

## **Privacy Notice**

**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.**

**New Vision Eye Center** is dedicated to providing you with the highest level of care, supporting the Patient Bill of Rights and Responsibilities as written by the Florida Legislature, and safeguarding the privacy of your medical and personal information. We are required to:

- Maintain the privacy of medical information provided to us;
- Provide notice of our legal duties and privacy practices;
- Abide by the terms of our Notice of Privacy Practices currently in effect.

### **Who Will Follow This Notice**

This Notice describes the practices of New Vision Eye Center, its employees and staff.

All these persons, entities, sites and locations will follow the terms of this Notice. In addition, we may share medical information with each other for the treatment, payment, or health care operations purposes described in this Notice.

### **Information Collected About You**

Each time you visit New Vision Eye Center, a record of your visit is made. Typically this record contains the personal information you provide us with such as:

- Your name, address, and phone number;
- Information relating to your medical history;
- Your insurance information and coverage; and
- Information concerning your doctor, nurse or other medical providers.

Some information also may be provided to us by other individuals or organizations that are part of your “circle of care”- such as your referring physician, your other doctors, your health plan, and close friends or family members.

### **How We May Use and Disclose Medical Information About You**

We may use and disclose personal and identifiable health information about you in different ways. All of the ways in which we may use and disclose information will fall within one of the following categories, but not every use or disclosure in a category will be listed.

**For Treatment.** We may use health information about you to provide you with medical treatment or services, in accordance with our policies and procedures. For example, we may report the results of your exam(s) to the healthcare professional who referred you to us; evaluate your prior medical history to ensure your safety and to structure your procedure appropriately; and correlate and compare the results of prior diagnostic tests with your current results.

**For Payment.** We may use and disclose health information about you to bill for our services and to collect payment from you, an insurance company, or designated third party. For example, we may need to give a payer information about your current medical condition so that it will pay us for the services that we provide you. We may also need to inform your payer of the tests that you are going to receive in order to obtain prior approval or to determine whether the service is covered.

**For Health Care Operations.** We may use and disclose information about you to support the general operation of our practice. These uses and disclosures are necessary to run our facility and make sure that our patients receive quality care. For example, we may use or disclose your protected health information for quality assessment activities, licensing and accreditation activities.

**Public Policy Uses and Disclosures.** There are a number of public policy reasons why we may disclose medical information about you.

- **Required by Law:** We may disclose health information when we are required to do so by federal, state, or local law or in response to a valid subpoena, court order, warrant, or summons. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.
- **Public Health:** As required by law, we may disclose medical information to public health or legal authorities charged with preventing or controlling disease, injury, disability, abuse, neglect or domestic violence.
- **Food and Drug Administration (FDA):** We may disclose your medical information to the FDA to report adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or replacements.
- **Health Oversight:** We may disclose medical information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- **Coroners, Funeral Directors and Organ Donation:** We may release medical information to a coroner or funeral director consistent with applicable law. We also may release medical information to organ procurement organizations, transplant centers, and eye or tissue banks.

- *Workers' Compensation:* We may release your personal health information to comply with workers' compensation laws and other similar legally-established programs.
- *Research:* We may disclose medical information to researchers when an Institutional Review or Privacy Board determines your privacy is adequately protected.
- *Military Activity and National Security:* If you are a member of the Armed Forces, we may release personal health information about you as required by military command authorities. We may also disclose medical information for national security and intelligence activities and for the provision of protective services to the President of the United States and other officials or foreign heads of state.
- *Inmates:* We may release medical information about you to a correctional institution where you are incarcerated or to law enforcement officials.

**Business Associates.** We sometimes work with outside individuals and businesses who help us operate our business successfully. We may disclose your health information to these "business associates" so that they can perform the tasks that we hire them to do. Our business associates must guarantee to us that they will respect and protect the confidentiality of your personal and identifiable health information.

**Individuals Involved in Your Care or Payment for Your Care.** We may disclose medical information to individuals involved in your care or its payment but we will obtain your agreement before doing so. Although we must be able to speak with your other physicians or health care providers, you can let us know if we should not speak with other individuals, such as your spouse or family.

**Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment or to schedule an appointment.

#### **Other Uses And Disclosures Of Medical Information**

We are required to obtain written authorization from you for any other uses and disclosures of medical information other than those described above. If you provide us with such permission, you may revoke it, in writing, at any time. We will no longer use or disclose personal information about you for the reasons covered by your written authorization except to the extent action has already been taken.

#### **Your Rights Regarding Medical Information**

Although your health record is the physical property of the health care practitioner for facility who compiled it, the information belongs to you. You have the right to:

- Ask for restrictions on the ways in which we use and disclose your medical information beyond those imposed by law. We will consider your request but we are not required to accept it.
- Request that you receive communications containing your protected health information from us by alternative means or at alternative locations.
- Inspect and copy medical and billing records about you, except under certain circumstances. If you ask for copies of this information, we may charge you a fee for copying, mailing and other supplies.
- Ask us to amend your health records if you believe the information is incorrect or incomplete. Under certain circumstances, we may deny your request.
- Ask for an accounting of disclosures of your medical information for reasons other than your treatment, payment for services furnished to you, our health care operations, or disclosures you given us authorization to make. If you ask for this information from us more than once every twelve months, we may charge you a fee.
- A copy of this Privacy Notice in paper form at any time.

To exercise any of your rights, contact our Privacy Officer in writing at New Vision Eye Center, 1055 37<sup>th</sup> Place, Vero Beach, FL 32960

#### **Changes To This Notice**

We reserve the right to make changes to this Notice at any time. We reserve the right to make the revised Notice effective for medical information we have about you as well as any information we receive in the future. In the event there is a material change to this Notice, the revised Notice will be posted.

#### **Comments/Complaints**

If you have questions or would like additional information, you may contact our Privacy Officer, Lindy MacDonald, at New Vision Eye Center, LLC, 1055 37<sup>th</sup> Place, Vero Beach, FL 32960, (772)257-8700, email: [lindy.macdonald@live.com](mailto:lindy.macdonald@live.com) If you believe your privacy rights have been violated, you can file a complaint with our Privacy Officer or with the Secretary of the Department of Health and Human Services, at 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 (e-mail: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov) ). All complaints must be submitted in writing. ***You will not be penalized for filing a complaint.***