relationship to Patient

Print Name of Representative

my _____
Relationship to Patient

Signature of Patient (or Representative of Patient)

Date

Please note that if circumstances change and you no longer consent for your protected health information to be released to any of the above named representatives that it is your responsibility to notify us of these changes in writing.