

## NOTICE OF PRIVACY PRACTICES

### Envision Eye Care

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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. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.**

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#### Our Legal Duty

We are required by applicable federal and state laws to maintain the privacy of your protected health information ('PHI'). We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your PHI. We are required to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices described in this notice while it is in effect. This notice takes effect July 6, 2017, and will remain in effect until we replace it.

We reserve the right to make the changes in our privacy practices provided that such changes are permitted by applicable law and the new terms are effective for all protected health information that we maintain, including medical information we created or received before we made the changes. We will provide you with a revised notice in person during your next office visit. You may also request a copy of our notice (or any subsequent revised notice) at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the bottom of this notice.

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.

#### **USES AND DISCLOSURES OF HEALTH INFORMATION**

We may use and disclose your PHI about you for treatment, payment, and health care operations. Following are examples of the types of uses and disclosures of your protected health care information that may occur. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

**Treatment:** We may use and disclose your PHI to provide, coordinate, or manage your eye and health care and any related services. This includes the coordination or management of your eye care with a third party or to other physicians who may be treating you. For example, 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.

**Payment:** Your PHI may be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care

services we recommended for you, such as: making a determination of eligibility or coverage for insurance benefits. 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:** “Health care operations” mean those administrative and managerial functions that we have to do in order to run our office. We may use or disclose, as needed, your PHI in order to conduct certain business and operational activities. These activities include, but are not limited to quality assessments, reviewing the competence or qualifications of health care professionals, and conduction training programs. For example, 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.

**Business Associates:** We will share your PHI with third party “business associates” that perform various activities for the practice. Whenever an arrangement between our office and a business associate involves the use or disclose of your PHI, we will have a written contact that contains terms that will protect the privacy of your PHI.

**Other Involved in Your Health Care:** Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person’s involvement in your care or payment related to your health care or needed for notification purposes. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care of your location, general condition, or death. We may disclose your PHI following your death to a family member or close personal friend who was involved in your care or payment prior to your death, however, we will not disclose any information if we are aware that you would not have wanted disclosure of your PHI.

**Marketing:** We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. In order to receive this information, we are required to obtain an authorization from you. Should you not wish to receive these marketing materials, you may opt out on the authorization or by advising us using the contact information listed at the end of this notice.

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.

## **USES AND DISCLOSURES FOR WHICH AN AUTHORIZATION OR AN OPPORTUNITY TO AGREE OR OBJECT IS NOT REQUIRED**

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:

- **Research; Death; Organ Donation:** We may use or disclose your PHI for research purposes in limited circumstances. We may disclose the PHI of a deceased person to a coroner, protected health examiner, funeral director, or organ procurement organization for certain purposes.
- **Public Health and Safety:** We may disclose your PHI to the extent necessary to avert a serious and imminent threat to your health or safety, or the health or safety of others. We may disclose your PHI

to a government health agency authorized to oversee the health care system or government programs or its contractors, and to public health authorities for public health purposes.

- **Health Oversight:** We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- **Abuse or Neglect:** We may disclose your PHI to a governmental agency that is authorized by law to receive reports of abuse, neglect, or domestic violence. In this case, the disclosure will be made consistent with the requirement of applicable federal and state laws.
- **Food and Drug Administration:** We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations; to track products to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.
- **Criminal Activity:** We may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.
- **Required by Law:** We may use or disclose your PHI when we are required to do so by law. For example, we must disclose your PHI to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with privacy laws. We may disclose your PHI when authorized by workers' compensation or similar laws. We may disclose your PHI in response to a court or administrative order, subpoena, discovery request or other lawful process, under certain circumstance. Under limited circumstances, such as a court order, warrant or grand jury subpoena, we may disclose your PHI to law enforcement officials.
- **Fugitive, material witness, crime victim, or missing person:** We may disclose PHI or an inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstances. We may disclose PHI where necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.
- **Specialized Government Activities:** We may disclose your PHI for military, national security, and prisoner purposes.

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, text, email and/or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call, text, email and/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, email, text, and/or leave you a reminder message on your home answering machine or with someone who answers your phone if you are not home.

## **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 the office contact person named at the bottom of this Notice.

## **YOUR PROTECTED HEALTH INFORMATION RIGHTS**

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

- **Restriction Requests:** You have the right to request that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement we may make a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing. You also have the right to restrict that we not share your PHI with a health plan for payment or operations purposes if the PHI relates to services for which you paid in full. For example, rather than allow us to file a claim with your vision insurance carrier for treatment of a specific eye condition, you chose to pay for the treatment in full, then you can restrict us from sharing your PHI related to that specific service with your vision insurance plan. To ask for a restriction, send a written request to the office contact person at the address, fax or E Mail shown at the bottom of this Notice.
- **Confidential Communication:** You have the right to ask us to communicate with you in a confidential way about your PHI by alternative means or to an alternative location, 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 must accommodate these requests if they are reasonable, specifies the alternative means or locations, and if you pay us for any extra cost. If you want to ask for confidential communications, you must send a written request to the office contact person at the address, fax or E mail shown at the bottom of this Notice.
- **Access:** You have the right to look at or get copies of your PHI, with limited exceptions. 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 request electronic copies of your PHI contained in electronic health records or you may request in writing or electronically that another person receive an electronic copy of your records. If you request a copy of your electronic records, it will be provided in the format requested or in a mutually agreed-upon format. You may have to pay for photocopies in advance. We also may charge you for the cost of any electronic media (such as a USB flash drive) used to provide a copy of the electronic PHI or a reasonable cost-based fee to locate and copy your PHI that is not electronic and postage if you want the copies mailed to you. If you prefer, we will prepare a summary or explanation of your PHI for a fee. 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. If you want to review or get photocopies of your health information, send a written request to the office contact person at the address, fax or E mail shown at the bottom of this Notice.
- **Amendment:** You have the right to request that we amend your PHI 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, you must send a written request, including your reasons for the amendment, to the office contact person at the address, fax or E mail shown at the bottom of this Notice.

- **Accounting of Disclosures:** You have the right to receive 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 bottom of this Notice.
- **Copies:** You have the right to 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 the office contact person at the address, fax or E mail shown at the bottom of this Notice.

## **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.

## **QUESTIONS AND COMPLAINTS**

If you believe that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI or in a response to a request you made, you may complain to us. You also may submit a written complaint to the U.S. Department of Health and Human Services, Office for Civil Rights. We support your right to protect the privacy of your PHI. 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, fax or E mail shown at the bottom of this Notice. If you prefer, you can discuss your complaint in person or by phone.

If you want more information about our privacy practices, call or visit the office contact person at the address or phone number shown at the bottom of this Notice.

**Name of Privacy Officer:** Heather Gebhart

**Address:** 14413 Illinois Rd. Ste. C  
Fort Wayne, IN 46814

**Telephone:** 260-616-0184

**E-Mail:** info@envision-eyes.com

**Fax:** 855-271-9517

