



HIPAA Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to that information. Please review it carefully.

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you this Notice and describe how we protect your health information and what rights you have regarding it.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your Personal Health Information (PHI) may be used and disclosed by your doctor, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the doctor's practice, and any other use required by law.

Treatment: We use or disclose you PHI to provide, coordinate or otherwise manage your health care. Examples of use or disclosure include: setting up an appointment for you, testing or examining your eyes, prescribing glasses, contact lenses or medications and faxing them to be filled, referring you to another doctor for eye care or medical services, or getting copies of your health information from a previous health care professional.

Payment: Your PHI will be used, as needed, to obtain payment for your eye care services. Examples of this include: asking you about your health care plan, vision care plan, or other sources of payment, preparing and sending bills or claims, and collecting unpaid amounts (either ourselves or through a collection agency or attorney).

Health Care Operations: We may use or disclose, as needed, you PHI in order to support the business activities of this office. Examples of health care operations include: financial audits, internal quality assurance, personnel decisions, participation in managed care plans, defense of legal matters, and business planning.

We routinely use your PHI inside our office for these purposes without any special permission. If we need to disclose your health information for purposes other than listed above, we will ask you for your written permission.

Unless you object, we will also share relevant information about your care with personal representatives (powers of attorney, family members, caregivers, etc.) who are assisting you with your health care.

USES OR DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your PHI without your permission. Not all these situations will apply to us, some may never come up at all. These situations include:

- Required by Law when certain health information must be reported for a specific purpose or for public health issues such as contagious disease reporting.
- Abuse or neglect reports to governmental authorities about suspected victims.
- Food and Drug Administration requirements for medical devices or drugs.
- Orders of Court or subpoenas for law enforcement or legal proceedings.
- Health Oversight Activities, such as licensing for doctors, audits of Medicare or health care law violations.
- Health related research.
- Criminal Activity
- Military and National Security requirements for government officials or members of the foreign service.
- Worker's Compensation determination.
- Business Associates who may perform certain functions on our behalf and are contracted to protect your privacy.

Under the law, we must make disclosures to you when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

APPOINTMENT/MATERIALS REMINDERS

We may call or write to remind you of scheduled appointments, or that it is time to make an appointment. We also call or write to notify you when ordered optical supplies (eyeglasses, contact lenses, etc.) are ready to be dispensed to you. Unless you tell us otherwise, we may leave such messages by voicemail or with someone who answers your telephone.

OTHER USES OR DISCLOSURES

We will not make any other uses or disclosures of your PHI unless you sign a written "authorization form". The content of an authorization form is determined by federal law. Sometimes, we may initiate the authorization process if the use or disclosure is our idea. Sometimes, you may initiate the process if it's your idea for us to send your PHI to someone else. If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

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

- Ask us to restrict our uses and disclosures for purposes of treatment, payment or health care operations. We do not have to do this, but if we agree, we must honor your restrictions. Restriction requests must be in writing.
- Ask us to communicate with you in a confidential way, such as phoning you at work rather than at home or mailing health information or bills to an alternate address. We will accommodate these requests if they are reasonable, and if you pay any additional costs that we may incur. Confidential communication requests must be made in writing.
- Ask to see photocopies of your PHI. 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 view or obtain a copy of your PHI within 30 days of the request. If we deny your request, we will send you a written explanation. We reserve the right to charge a nominal fee for copying which must be paid in advance. Requests for review or photocopies of your PHI must be in writing.
- Ask us to amend your PHI if you think it is incorrect or incomplete. If we agree, we will amend the information within 60 days of the request. If we do not agree, you can write a statement of your position and our rebuttal will be included with your PHI, we will include them when we make permitted disclosures of your health information. Requests for amendments to records must be in writing.
- Get a list of the disclosures that have been made, if any, of your PHI. By law, the list will not include disclosures made to you, disclosures for the purpose of treatment, payment or health care operations, authorized or incidental disclosures, and disclosures required by law. You are entitled to one such list per year without charge. If you desire lists more frequently, we will charge a nominal fee which must be paid in advance. We will usually provide such a list within 60 days of your request. Requests for lists of disclosures must be in writing.

OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this Notice of Privacy Practices. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, we will post the new Notice in our office and have copies available.

COMPLAINTS

If you think that we have not properly respected the privacy of your health information, you may complain to us or to the US Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint. Complaints may be made to us in writing, by phone or in person.

Please address all communication regarding this notice to:

Megan Tooley
610.921.9200

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