



NOTICE OF PRIVACY PRACTICES

This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully.

At Arvada Vision & Eye Clinic, P.C., we have always kept your health information secure and confidential. HIPAA laws require us to continue maintaining your privacy, to give you this notice, and to follow the terms of this notice.

The law permits us to use or disclose your health information to those involved in your treatment. For example, a review of your file by a specialist doctor whom we may involve in your care.

We may use or disclose your health information for our normal healthcare operations. For example, our staff will enter your information into our computer, and we may use that information to evaluate the performance of staff. We may also call your name when we are ready to see you.

We may use or disclose your health information for payment of your services. For example, we may send a report of your progress to your insurance company or worker's compensation coverage. You have the right to let us know, in writing, if you do not want us to share health information with your health insurance company for services you paid for in cash.

We may share your health information with our business associates, such as a billing service. We have a written contract with each business associate that requires them to protect your privacy.

We may use your information to contact you. For example, we may send newsletters or other information. We may also want to call and remind you about your appointments. If you are not home, we may leave this information on your answering machine or with the person who answers the telephone. We will use whatever address or telephone number you have provided us.

Provided we do not receive any payment for making these communications, we may use your information to email you information. There is an option in the email to "opt out" of any future information. We will never sell patient information to a business associate or any third party for that party's own purpose or use your information for fundraising efforts without obtaining your written authorization.

We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

In an emergency, we may disclose your health information to a family member or another person responsible for your care. We may also share your health information with a disaster relief organization to coordinate care and/or locate family member in the event of a disaster.

We may release some or all of your health information when required by law. We may also disclose your health information to public health authorities and health over sight agencies for communication of required health concerns and inspections, licensure and audits. We may also disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an institutional review board or privacy board, in compliance with governing law. We may disclose your health information to coroners in their investigations of deaths.

If this practice is sold, your information will become property of the new owner.

Except as described above, this practice will not use or disclose your health information without your prior written authorization. You may revoke your authorization in writing at any time. You have the right to request limits or restrictions on certain uses and disclosures of your health information by a written request specifying what those limitations or restrictions are. We reserve the right to accept or reject any request and will notify you of our decision.

You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses. You may contact our Privacy Officer in writing for that information.

You have the right to transfer copies of your health information to another practice or request a copy, with limited exceptions, for yourself (we may charge you a reasonable fee for the copies). You will need to fill out a medical records request form. You may obtain a form by calling our medical records department at 970.221.2222. You have the right to request that you receive your health information in a specific way or at a specific location. We will comply with all reasonable requests submitted in writing that specify how or where you wish to receive these communications.

You have the right to request that we amend your health information that you believe to be incorrect or incomplete by making that request in writing and including the reasons. If we deny your request, we will do so in writing, explaining our reasons.

In the case of a breach of unsecured protected health information, we will notify you as required by law.

You have the right to receive a copy of this notice in either paper or electronic format.

If you would like to have a more detailed explanation of these rights, assistance regarding your health information privacy, or would like to exercise one or more of these rights, please contact our Privacy Officer at 970.221.2222. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to the Department of Health and Human Services, 999 18th Street, Suite 417, Denver, CO 80202 or www.hhs.gov. You will not be retaliated against for filing a complaint.

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this notice. After an amendment is made, the revised Notice of Privacy Practices will apply to all protected health information that we maintain, regardless of when it was created or received.