



Reno Family Eye Care

NOTICE OF PRIVACY PRACTICES

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Effective date of notice: August 25, 2016

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this information carefully.

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.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reasons 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 and faxing them to be filled; showing you low vision aids; referring you to another doctor or clinic for eye care or low vision aids or services; 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 outside 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 situations: release of PHI (Protected Health Information) to any other entity that does not pertain to our offices, treatment, payment or health care operations. A separate release form will follow for you to sign approval for other adults to have access to your health information, hardware or financial information. An example would be for a relative or friend to pick up your glasses or contacts on your behalf. We will also have a separate release form will follow for us to be able to email your PHI. Not all patient emails are fully encrypted, so your authorization is necessary.

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. 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 workers 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;

Unless you object, we will also share relevant information about your care with your family or friends who are helping you with your eye care.

APPOINTMENT REMINDERS

We may call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that

might help you. Unless you tell us otherwise, we will mail you an appointment reminder on a post card, and/or leave you a reminder message on your home answering machine or with someone who answers your phone if you are not home. We use a HIPAA compliant program to perform our appointment reminder, patient recall, spectacle and contact lens availability and more functions. You will either receive a text message, email or phone call regarding these reminders. Unless you specifically ask to not be contacted via our HIPAA compliant automated program, this will remain your default form of contact.

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 an authorization 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 in reliance upon it. Revocations must be in writing. Send them to: Reno Family Eye Care, 6360 Mae Anne Avenue, Suite #1, Reno, NV 89523. Attn: HIPAA Compliance Coordinator

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information. You can:

- ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to: Reno Family Eye Care, 6360 Mae Anne Avenue, Suite #1, Reno, NV 89523. Attn: HIPAA Compliance Coordinator
- 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 E-mail to your personal E-Mail address. 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: Reno Family Eye Care, 6360 Mae Anne Avenue, Suite #1, Reno, NV 89523. Attn: HIPAA Compliance Coordinator
- 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 may have to pay for photocopies in advance. 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 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: Reno Family Eye Care, 6360 Mae Anne Avenue, Suite #1, Reno, NV 89523. Attn: HIPAA Compliance Coordinator
- 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 60 days from when you ask us. We will send the corrected information to persons who we know got 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: Reno Family Eye Care, 6360 Mae Anne Avenue, Suite #1, Reno, NV 89523. Attn: HIPAA Compliance Coordinator

- get a list of the disclosures that we have made of your health information within the past six years (or a shorter period if you want). 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. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 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 contact person at the address, fax or E mail shown at the beginning of this Notice.

- 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 a written request to: Reno Family Eye Care, 6360 Mae Anne Avenue, Suite #1, Reno, NV 89523. Attn: HIPAA Compliance Coordinator

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: Reno Family Eye Care, 6360 Mae Anne Avenue, Suite #1, Reno, NV 89523. Attn: HIPAA Compliance Coordinator. 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 us at any time.

Patient Name _____

Date of Birth _____

X _____ Date _____

Signed acknowledgment of receipt and review of HIPAA policies

Do you have an extra 5-10 minutes?

Both Dr. Boren and Dr. Smith recommend some additional tests that could aid them in your examination to determine your medical risk for developing certain eye health conditions such as glaucoma and macular degeneration. Your insurance company does not cover these tests unless there is already a diagnosed medical condition. Because the doctors feel so strongly about these tests, we offer them at a discounted rate of \$50. If you have any questions regarding these important tests, please ask one of our front desk clerks. We are happy to go over them with you!

_____ I would like the tests to be performed today

_____ I decline these tests

ACKNOWLEDGEMENT

The Federal Trade Commission, Title 16, Chapter 1, Sub-chapter D, parts 4,-6: The "Eyeglass Rule" states that a copy of the patients prescription/s must be available to them immediately following payment for all services rendered. Reno Family Eye Care's commitment is to provide our patients with their records, electronically, upon payment by both the insurance and the patient. For portal log-in information, please see the front desk. By initialing, you understand our commitment to provide you with all examination data, including prescriptions. A valid email address will need to be saved in your patient file.

Reno Family Eye Care reserves the right to destroy medical records after five years of no appointment history, or five years after the age of eighteen, whichever is longer.

CONSENTS:

- I authorize Reno Family Eye Care to email and/or text message reminders as outlined on page 2, "Appointment Reminders."
- I hereby consent to the provision of care, diagnosis and/or treatment by the providers and staff at Reno Family Eye Care, R. Andrew Boren, PC and I hereby acknowledge that such consent will remain in effect unless and until I cancel such consent in writing. For minors and disabled adults: the guardian/caregiver's initials will serve as consent.

Signature _____

Date _____

The following individuals may have access to my PHI/ePHI

Name and date of birth

Name and date of birth

CONTINUE ON NEXT PAGE

FINANCIAL POLICY

Payment for all services will be due at the time services are rendered. As a courtesy to you, it is a policy of Reno Family Eye Care to bill your insurance carrier, although you are ultimately responsible for the entire bill. As the responsible party, please understand:

- Your insurance policy is a contract between you, possibly an employer and the insurance company. We are not party to that contract. Our relationship is with you, not your insurance company. We will not become involved in disputes between you and your insurer. As your provider, we will only supply factual information to facilitate claim processing.
- Fees for services, which include unpaid balances, deductibles, and co-payments, are due at the time of service. Returned checks and unpaid balances will be subject to collection placement and additional fees.
- All charges are your responsibility, whether your insurance company pays or does not pay. If your insurance carrier does not remit payment within 60 days, the balance will be due in full from you. If any payment is made directly to you for services billed by Reno Family Eye Care, you recognize an obligation to promptly remit payment to Reno Family Eye Care.
- I understand and agree that if I fail to make any of the payments for which I am responsible and if my account is placed in either collection or with an attorney's office, then I am responsible for all costs on collection monies owed including court costs, collection agency fees and attorney fees.
- All materials must be paid in full and picked up within 60 days of ordering. This includes both contact lenses and glasses. After 60 days, the items will be considered abandoned. Your materials will be donated to a local charity. You will still be responsible for all charges.
- All of our frames come with a one-year, normal wear-and-tear manufacturer's warranty. Warranties will be voided if any glue or tape is present on frames/lenses or if there is obvious abuse to the products. Scratch coat warranties are honored at the discretion of the lab.

At Reno Family Eye Care, we understand that financial problems may affect timely payment. We encourage you to communicate any such problems to us so that we may assist you in keeping your account in good standing.

Signature _____

Date _____

THANK YOU!