

EYE CARE FOR TULSA
Notice of Privacy Practices

Effective: April 14, 2003

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.

Eye Care for Tulsa (ECFT) creates a record of the care and services you receive in the practice. Your medical records and billing information are systematically created and retained on a variety of media which may include computers, disks, CDs, paper and film. That information is accessible to practice personnel and members of the medical staff. Proper safeguards are in place to discourage improper use or access. We are required by law to protect your privacy and the confidentiality of your personal and protected health information and records. This Notice describes your rights and our legal duties regarding your protected health information.

A. **DEFINITIONS:** At times you may see or hear new terms in relation to this Notice. Some of the terms you may hear and their definitions are

- **Protected Health Information or PHI** is your personal and protected health information that we use to render care to you and bill for services provided.
- **Privacy Officer** is the individual at ECFT who has responsibility for developing and implementing all policies and procedures concerning your PHI and receiving and investigating any complaints you may have about the use and disclosure of your PHI.
- **Business Associate** is an individual or business, independent of ECFT that works for us to help provide ECFT or you with services.
- **Authorization**: we will obtain an authorization from you giving us permission to use or disclose your protected health information for purposes other than for your treatment, to obtain payment of your bills and for health care operations of this practice.

B. **THIS PRACTICE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR SPECIFIC CONSENT FOR THE FOLLOWING:**

- **Treatment**. We may use protected health information about you to provide you with medical treatment or services. We may disclose protected health information about you to doctors, nurses, technicians, medical students, or other practice personnel who are involved in taking care of you at ECFT.
- **Payment**. We may use and disclose protected health information about you so that the treatment and services you receive at ECFT may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about services you received from us so your health plan will pay us or reimburse you for the services. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **Health Care Operations**. We may use and disclose protected health information about you for ECFT operations. These uses and disclosures are necessary to run the practice and make sure that all of our patients receive quality care. For example, we may use protected health information about your high intra-ocular pressure to review our treatment and services, to evaluate the performance of our staff in caring for you and to train health professionals. We may also combine protected health information about many practice patients to decide what additional services the practice should offer, what services are not needed, and whether certain new treatments are effective. We may also combine protected health information we have with protected health information from other practices to compare how we are doing and see where we can make improvements in the care and services we offer.
- **Business Associates**. We may disclose your protected health information to Business Associates independent of ECFT with whom we contract to provide services on our behalf. However, we will only make these disclosures if we have received satisfactory assurance that the Business Associate will properly safeguard your privacy and the confidentiality of your protected health information. For example, we may contract with a company outside of the practice to provide medical transcription services for the practice, or to provide collection services for past due accounts.
- **Health Related Benefits and Services**. We may use and disclose your protected health information to tell you about health-related benefits or services or recommend possible treatment options or alternatives that may be of interest to you.
- **Fundraising Activities of Practice**. We may use or disclose your protected health information to contact you in an effort to raise money for the practice and its operations. We would only release contact information, such as your name, address and phone number and the dates you received treatment or services at the practice. If you do not want the practice to contact you for fundraising efforts, please notify the Privacy Officer.
- **Patient Directory/Daily Schedule**. We may include certain limited information about you in the practice's daily patient schedule on the days you are being seen or treated at ECFT. This information may include your name, location in the practice and your general condition (e.g., good, fair, etc.). This may be released to people who ask for you by name. This is so your family can contact you while you are at ECFT.
- **Individuals Involved in Your Care or Payment for Your Care**. We may release protected health information to a friend or family member who is involved in your medical care. We may also give protected health information to someone who helps pay for your care. We may also disclose protected health 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.

- Appointment Reminders. We may use and disclose your protected health information to contact you as a reminder that you already have an appointment for treatment or medical care at ECFT or that it is time for you to schedule an appointment. This may be done through an automated system or by one of our staff members or by sending a card. If you are not at home we may leave this information on your answering machine or in a message left with the person answering the telephone.
- Organ and Tissue Donations. If you are an organ donor, we may release protected health 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. If you are a member of the armed forces, we may release protected health information about you as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.
- Worker's Compensation. We may release protected health information about you for workers' compensation or similar programs as authorized by state laws. These programs provide benefits for work-related injuries or illness.
- Public Health Reporting. We may disclose protected health information about you for public health activities, to, for example:
 - prevent or control disease, injury or disability.
 - report birth defects or infant eye infections.
 - report cancer diagnoses and tumors:
 - report child abuse or neglect:
 - report reactions to medications or problems with products;
 - notify people of recalls of products they may be using;
 - notify the Oklahoma State Department of Health that a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition such as HIV, Syphilis, or other sexually transmitted diseases;
 - notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence, if you agree or when required by law.
- Health Oversight Activities. We may disclose protected health information to a health oversight agency for activities necessary for the government to monitor the health care system, government programs, and compliance with applicable laws. These oversight activities include, for example, audits, investigations, inspections, medical device reporting and licensure.
- Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court or administrative order. We may also disclose protected health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- Law Enforcement. We may release protected health information 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 at the practice; in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- Coroners, Medical Examiners and Funeral Directors. We may release protected health 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 protected health information about patients of the practice to funeral directors as necessary to carry out their duties.
- National Security and Intelligence Activities. We may release protected health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- Protective Services for the President and Others. We may disclose protected health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state to conduct special investigations.
- Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the correctional institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU:

You have the following rights regarding protected health information we maintain about you

- Right to Inspect and Copy You have the right to inspect and request a copy of your protected health information, except as prohibited by law.
- To inspect and/or request a copy of your protected health information that may be used to make decisions about you, you must submit your request using an written Authorization. If you request a copy of the information, we may charge a per page fee appropriate with state law to offset the costs associated with the request.

We may deny your request to inspect and copy in certain circumstances. If you are denied access to certain protected health information, you may request that the denial be reviewed. Another licensed health care professional chosen by the practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- Right to Amend. If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the practice. To request an amendment, your request must be made in a writing that states the reason for the request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - is not part of the protected health information kept by or for the practice;
 - is not part of the information which you would be permitted to inspect and copy; or
 - is accurate and complete.
- Right to an Accounting of Disclosures. You have the right to request one free accounting every 12 months of those disclosures we made of your protected health information beyond those permitted in section B. To request this list, you must submit your request in writing. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically) For additional lists within the 12 months, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
 - Right to Request Restrictions. You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a condition you have. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.
 - Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

D. CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for protected health 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 in the practice. The notice will contain on the first page, near the top, the effective date. In addition, each time you register at the practice for treatment or health care services we will make available to you a copy of the current notice in effect

E. SPECIFIC CONSENT FOR OTHER USES OF PROTECTED HEALTH INFORMATION:

Other uses and disclosures of protected health information not covered by this notice or the laws that apply to us will be made only with your written specific consent. If you provide us written authorization to use or disclose protected health information about you, you may revoke that authorization, in writing, at any time. If you revoke your specific consent, we will no longer use or disclose protected health 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 specific consent, and that we are required to retain our records of the care that we provided to you

F. COMPLAINTS

If you believe your privacy rights have been violated, you may file a written complaint with the practice or with the Secretary of the Department of Health and Human Services.

The complaint to the Secretary must be filed within 180 days of when the complainant knew or should have known that the act or omission complained of occurred. The complaint must be in writing, either on paper or electronically, name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the standards.

You will not be penalized for filing a complaint

To file a complaint with the practice, write:
Privacy Officer
Eye Care for Tulsa
1145 S. Utica Ste. 162
Tulsa, OK 74104
918-585-1523

To file a complaint with the Secretary of the Department of Health and Human Services, contact:
The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
HHS Mail@hhs.gov