

Effective date of notice: February 6, 2003

Revised Sept 23, 2013

NOTICE OF PRIVACY PRACTICES

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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 respect our legal obligation to keep health information that identifies you private. 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. It is based upon the Health Insurance Portability and Accountability Act of 1996 and the Virginia state laws, specifically statute 32.1-127.1:03.

USES AND DISCLOSURES WITHOUT PERMISSION

The most common reason why we use or disclose your health information is for **treatment, payment or health care operations**. We routinely use your health information inside our office for these purposes without any special permission.

- Treatment—Examples of how we use or disclose information for treatment purposes are: scheduling an appointment for you, testing or examining your eyes, prescribing glasses, contact lenses, or eye medications and transmitting prescription orders electronically or by fax to suppliers; referring you to another doctor or clinic for eye care services; or getting copies of your health information from another professional.
- Payment—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—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 old records.

In some limited situations, the law allows or requires us to use or disclose your health information without your consent or authorization. Not all of these situations will apply to us. 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;
- disclosure of de-identified information;
- disclosure relating to worker’s compensation programs;
- disclosures of “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 in accordance with HIPAA.

USES AND DISCLOSURES REQUIRING PERMISSION

The following are some specific uses and disclosures we may not make of your health information **without** your authorization.

- If we need to disclose your health information **outside** of our office for reasons other than payment, such as spectacle and contact lens prescriptions and/or complete records to another physician or entity, **you must sign a consent form**. This is per Virginia statute 32.1127-1:09 D.
- Disclosures of health information for marketing purposes and disclosures that constitute a sale of health information.
- We will obtain your written authorization for uses and disclosures of your health information that are not identified in this Notice or are not otherwise permitted by applicable law.

PERSONS INVOLVED IN CARE

Unless you object, we will also share relevant information about your care with your family or designated friends who are helping you with your eye care when you sign a consent form allowing us to do so.

APPOINTMENT REMINDERS

We may call, write or contact you electronically to remind you of scheduled appointments, that it is time to make an appointment or a missed appointment. We may also call, write or contact you electronically to notify you of other treatments or service available at our office that might benefit you.

AUTHORIZATION

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 the office contact person named at the beginning of this Notice.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information. You have the right:

- **To request restrictions on the health information we may use and disclose for treatment, payment and health care operations.** We are not required to agree to these requests. To ask for a restriction, send a written request to the office contact person at the address or fax shown at the beginning of this Notice;
- **To receive confidential communications of health information about you in any manner other than described in our authorization request form,** such as by phoning you at work rather than at home, by mailing health information to a different address, or by using electronic mail to your personal electronic mail address. You must make such requests in writing to the office contact person at the address or fax shown at the beginning of this Notice. However, we reserve the right to determine if we will be able to continue your treatment under such restrictive authorizations;

- **To inspect or copy 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. If you request a copy of your health information we may charge you a fee for the cost of copying, mailing or other supplies. You may request an electronic copy of your record. 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 of the time for us to give you access or photocopies if we send you a written notice of the extension. You must make such requests in writing to the office contact person at the address or fax shown at the beginning of this Notice;
- **To amend your health information.** If you feel that health information we have about you is incorrect or incomplete you may ask us to amend the information. If we agree, we will amend the information within 60 days from when you ask us. To request an amendment, send a written request, including your reasons for the amendment, to the office contact person at the address or fax shown at the beginning of this Notice;
- **To receive an accounting of disclosures of your health information.** Not all health information is subject to this request. Your request must state a time period for the information you would like to receive, no longer than 6 years prior to the date of your request. You must make such request in writing to the office contact person at the address, or fax shown at the beginning of this Notice. Your request should include how you would like to receive the report;
- **To designate another party to receive your health information.** If your request for access to your health information directs us to transmit a copy of the health information directly to another person the request must be made by you in writing to the address, or fax shown at the beginning of this Notice and must clearly identify the designated recipient and where to send the copy of the health information;
- In case of a breach of unsecured personal health information you have the **“Right to be Notified”** if your health information is included in the breach.
- **To prohibit disclosure of your health information to a health plan when paying out-of-pocket for healthcare services.**
- **To receive additional paper copies of the Notice of Privacy Practices.** If you would like additional paper copies, send a written request to the office contact person at the address or fax shown at the beginning of this Notice.
- **To be notified if your health information is included in a breach of unsecured data.**

OUR NOTICE OF PRIVACY PRACTICES

We reserve the right to change our privacy practices and to apply the revised practices to health information about you that we already have. Any revision to our privacy practices will be described in a revised Notice that will be posted prominently in our facility. Copies of this Notice are also available upon request at our reception desk.

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 the office contact person at the address or fax shown at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone.