

## Notice of Privacy Practices for Paradise Canyon Eye Care

Notice revised and effective December 4, 2013

### **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.**

Your protected health information (PHI) is generally any information that identifies you and is created, received, maintained or transmitted by us in the course of providing health care items or services to you. We will obtain your written authorization for uses and disclosures of your PHI that are not identified in this Notice or are not otherwise permitted by applicable law. You may revoke an authorization at any time by sending us a written request however we are unable to retract previous disclosures.

### **We May Use and Disclose Your PHI WITHOUT Your Written Authorization For The Purpose Of:**

- **Treatment-** Examples include scheduling and reminders of appointments; examinations, case management or care coordination; prescribing/ordering of glasses, contact lenses, vision aides or medications and notification of order status; or to recommend treatment alternatives or other health-related products or services.
- **Payment-** Examples include acquiring payment guarantor/insurance information; processing bills or claims; and collecting unpaid balances.
- **Health Care Operations-** Examples include financial or billing audits; internal quality assurance including patient satisfaction surveys; personnel decisions; participation in managed care plans; legal defense; business planning; and outside storage of our records.

### **Other Uses and Disclosures That Do NOT Require Written Authorization**

- **As Required by Law** – we will disclose PHI when required to do so by federal, state or local law.
- **Public Health Activities-** for example contagious disease reporting, investigation or surveillance; and notices to and from the FDA regarding drugs or medical devices.
- **Victims of Suspected Abuse, Neglect or Domestic Violence-** PHI may be disclosed to the appropriate government authorities.
- **Health Oversight Activities-** such as audits, medical licensing, investigations, inspections or licensure.
- **Judicial and Administrative Proceedings-** such as in response to subpoenas or court orders
- **Law Enforcement-** such as disclosures about a suspected crime victim; to identify or locate a suspect, fugitive, material witness, or missing person; or about a crime committed in our office.
- **Coroners, Medical Examiners and Funeral Directors-** to identify a deceased person; to determine the cause of death or to allow funeral directors to carry out their duties.
- **Organ and Tissue Donation-** to facilitate organ, eye or tissue donation and transplantation, disclosures may be made to organizations that are involved in organ or tissue donation.
- **Research -** when approved by an institutional review or privacy board that has reviewed the research proposal and its privacy protocols. Even without approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any PHI.
- **To Avert a Serious Threat to Health or Safety-** PHI may be disclosed to protect others and will only be made to someone who may help prevent the threat, including the target.
- **Specialized Government Functions-** such as the protection of the president or high ranking officials; lawful national intelligence activities; military purposes as required by military command authorities; the evaluation and health of members of the foreign service; in law enforcement custodial situations to provide health care or protect the health and safety of others.
- **Workers' Compensation-** as required by law to workers' compensation or similar authorized programs.
- **Incidental Disclosures** that are an unavoidable by-product of permitted uses or disclosures
- **Disclosures to "Business Associates"** and their subcontractors who perform health care operations for us and who commit to respect the privacy of your health information in accordance with HIPAA

## Use and Disclosures of PHI to Family, Friends or Personal Representatives

Unless you object, we may share relevant PHI with your family, close friends or personal representatives who are involved in your health care or payment of your health care. We may also notify them of your location or general condition. If you are not present or are incapacitated, we may use or disclose relevant PHI when, in our professional judgment, it is in your best interest.

## Specific Uses and Disclosures That REQUIRE Your Written Authorization

- **Marketing Activities** – other than face-to-face communications or promotional gifts of nominal value requires, we may not use or disclose your PHI for marketing of products or services without your written notification IF we receive payment by third parties whose products or services are described. The written authorization must inform you that we are receiving compensation.
- **Sale of Health Information.** We do not currently sell or plan to sell your health information and we must seek your written authorization prior to doing so.

## Your Rights Regarding Your PHI:

- **Right to Request Restrictions on Disclosures.** You may send our office a written request to restrict or limit the PHI we use or disclose for treatment, payment, or health care operations or to limit the PHI we disclose to family members or friends involved in your care. **We are not required to agree to all such requests.** However, we must agree to requests to restrict disclosure of PHI to a health plan if the disclosure is for the purpose of carrying out payment or health care operations; if it is related to services that you have paid in full (e.g. out-of-pocket and without any third party contribution or billing); and is not otherwise required by law.
- **Right to Receive Confidential Communication.** You may 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. Send a written request that specifies how or where you wish to be contacted to our office. We will accommodate reasonable requests.
- **Right to Inspect and Copy.** You have a right to inspect and copy PHI that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. You may request a copy of your electronic health records in electronic format. All requests must be made in writing. Contact us for a copy of our authorization form. If copies of your records are requested, we may charge you a reasonable fee, to be paid in advance, based on the cost of labor, supplies and applicable mailing/delivery fees.
- **Right to Amend.** If you feel that PHI we have is incorrect or incomplete, you may send a written request, including the reason for the amendment, to our office.
- **Right to an Accounting of Disclosures.** You may request a list of certain disclosures of PHI, made within the past 6 years, for purposes **other than** treatment, payment and health care operations or for which you provided written authorization. Send a written request that includes the time period requested and how you would like the report delivered (paper or electronic) to our office.
- **Right to a Paper Copy of This Notice.** To obtain a paper copy of this notice send a written request to our office.

## Our Duties

We are required by law to: maintain the privacy of your PHI; give you this Notice of our duties and privacy practices regarding PHI; to notify affected individuals following a breach of their unsecured PHI; and abide by the terms of the Notice currently in effect. If you have any questions please contact our office.

**Changes to This Notice:** We reserve the right to change this Notice and make the new Notice provisions apply to PHI we maintain. A copy of our current notice will be posted in our office and copies will be available by request.

**Complaints:** If you believe your privacy rights have been violated, you may submit a written complaint to our office or with the Secretary of the Department of Health and Human Services. **You will not be penalized for filing a complaint.**

## Contact Information:

For more information about our privacy practices you may call, write or visit our office at the address below. All requests concerning your PHI must be made in writing to:

**Joseph Fife, OD  
Paradise Canyon Eye Care  
1449 N 1400 W. Ste. 24  
St. George, UT 84770**

**Ph: 435-656-2003  
Fx: 435-634-8118  
ParadiseEye.com**