

COMPLETE FAMILY VISION CARE

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.

We are required by law to maintain the privacy of your health information and to give you notice of our legal duties and privacy practices with respect to your PHI. This Notice summarizes our duties and your rights concerning your PHI. Our duties and your rights are set forth more fully in 45 C.F.R. part 164. We are required to abide by the terms of our Notice that is currently in effect.

Uses And Disclosures of Information That We May Make Without Written Authorization

We may use or disclose your protected health information (“PHI”) for the following purposes without your written authorization. These examples are not meant to be exhaustive; not all of these situations will apply to us; some may never come up at our office at all.

- **Treatment.** We may use or disclose PHI to provide treatment to you. For example, our doctors and staff may use information in your medical records to diagnose or treat your condition. Also, we may disclose your information to health care providers outside our practice so that they may help treat you.
- **Payment.** We may use or disclose PHI so that we, or other health care providers, may obtain payment for treatment provided to you. For example, we may disclose information from your medical records to your health insurance company to obtain pre-authorization for treatment or submit a claim for payment.
- **Health Care Operations.** We may use or disclose PHI for certain health care operations that are necessary to run our practice and ensure that our patients receive quality care. For example, we may use information from your medical records to review the performance of physicians and staff, train staff, or make business decisions affecting our practice and its services.
- **Required By Law.** We may use or disclose PHI to the extent it is required by law.
- **Threat to Health or Safety.** We may use or disclose PHI to avert a serious threat to your health or safety or the health and safety of others.
- **Abuse or Neglect.** We must disclose PHI to the appropriate government agency if we believe it is related to child abuse or neglect, or if we believe that you have been a victim of abuse, neglect or domestic violence.
- **Communicable Diseases.** We are required to disclose PHI concerning certain communicable diseases to the appropriate government agency. To the extent authorized by law, we may also disclose PHI to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- **Public Health Activities.** We may use or disclose PHI for certain public health activities, such as reporting information necessary to prevent or control disease, injury or disability; reporting births and deaths; or reporting limited information for FDA activities.
- **Health Oversight Activities.** We may disclose PHI to governmental health oversight

agencies to help them perform certain activities authorized by law, such as audits, investigations, and inspections.

- **Judicial and Administrative Proceedings.** We may disclose PHI in response to an order of a court or administrative tribunal. We may also disclose PHI in response to a subpoena, discovery request or other lawful process if we receive satisfactory assurances from the person requesting the information that they have made efforts to inform you of the request or to obtain a protective order.
- **Law Enforcement.** We may disclose PHI, subject to specific limitations, for certain law enforcement purposes, including to identify, locate, or catch a suspect, fugitive, material witness or missing person; to provide information about the victim of a crime; to alert law enforcement that a person may have died as a result of a crime; or to report a crime.
- **National Security.** We may disclose PHI to authorized federal officials for national security activities.
- **Workers' Compensation.** We may disclose PHI as authorized by workers' compensation laws and other similar legally-established programs.
- **Appointments and Services.** We may use or disclose PHI to contact you to provide appointment reminders, or to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Marketing.** We may use or disclose PHI for limited marketing activities, including face-to-face communications with you about our services.
- **Business Associates.** We may disclose PHI to our third party business associates who perform activities involving PHI for us, e.g., billing or transcription services. Our contracts with the business associates require them to protect your health information.
- **Military.** If you are in the military, we may disclose PHI as required by military command authorities.
- **Inmates or Persons in Police Custody.** If you are an inmate or in the custody of law enforcement, we may disclose PHI if necessary for your health care; for the health and safety of others; or for the safety or security of the correctional institution.

Uses And Disclosures Of Information That We May Make Unless You Object

We may use and disclose your PHI in the following instances without your written authorization unless you object. If you object, please notify the Privacy Contact identified below.

- **Persons Involved in Your Health Care.** Unless you object, we may disclose PHI to a member of your family, relative, close friend, or other person identified by you who is involved in your health care or the payment for your health care. We will limit the disclosure to the PHI relevant to that person's involvement in your health care or payment.
- **Notification.** Unless you object, we may use or disclose PHI to notify a family member or other person responsible for your care of your location and condition. Among other things, we may disclose PHI to a disaster relief agency to help notify family members.

Uses and Disclosures of Information That We May Make With Your Written Authorization

We will obtain a written authorization from you before using or disclosing your PHI for purposes other than those summarized above. You may revoke your authorization by submitting a written notice to the Privacy Contact identified below.

Your Rights Concerning Your PHI

You have the following rights concerning your PHI. To exercise any of these rights, you must make a written request to the Privacy Contact at the practice location you visit using the contact information listed below.

- **Right to Request Additional Restrictions.**^{[[SEP]]} You may request additional restrictions on the use or disclosure of your PHI for treatment, payment or health care operations. We are not required to agree to a requested restriction. If we agree to a restriction, we will comply with the restriction unless an emergency or the law prevents us from complying with the restriction, or until the restriction is terminated.
- **Right to Receive Communications by Alternative Means.**^{[[SEP]]} We normally contact you by telephone or mail at your home address. You may request that we contact you by some other method or at some other location. We will not ask you to explain the reason for your request. We will accommodate reasonable requests. We may require that you explain how payment will be handled if an alternative means of communication is used.
- **Right to Inspect and Copy Records.**^{[[SEP]]} You may inspect and obtain a copy of PHI that is used to make decisions about your care or payment for your care. We may charge you a reasonable cost-based fee for providing the records. We may deny your request under limited circumstances, e.g., if you seek psychotherapy notes; information prepared for legal proceedings; or if disclosure may result in substantial harm to you or others.
- **Right to Request Amendment to Record.**^{[[SEP]]} You may request that your PHI be amended. You must explain the reason for your request in writing. We may deny your request if we did not create the record unless the originator is no longer available; if you do not have a right to access the record; or if we determine that the record is accurate and complete. If we deny your request, you have the right to submit a statement disagreeing with our decision and to have the statement attached to the record.
- **Right to an Accounting of Certain Disclosures.**^{[[SEP]]} You may receive an accounting of certain disclosures we have made of your PHI after April 14, 2003. We are not required to account for disclosures for treatment, payment, or health care operations; to family members or others involved in your health care or payment; for notification purposes; or pursuant to our facility directory or your written authorization. You may receive the first accounting within a 12-month period free of charge. We may charge a reasonable cost-based fee for all subsequent requests during that 12-month period.
- **Right to a Copy of This Notice.**^{[[SEP]]} You have the right to obtain a paper copy of this Notice upon request. You have this right even if you agreed to receive the Notice electronically.
- **Changes To This Notice.** We reserve the right to change the terms of our Notice of Privacy Practices at any time, and to make the new Notice provisions effective for all PHI

that we maintain. If we materially change our privacy practices, we will prepare a new Notice of Privacy Practices, which shall be effective for all PHI that we maintain. We will post a copy of the current Notice in our practice and on our website. You may obtain a copy of the current Notice in our registration area, or by contacting the Privacy Contact identified below.

- **Complaints.** You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with us by notifying our Privacy Contact identified below. All complaints must be in writing. We will not retaliate against you for filing a complaint.

Practices Covered By This Notice

This Notice of Privacy Practices applies to the practices of Complete Family Vision Care at the following locations, their departments and units wherever located; their employees, staff, and other practice personnel; and volunteers whom we allow to help you while you are in our practice:

- 1315 6th Ave., Beaver Falls, PA 15010 phone: 724-843-1870
- 443 State Ave., Vanport, PA 15009 phone: 724 -728-1872
- 2652 Darlington Rd., Beaver Falls, PA 15010 phone: 724-843-2728
- 201 North Craig Street, Suite 105, Pittsburgh, PA 15213 phone: 412-683-2727
- 961 Brodhead Rd., Moon Twp., PA 15108 phone: 412-262-1530

This Notice of Privacy Practices also applies to physicians and other members of the medical staff who have agreed to abide by its terms concerning the services they perform on behalf of the practice locations listed above.

Privacy Contact

If you have any questions about this Notice, or if you want to object to or complain about any use or disclosure or exercise any right as explained above, please call or write to the practice location you visit using the information listed above.

Acknowledgement of Receipt

By signing below, you agree that you have read and understood this Notice, and that you have received a paper or electronic copy of this Notice.

Signed: _____

Print Name: _____

Date: _____