

EYEDENTITY EYE CARE
Vision Source
10170 W. Tropicana Ave. Suite #153, Las Vegas, NV 89147

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THE INFORMATION.

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 of how we use or disclose information for treatment purposes are as follows: setting up appointments; testing or examining your eyes; prescribing glasses, contacts, 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. These are some examples of how we use or disclose your health information for payment purposes: asking you about your health or vision care plans or other sources of payment, preparing and sending bills or claims, or collecting unpaid amounts. "Health care operations" refer to administrative and managerial functions which we have to do in order to run our office. These are some examples of how we use or disclose your health information for health care operations: 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.

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 will usually not ask you for special written permission.

We will ask for written permission from you when requests are received for copies of your records.

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your health information without our 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:

- When a state or federal law mandates that certain health information be reported for a specific purpose.
- For public health purposes, such as contagious disease reporting, investigation or surveillance, and notices to and from the FDA regarding drugs or medical devices.
- Disclosures to government authorities about victims of suspected abuse, neglect or domestic violence.
- Uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws.
- Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies.
- For law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else.
- To a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations.
- Uses or disclosures for health-related research.
- Uses and disclosures to prevent a serious threat to health or safety.
- For specialized government functions, such as for the protection of the president or high-ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the Foreign Service.
- Disclosures of de-identified information.
- Disclosures relating to workers' compensation programs.
- Incidental disclosures that are an unavoidable byproduct of permitted uses or disclosures.
- Disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health 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.

APPOINTMENT REMINDERS

We may call or write to remind you of your appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office.

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. You or we may initiate the process to have your information sent to us or to another office. You may at anytime refuse to sign the authorization form or revoke its use in writing.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

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

- Restrict our uses and disclosures for purposes of treatment (except emergency treatment) or payment of health care operations; however, we do not have to agree to this.
- Ask us to communicate with you in a confidential way. We will accommodate these requests if they are reasonable.
- Ask to see or get photocopies of your health information. 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 information within 30 days of asking. We do not store all of your data electronically and cannot provide electronic copies of data that is not stored electronically.
- Ask us to amend your health information if you feel 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 the persons whom we know received the wrong information, and others whom 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 rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information.
- Get a list of 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 of health care operations, disclosures with your authorization, incidental disclosures, disclosures required by law. Some other limited disclosures also apply.
- Get additional paper copies of this Notice of Privacy Practices upon request.
- You have the right to restrict disclosure of information to an insurer if services are paid for fully out of pocket by you and you notify us that you do not wish to have your information released.

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 and have copies available in our office.

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 of Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to Eyedentity Eye Care, LLC at the address at the top of Page 1 of this Notice. If you prefer, you can discuss your complaint in person or by phone. If a legitimate breach is found, it will be reported to the U.S. Department of Health and Human Services, Office of Civil Rights.

SEPTEMBER 23, 2013

You have the right to request that we not release any information for services paid completely by you that are not coordinated with insurance. We do not participate in any fundraising or marketing activities involving our patients where patient information is released to any party by us. You can request both hard copies and electronic copies of your medical records, but at this time we are not providing electronic copies because we cannot ensure the safe transmission of them. We can give you a hard copy of your records if you give us a signature release. If we become aware of any security breaches in the future, they will be reported to the U.S. Department of Health and Human Services, Office of Civil Rights.