

THE CHILDREN'S EYE CENTER **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.

THIS NOTICE TAKES EFFECT ON APRIL 14, 2003 AND REMAINS IN EFFECT UNTIL WE REPLACE IT.

ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE

You will be asked to provide a signed acknowledgement of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights.

1. OUR PLEDGE REGARDING MEDICAL INFORMATION

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at The Children's Eye Center. We need this record to provide you with quality care and to comply with certain legal requirements.

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use or disclose your protected information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our system except when the release is required or authorized by law or regulation.

2. OUR LEGAL DUTY

Law Requires Us to:

- *Make sure that your protected health information is kept private.*
- *Give you this notice of our legal duties and privacy practices related to the use and disclosure of your protected health information.*
- *Follow the terms of the notice currently in effect.*
- *Communicate any changes in this notice to you.*

We have the Right to:

- *Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.*
- *Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.*

Notice of Change to Privacy Practices:

- *Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.*

3. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following section describes different ways that we use and disclose medical information. We have listed all of the different ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

- ***Required Uses and Disclosures***

By law, we must disclose your health information to you unless determined by a competent medical authority that it would be harmful to you. We must also disclose health information to the Secretary of the Department of Health and Human Services (DHHS) for investigations or determinations of our compliance with laws on the protection of your health information.

- ***Treatment***

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other people who are taking care of you. We may also share medical information about you to your other health care providers to assist them in treating you. This includes pharmacists who may be provided information on other drugs you have been prescribed to identify potential interactions.

In emergencies, we will use and disclose your protected health information to provide the treatment you require.

- ***Payment***

Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities The Children's Eye Center might undertake before it approves of payment for the health care services recommended for you such as determining eligibility or coverage for benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

- ***Health Care Operations***

We may use or disclose, as needed, your protected health information to support the daily activities related to health care. These activities include, but are not limited to, quality assessment activities, investigations, oversight or staff performance reviews, training of medical student, licensing, communications about a product or service, and conducting or arranging for other health care related activities.

For example, we may call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with third-party “business associates: who perform various activities (for example, billing, transcription services) for The Children’s Eye Center. The business associates will also be required to protect your health information.

- ***Notification***

We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general condition.

- ***Communication with family***

Health professionals, using their best judgment, 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 or payment related to your care.

- ***Public Health***

We may disclose your protected health information to a public health authority who is permitted by law to collect or receive the information. The disclosure may be necessary to do the following:

- Prevent or control disease, injury, or disability.
- Report births and deaths.
- Report child abuse or neglect.
- Report reactions to medications or problems with products.
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

- ***Health Oversight***

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

- ***Food and Drug Administration (FDA)***

We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

- ***Legal Proceedings***

We may disclose protected health information during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a disclosure is expressly authorized), and in certain conditions in response to a subpoena or other lawful process.

- ***Law Enforcement***

We may disclose protected health information for law enforcement purposes, including the following:

- Responses to legal proceedings
- Information requests for identification and location
- Circumstances pertaining to victims of a crime
- Deaths suspected from criminal conduct
- Medical emergencies believed to result from criminal conduct

- ***Funeral directors***

We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

- ***Research***

We may use or disclose certain health information about your condition and treatment for research purposes where an Institutional Review Board or a similar body referred to as a Privacy Board determines that your privacy interests will be adequately protected in the study. We may also use and disclose your health information to prepare or analyze a research protocol and for other research purposes.

- ***Criminal Activity***

Under applicable Federal and state laws, we may disclose your protected health information if we believe that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

- ***Workers Compensation***

We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

- ***Correctional Institution***

Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

- ***Armed Forces***

If you are a member of the Armed Forces, we may release health information about you for activities deemed necessary by military command authorities. We also may release health information about foreign military personnel to their appropriate foreign military authority.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR PERMISSION

- ***Individuals Involved in Your Health Care***

Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. We may also give information to someone who helps pay for your care. Additionally, we may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person who is responsible for your care, of your location, general condition, or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your health care.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

- ***Right to Inspect and Copy***

You may inspect and obtain a copy of your protected health information that is contained in a "designated record set" for as long as we maintain the protected health information. A designated record set contains medical and billing records and any other records that The Children's Eye Center uses for making decisions about you.

To inspect and copy Personal Health Information, you must submit your request in writing to:

The Children's Eye Center
4110 Briargate Pkwy. #440
Colorado Springs, CO 80920

To receive a copy of your Personal Health Information, you may be charged a fee for the costs of copying, mailing or other supplies associated with your request. However, certain types of Personal Health Information will not be made available for inspection and copying.

The right does not include inspection and copying of the following records:

- Information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information.

- **Right to Request Restrictions**

You may ask us not to use or disclose any part of your protected health information for treatment, payment, or health care operations. Your request must be made in writing to The Children's Eye Center Privacy Officer where you wish the restriction instituted.

In your request, you must tell us:

- what information you want restricted
- whether you want to restrict our use, disclosure, or both
- to whom you want the restriction to apply, for example, disclosures to your spouse
- an expiration date.

If The Children's Eye Center believes that the restriction is not in the best interest of either party, or The Children's Eye Center cannot reasonably accommodate the request, The Children's Eye Center is not required to agree. If the restriction is mutually agreed upon we will not use or disclose your protected health information in violation of that restriction, unless is needed to provide emergency treatment. You may revoke a previously agreed upon restriction, at any time, in writing.

- ***Right to Request Amendment***

If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment.

- ***Right to Obtain a Copy of this Notice***

You may obtain a paper copy of this notice from The Children's Eye Center at any time.

COMPLAINTS

If you believe these privacy rights have been violated, you may file a written complaint with The Children's Eye Center Privacy Officer or the Department of Health and Human Services.

CONTACT INFORMATION

You may contact The Children's Eye Center Privacy Officer for further information about the complaint process, or for further explanation of this document.

The Children's Eye Center
4110 Briargate Pkwy. #440
Colorado Springs, CO 80920
Phone # 719-574-1654
Fax # 719-574-5381