

HIPAA Notice of Privacy Practices

77B Pearl St
Essex Junction, VT 05452
Phone: 802-878-5509
Fax: 802-879-1350
info@eyecareofvt.com



EYECARE *of* VERMONT

230 College St
Burlington, VT 0501
Phone: 802-658-3330
Fax: 802-658-7464
info@eyecareofvt.com

Effective Date: 3/1/2020

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

If you have any questions about this notice please contact our Privacy Officer, Matthew Williams.

PRACTICE RESPONSIBILITIES:

We are required by law to maintain the privacy of your health information, to provide you with notice of our privacy practices and to notify you of any breach of your health information. We are committed to protecting the privacy and security of your health information and will follow the terms of our notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION:

This notice describes how we may use and disclose health information that identifies you. The notice includes a number of examples, but does not list every use or disclosure. If you have specific questions, please contact our practice's privacy officer. Except for the purposes described below, we will use and disclose health information only with your written permission or authorization. You may revoke such permission at any time by writing to our practice's privacy officer.

For Treatment

We may use and disclose health information to provide treatment to you, and to coordinate your health care and treatment-related services. For example, we may disclose your health information to doctors, nurses, technicians, pharmacies, labs, home health agencies or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment

We may use and disclose health information so that we or others may bill and receive payment from you, from an insurance company or from another third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment. We may use or disclose information to insurers obtain prior approval for drugs we prescribe for you, or medical services like hospital admissions.

For Health Care Operations

We may use and disclose health information for uses and disclosures that are necessary to operate and manage our office and to review our care to make sure that all of our patients receive quality care. For example, we may use and disclose information to make sure the care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities. If we disclose health information to third parties, such as billing services, they will sign a "business associate agreement" that obligates them to protect your health information in the same manner that we protect it.

For Appointment Reminders

We may contact you to remind you that you have an appointment with us.

To Individuals Involved in Your Care or Payment for Your Care

When appropriate, we may share your health information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. Our policy is to obtain written authorization from patients before we share any information with individuals involved in your care. Copies of the authorization form are available online and at both our offices. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

WE MAY DISCLOSE INFORMATION WITHOUT YOUR AUTHORIZATION IN CERTAIN CASES INCLUDING:**When Required by Law**

We will disclose health information when required to do so by international, federal, state or local law. Vermont law requires certain types of disclosures including reporting child abuse; abuse, neglect or exploitation of vulnerable adults; firearm related injuries; communicable diseases; fetal deaths; cancer; lead poisoning; and blood-alcohol content. Vermont requires written consent for some uses and disclosures covered by this notice.

To Avert a Serious Threat to Health or Safety

We may use and disclose health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

To Business Associates

We may disclose health information to business associates that provide us with services, if the information is necessary for the services. For example, we may use another company to perform billing services on our behalf, or consult with us about our electronic records. All of our business associates are obligated to protect the privacy of your information and are not permitted to use or disclose any health information other than as specified in our contract.

Organ and Tissue Donation

If you are an organ donor, we may use or release health information to organizations that handle organ procurement or other related entities to facilitate organ, eye, or tissue donation and transplantation.

Military and Veterans

If you are a member of the armed forces, we may release health information as required by military command authorities.

Workers' Compensation

We may release health information for workers' compensation or similar programs.

Public Health and Population Health Activities

We may disclose health information when required or authorized by law for public health activities such as reporting diseases, certain injuries, or complying with Food and Drug Administration requirements. We may also disclose information to report births and deaths, child abuse, or neglect.

Health Oversight Activities

We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may include, for example, audits, investigations, inspections, and licensure.

Breach Notification Purposes

We may use or disclose your health information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits, Law Enforcement and Medical Examiners

If you are involved in a lawsuit or dispute, we may disclose health information in response to a court or administrative order. We may release health information to a law enforcement official in certain specific circumstances such as when a crime occurs on our premises. We may release health information to a medical examiner, to identify a deceased person or determine the cause of death.

National Security Activities

We may release health information to federal officials for national security activities authorized by law.

WRITTEN AUTHORIZATION REQUIRED FOR CERTAIN USES AND DISCLOSURES:

The following uses and disclosures of your health information will be made only with your written authorization:

Marketing

When uses and disclosures of your health information are made for marketing purposes, you must authorize the disclosure in writing and the authorization must state that the communication is paid for.

Sale

When disclosures constitute a sale of your health information; you must authorize the disclosure and the authorization must state that the disclosure will result in payment for the information.

Other

Other uses and disclosures of your health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our privacy officer and we will no longer disclose health information under the authorization. A disclosure that we made in accordance with your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS:

You have the following rights regarding health information we have about you:

Right to Inspect and Copy

You have a right to inspect and copy health information that may be used for your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to our Privacy Officer, Matthew Williams. We have up to 30 days to make your health information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records

If your health information is maintained in an electronic format such as an electronic medical record, you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your health information in the format you request, if it is readily producible in such format. If the health information is not readily producible in the format you request, your record will be provided in either our standard electronic format, or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record, and any electronic media.

Right to Receive Notice of a Breach

We are required to have security and privacy safeguards to protect your health information. If there is a breach of those protections, we will notify you and others as the law requires.

Right to Amend

If you feel that health information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment if the information is kept by or for our office. To request an amendment, you must make your request, in writing, to Matthew Williams.

Right to an Accounting of Disclosures

You have the right to request a list of certain disclosures we made of health information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to Matthew Williams.

Right to Request Restrictions

You have the right to request a restriction or limitation on the health information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to Matthew Williams. In general, we are not required to agree to your request unless you pay out of pocket as described below.

Right to Restrict Health Plan Access When You Pay Out-of-Pocket

If you paid out-of-pocket in full for a specific health care item or service and requested that we not bill your health plan for the specific item or service, you have the right to ask that your health information with respect to that item or service not be disclosed to a health plan. We will honor that request, unless disclosure is required by another law. To request the same restriction on follow-up care, you must pay out of pocket and request the restriction on follow-up care.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to Matthew Williams. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our web site, www.eyecareofvermont.com. To obtain a paper copy of this notice, you may contact Matthew Williams.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top left-hand corner.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Matthew Williams. All complaints must be made in writing. You will not be penalized for filing a complaint.