

## Purpose and Legal Requirements:

20/20 Vision Clinic, Ilc cares about the privacy and confidentiality of your information. This Notice gives a summary of those steps, explains your privacy rights, and gives you phone numbers and addresses you can use to ask questions or to make requests. We encourage you to read this 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.**

20/20 Vision Clinic, Ilc uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of 20/20 Vision Clinic, Ilc.

### **We are required by law to:**

Make sure that medical information that identifies you is kept private.

Give you this Notice of our legal duties and privacy practices with respect to your medical information.

Follow the terms of this Notice as long as it is in effect. If we revise this Notice, we will follow the terms of the revised Notice as long as it is in effect.

### **How 20/20 Vision Clinic, Ilc May Use or Disclose Your Health Information**

**For Treatment.** We may use your health information to provide you with medical treatment or services. An optometrist or other person providing health services to you, will record information in your record that is related to your treatment. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to the actions. If you have been referred into our facility from another healthcare provider, that referring doctor may have sent information about you in advance to help in our treatment of you. We will provide your referring healthcare provider with copies of your record or reports that will assist him/her in your treatment and health care after you have completed your management from our facility.

**For Payment.** 20/20 Vision Clinic, Ilc may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

**For Health Care Operations.** 20/20 Vision Clinic, Ilc may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, and others to:

- evaluate the performance of our staff;
- assess the quality of care and outcomes in your cases and similar cases;
- learn how to improve our facilities and services; and
- determine how to continually improve the quality and effectiveness of the health care we provide.

**Appointments.** We may use your information to provide appointment reminders or other health-related benefits and services that may be of interest to you. You or a family member may be contacted by postcard and/or by an automated telephone voice system at the number you have provided for contact to remind you of an upcoming appointment.

**Notification.** We may use or disclose information to notify or assist in notifying a family member or personal representative responsible for your care of your general condition. You have the right to restrict who we may disclose information to.

**Marketing.** 20/20 Vision Clinic, Ilc in compliance with both Federal and State restrictions cannot disclose your health information to 3rd parties for marketing purposes unless an authorization to do so is obtained from you in advance. However, the University Eye Institute may directly market to you by face-to-face or by mail for services, procedures or materials offered by 20/20 Vision Clinic, Ilc that may be of benefit to you. If you do not wish to receive this information, you have the right to be removed from our mailing list.

**As required by law.** We may use and disclose information about you as required by law. For example, we may disclose information for the following purposes:

for judicial and administrative proceedings pursuant to legal authority;

to report information related to victims of abuse, neglect or domestic violence; and

to assist law enforcement officials in their law enforcement duties;

**Public Health/Health Oversight Activities.** We may disclose your medical information for public health activities, including for the reporting of disease, or vital events. We may disclose your medical information to a health oversight agency for oversight activities authorized by law.

**Disaster Relief.** We may use or disclose your medical information to a public or private entity, such as the American Red Cross, for the purpose of coordinating with that entity to assist in disaster relief efforts.

**Decedents.** Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

**Health and Safety.** Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

**Government Functions.** Your health information may be disclosed for specialized government functions such as protection of public officials or reporting to various branches of the armed services.

**Workers' Compensation.** Your health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation.

**Other uses.** Other uses and disclosures will be made only with your written authorization and you may revoke the authorization except to the extent The University Eye Institute has taken action in reliance on such.

### **Your Health Information Rights**

You have the right to:

request a restriction on certain uses and disclosures of your information as provided by 45 C.F.R. §164.522

obtain a paper copy of the notice of information practices upon request;

inspect and obtain a copy of your health record as provided for in 45 C.F.R. §164.524;

request that your health record be amended as provided in 45 C.F.R. §164.526;

request communications of your health information by alternative means or at alternative locations; and

receive an accounting of disclosures made of your health information as provided by 45 C.F.R. §164.528.

### **Complaints**

You may complain to 20/20 Vision Clinic, Ilc and to the Department of Health and Human Services (Office of Civil Rights) if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

### **Obligations of 20/20 Vision Clinic, Ilc**

maintain the privacy of protected health information;

provide you with this notice of its legal duties and privacy practices with respect to your health information;

abide by the terms of this notice;

notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;

accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations; and

**20/20 Vision Clinic, Ilc** reserves the right to change its information practices and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you by upon your next visit.

### **Contact Information**

*G.R. Mcguirt, OD 20/20 Vision Clinic, Ilc 4816 Nelson Rd Lake Charles, LA 70605 337-478-2020*

**[vision@2020clinic.com](mailto:vision@2020clinic.com)**

*I acknowledge I have received the notice of privacy from 20/20 Vision Clinic, Ilc.*

*Patients name:* \_\_\_\_\_

*Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_

*Relationship to patient:* \_\_\_\_\_

*May we contact you by phone?    \_\_\_\_\_yes    \_\_\_\_\_no*