

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**

West Valley Vision Center (WVVC) maintains a record of the health care services we provide. This includes your symptoms, our findings, test results, diagnosis and treatment, health information from other providers, and billing and payment information relating to these services. Federal and state laws allow us to use this information to provide care for you but require us to protect the privacy of this information.

WVVC respects your privacy. We understand that your personal health information is very sensitive. **We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.** We are required by law to provide you with this notice of our privacy practices.

How your Health Information is Used

For treatment:

- Information will be used to help decide what care may be right for you.
- This information may be shared with other health care providers caring for you.

For payment:

- Diagnosis, procedures performed, or recommended care is provided to your health insurance plan so that we may receive payment from them.

For health care operations:

- Information may be used to assess and improve the quality of care we provide.
- We may contact you to remind you about appointments.
- Information may be used to conduct or arrange for services, including:
 - Medical quality review by your health plan;
 - Accounting, legal, risk management, and insurance services;
 - Audit functions, including fraud and abuse detection and compliance programs.

Your Health Information Rights

Your health and billing records we create and store are the property of WVVC. The protected health information in it, however, generally belongs to you. You have a right to:

- Receive, read, and ask questions about this Notice;
- Ask us to restrict certain uses and disclosures of your health information. You must deliver this request in writing to us. We are not required to grant your request, but if we can and do grant it, we will comply with your wishes;
- Receive from us a copy of this Notice;
- See and obtain a copy of your protected health information. Please make this request in writing;
- Ask us to change your health information. Please make this request in writing;
- Receive a list of disclosures of your health information (excluding disclosures to third-party payors);
- Cancel prior authorizations to use or disclose health information. Again, please make this request in writing.

Our Responsibilities

We are required to:

- Keep your protected health information private;
- Give you this Notice;
- Follow the terms of this Notice.

We may change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting our facility to pick one up.

To Ask for Help or Complain

If you have questions, want more information or want to report a problem about the handling of your protected health information, you may contact the Site Coordinator at WVVC during regular business hours. You may also deliver a written complaint to our Site Coordinator. You may also file a complaint with the U.S. Secretary of Health and Human Services. If you file a complaint, we will not retaliate against you.

Other Disclosures and Uses of Protected Health Information

Notification to Family and Others

- We may release health information about you to a friend or family member ***who is involved in your medical care.***
- We may also give information to someone who helps pay for your care.
- We may tell your family or friends your condition and that you are in a hospital.
- We may disclose health information about you to assist in disaster relief efforts.
- Sometimes care is provided in a group setting where others may overhear sensitive health information.

You have the right to object to this use or disclosure of your information. If you object in writing, we will not use or disclose the information.

Other situations where your health information may be used without your authorization:

- **For Medical Researchers**-If the research has been approved and has policies to protect the privacy of your health information.
- **To the Food and Drug Administration** relating to problems with regulated products.
- **To Comply With Workers' Compensations Laws**
- **For Public Health and Safety Purposes as Allowed or Required by Law**, to prevent or reduce a serious threat to the health or safety of a person or the public.
- **To Report Suspected Abuse or Neglect** to public authorities.
- **To Correctional Institutions** if you are in jail or prison, as necessary for your health and the health safety of others.
- **For Law Enforcement Purposes** such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime.
- **For Health and Safety Oversight Activities**- For example, we may share health information with the Department of Health.
- **For Work Related Conditions that Could Affect Employee Health**- For example, an employer may ask us to assess health risks on a job site.
- **To the Military Authorities of U.S. and Foreign Military Personnel**- For example, the law may require us to provide information necessary to a military mission.
- **In the Course of Judicial/Administrative Proceedings** at your request, or as directed by a subpoena or court order.
- **For Specialized Government Functions**- For example, we may share information for national security purposes.

Other uses and Disclosures of Protected Health Information will be made only as allowed or required by law or with your written authorization.

Effective date of this notice: May 12, 2004