

Center for Sight, Inc.

Notice of Patient 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.

We understand that your health information is personal to you, and we are committed to protecting the information about you. This Notice of Privacy Practices (or “Notice”) describes how we will use and disclose protected information and data that we receive or create related to your health care.

Uses and Discloses of Your Health Information

The following categories describe examples of the way we use and disclose medical information:

Treatment: We may use medical information about you to provide, coordinate, and manage your treatment or services. We may disclose your health information to other doctors, nurses, technicians, or other personnel who are involved in your care. We may communicate your information either orally, in writing by mail, or via facsimile.

Payment: Your health information may be used to seek payment from your health plan, other sources of coverage such as an automobile insurer, or credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

** We must agree to restrict the disclosure of protected health information to a health plan for purposes of carrying out payment or health care operations (as defined by HIPAA) if the information pertains solely to a health care item or service for which we have been paid by your out-of-pocket, and in full.*

Health Care Operations: Your health information may be used as necessary to support the day-to-day activities and management of Center for Sight, Inc. For example, information of the services you received may be used to support budgeting and financial reporting, activities to evaluate and promote quality and to insure that our practice is meeting various legal requirements. In addition, we may also call you by name in the reception room when your physician is ready to see you.

Additional Uses of Information:

- **Appointment reminders** – Your health information will be used by our staff to call/send you appointment reminders and notices regarding your optical and contact lens orders.

- **Communication with family:** We may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care.
- **Information about treatments:** Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest.

Business Associates: There are some services provided in our organization through contracts with business associates (i.e. software support for electronic health records, practice management, consultants, and services for maintaining records). If these services are contracted, we may disclose your health information to them so that they can perform the job we have asked them to do on our behalf. To protect your health information, however, we require the business associate to appropriately safeguard your information through a written contract. In addition, business associates are individually required to abide by the HIPAA Rules.

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may release medical information about you to a friend or family member who is involved in your medical care or who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object.

We may use or disclose your health information in the following situations without your authorizations or without providing you with an opportunity to object.

As required by law: We may use and disclose health information to the following types of entities, including

- Food and Drug Administration
- Public Health or Legal Authorities charged with preventing or controlling disease, injury, or disability.
- Correctional Institutions
- Workers Compensation Agents
- Organ and Tissue Donations Organizations
- Military Command Authorities
- Health Oversight Agencies
- Funeral Directors, Coroners, and Medical Directors
- National Security and Intelligence Agencies
- Protective Services for the President and others
- Authority that receives reports on abuse and neglect

Law Enforcement/Legal Proceedings: Your health information may be disclosed to law enforcement purposes as required by law in response to a valid subpoena.

State Specific Requirements: Many states have requirements for reporting, including population-based activities relating to improving health or reducing health care costs.

Other uses and disclosures require your authorization. Disclosures or uses of your health information for a purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before we received the written revocation.

Your Rights Regarding Your Medical Information Although your health record is the physical property of the facility that compiled it, you have the following rights regarding your Protected Health Information (PHI):

- To inspect and copy your protected health information.
- To request an amendment or submit corrections to your protected health information.
- To receive an accounting of disclosures of your health information.
- To request restrictions on the health information we may use and disclose for treatment, payment, and health care operations. We are not required to agree to these requests. To request restrictions, please send a written request to the address below.
- To receive confidential communications concerning your medical condition and treatment.
- To receive a copy of this Notice.

Requests to Inspect Your (PHI) We require that requests to inspect or copy PHI be submitted in writing. You may obtain a form to request access to you records from the contact person below.

Our Duties We are required by law to maintain the privacy of your protected health information, and to provide you with notice of privacy practices. We are also required to follow the terms of the Notice currently in effect.

Changes to This Notice We may change the terms of this Notice at any time. Any revised notice will be effective for all health information that we maintain. The effective date of a revised Notice will be noted. A copy of the current Notice in effect will be posted. You may request a copy of the current Notice at any time.

Complaints If you would like to submit a comment or if you feel your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. You may file a complaint with our office by sending a letter outlining your concerns to the person listed below:

Practice Administrator
Center for Sight, Inc.
1565 North Main Street Fall River, MA 02720
(508) 730-2020

All complaints will be investigated thoroughly and you will not be penalized for filing a complaint