

# Kramer Family Vision

## HIPAA NOTICE OF PRIVACY PRACTICES

225 Physicians Park Drive, Suite 107 • Poplar Bluff, MO 63901 • 573.686.3991

**THIS NOTICE DESCRIBES HOW WE DISCLOSE YOUR HEALTH INFORMATION PLEASE REVIEW IT CAREFULLY**

### WE MAY USE YOUR INFORMATION FOR TREATMENT PURPOSES BY:

- Setting up an appointment or confirmation of an appointment already made (including reminder postcards and messages left on an answering machine).
- Testing or examining your eyes.
- Prescribing glasses, contact lenses, or eye medications (and faxing them to be filled).
- Showing you vision therapy or low vision aids .
- Referring you to another doctor or clinic for eye care, surgery, low vision aids, or vision therapy services.
- Getting copies of your health information from another professional.

### WE MAY USE YOUR INFORMATION FOR PAYMENT PURPOSES BY:

- Asking about health and vision care plans or other sources of payment.
- Preparing and sending bills or claims.
- Collecting unpaid amounts (ourselves or through a collection agency or attorney).

### WE MAY USE YOUR INFORMATION TO MAINTAIN THE HEALTH CARE OPERATIONS OF OUR OFFICE BY:

- Financial or billing audits
- Internal quality assurance
- Personnel decisions
- Participation in managed care plans
- Defense of legal matters
- Business planning
- Outside storage of 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 our office** for these reasons, we will **ask you for special written permission.**

### USES/DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION:

We are obligated to release your information in the following circumstances:

- When mandated by state or federal law that certain health information be reported.
- Disclosures to governmental authorities regarding victims of suspected abuse, neglect, or domestic violence.

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

### YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION, YOU MAY:

- Ask us to restrict our uses and disclosures for purposes of treatment, payment, or health care operations (does not include emergency treatment).
- Ask us to communicate with you in a confidential way such as by phoning you at work rather than home, by mailing information to a different address, or by using e-mail to your personal e-mail address.
- Ask to see or get photocopies of your health information within 30 days. (You may have to pay for photocopies in advance.) By law there are a few limited situations in which we can refuse to permit access or copying of your records.
- Ask us to amend your health information if you think it is incorrect or incomplete. If agreed, we will correct it within 60 days and forward the corrected information to the requested party.

### 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 changed, the new policies will apply to your previous information as well as all information generated in the future. We will also have the new notice available in our office and posted on our website.

### 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.

**I attest that I have been offered a copy of the privacy practices of Kramer Family Vision.**

**Patient's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_