

Columbiana 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.

TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

The most common reason why we use or disclose your health information is for treatment, payment, or health care operations. Examples include: Notifying you that your eyeglasses or contact lens orders are completed, examining and prescribing glasses, contacts and eye medications, referring you to another health care provider, or phoning in your prescription to a pharmacy or lab.

Your information, such as name, address, social security number, and date of birth may need to be used for billing purposes as required by your insurance company. We are required to only transfer the minimum information electronically to process your claim, and to use only those electronic clearinghouses which are also compliant with Federal privacy standards.

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 the above reasons, we usually will not ask for special permission.

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law requires us to use or disclose your health information without your permission. These include:

- For public health purposes, such as contagious disease reporting and notices to the FDA regarding drugs or medical devices.

- To authorities in cases of suspected abuse, or other criminal investigation, here or elsewhere.
- For audits by Medicare, Medicaid, or for other violations of health care laws.
- Other instances including subpoenas and court orders.
- Disclosures to Workers Compensation programs.
- Disclosures related to research.
- Incidental disclosures that are an unavoidable by-product of permitted uses.
- Disclosures to "Business Associates" who perform health care operations for us and who commit to respect the privacy of your information.

UNLESS YOU OBJECT we will also share relevant information about your care with your family or friends who are helping you with your care.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information.... You are entitled to:

- ask for a photo copy of your records; these will be released to you within 30 days
- ask to review and/or amend any health information you feel is inaccurate. However, if we do not agree with your amendment, a statement of your position as well as our rebuttal will become part of your record.
- get a list of disclosures that we have made of your health information within the past six years, not including those required for treatment, payment, health care operations, or other incidental disclosures.

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 any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information we already have as well as to such information that we may generate in the future. If we change our Notice, we will post the new Notice in our office, and have copies available in the office.

If you have any questions regarding this privacy statement or wish to file a complaint with the Department of Health and Human Services, you may do so. Please feel free to discuss your complaint with our Privacy Coordinator listed below. Or submit a written complaint to:

Michelle Fleeson
Privacy Coordinator
147 S. Main St.
P.O. Box 67
Columbiana, OH 44408
330-482-2424
info@columbianavision.com

I acknowledge I have read Columbiana Vision Care's Notice of Privacy Practices.

Patient Name: _____ Guardian: _____

Signature: _____ Date: ____/____/____

This notice will be kept in your record. If you would like a copy, please ask the receptionist.