

## Henry Vision Center 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. **Henry Vision Center, LLC** respects your privacy and understands that medical information about you and your health is personal and sensitive. Generally, we are required by law to ensure that medical information that identifies you is kept private.

This notice describes the ways we may use and disclose medical and other personal information about you. It also describes our legal duties and privacy practices with respect to medical information about you and we are required to follow the terms of the notice that are currently in effect. **Henry Vision Center, LLC** must follow both federal and state law when using and disclosing your medical information. In cases where both federal and state law gives similar protection, **Henry Vision Center, LLC** generally follows the law that gives greater protection of your rights, or privacy of your medical information. Some examples are laws that provide special protections for medical information about mental health, alcohol and drug abuse, HIV/AIDS, and Sexually Transmitted Diseases.

### Your medical information may be used or disclosed for:

· **Treatment.** **Henry Vision Center, LLC** may use medical information about you to provide you with medical treatment or services. We may share medical information about you with doctors, nurses, technicians, office staff, or other authorized personnel who are involved in your health care. Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions to your pharmacy.

· **Payment.** We may use and share medical information about you so that we can collect payment from you, your insurance company, or another third party for the treatment and services you receive at **Henry Vision Center, LLC**. We may also tell your health plan or health insurer about a treatment you are going to receive to obtain prior approval or to determine if your insurance plan will cover it.

· **Health Care Operations.** We may use and share medical information about you for operational purposes. These uses are necessary for **Henry Vision Center, LLC** to operate efficiently and effectively. We may also share your health information with other individuals (such as consultants and attorneys) and organizations that help us with our business activities. If we share your health information with other organizations for this purpose, they must also agree to protect your privacy, pursuant to agreements **Henry Vision Center, LLC**.

· **Appointment Reminders.** We may contact you in writing or by phone to remind you that you have an appointment for treatment or medical care with **Henry Vision Center, LLC**.

· **Treatment Alternatives.** We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

· **Health-Related Benefits and Services.** We may tell you about health-related benefits, services, or healthcare education classes or health fairs that may be of interest to you.

· **Individuals Involved in Your Care or Payment for Your Care.** We may release or disclose medical information about you to a friend or family member who is involved in your health care, or to someone who helps pay for your care.

· **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local laws or regulations.

· **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat from materializing.

· **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

· **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

· **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

· **Public Health and Safety.** We may disclose medical information about you for public health activities. These activities generally include the following: To prevent or control disease, injury or disability; To report vital statistics such as births or deaths; To report suspected abuse, neglect or domestic violence to the appropriate government authority; To report reactions to medications or problems with products; To notify people of recalls of products they may be using; To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

· **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law such as audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

· **Legal Proceedings.** We may disclose medical information about you in the course of any legal proceeding in response to an order of a court or administrative agency and, in certain cases, in response to a subpoena, discovery request, or other lawful process.

· **Law Enforcement.** We may release medical information in certain situations if asked to do so by a law enforcement official: In response to a court order, subpoena, warrant, summons, or similar process; To identify or locate a suspect, fugitive, material witness, or missing person; About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; About a death we believe may be the result of criminal conduct; About criminal conduct which may involve **Henry Vision Center, LLC**; and In emergency circumstances to report a crime; the location of the crime; or the identity, description, and/or location of the victim or person who may have committed the crime.

· **Coroners, Medical Examiners, and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of **Henry Vision Center, LLC** to funeral directors as necessary to carry out their duties.

· **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law or in connection with providing protective services to the president of the United States or foreign heads of state.

· **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official for certain purposes, such as providing health care to you or protecting your health and safety or that of other individuals.

### **Your Health Information Rights:**

#### **You have the right to:**

· Request restrictions by asking that we limit the way we use or disclose your medical information for treatment, payment, or healthcare operations. You may also ask that we limit the information we give to someone who is involved in your care, such as a family member or friend. If the request is reasonable and legal we will agree to your request. If we do agree, we will honor your restriction unless it is an emergency. We ask that you make your request in writing.

· Ask that we communicate with you by another means to preserve confidentiality. For example, if you want us to communicate with you at a different address or telephone number, we can usually accommodate your request if it is reasonable. We ask that you make your request in writing.

· Request access to, or a copy of, your health information. We will ask that you make your request specific and in writing. We may charge a reasonable fee for the cost of producing and mailing the copies. In certain situations, we may deny your request and will tell you why we are denying it, such as with psychotherapy notes. You have the right to ask for a review of our denial.

· Ask us to amend your health information in our records that you believe is incorrect or incomplete. Your request for amendment must be in writing and provide the reason for your request. In certain cases, we may deny your request. If so, we will notify you in writing. You may respond by filing a written statement of disagreement with us and ask that the statement be included with your health information.

· Seek an accounting of who we have shared your information with by asking us in writing for a list. We do not account for disclosures made for treatment, payment, healthcare operations, information provided to you, government functions, and disclosures made prior to February 13, 2009. You may receive one list per year at no charge. If you request another list during the same year, we may charge you a reasonable fee.

· Receive a paper copy of this notice. We will offer you a copy of the notice the first time you register or present for treatment or healthcare services **Henry Vision Center, LLC**. You may request a copy of this notice at any time.

### **Other Uses of Medical Information:**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission prior to a revocation and that in any event we are required to retain our records of the care that we provided to you.

### **Changes to This Notice:**

We reserve the right to change the terms of this notice at any time. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at patient registration areas **Henry Vision Center, LLC**. The notice will contain the effective date at the top of the first page.

### **Questions of Complaints:**

If you have any questions about this notice or your privacy rights, or you wish to file a complaint **Henry Vision Center, LLC**, please contact our HIPAA Privacy Officer at 770-474-5617 or write to:

**Henry Vision Center, LLC** Attn: Privacy Officer 3656 Hwy 138 SE Stockbridge, GA 30281.

If we cannot resolve your concern, you may file a complaint with the Secretary of the Department of Health and Human Services (DHHS). You will not be penalized for filing a complaint.