

## Notice of Privacy Practices

*Effective 1/1/2019*

This Notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions please contact our office. **We are required by law to:**

- Maintain the privacy of your protected health information;

- Give you this notice of our duties and privacy practices regarding health information about you;
- Follow the terms of our notice that is currently in effect.

### HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION:

Unless allowed by law, We will use and disclose **Protected Health Information** or “PHI” only with your written permission unless. You may revoke such permission at any time by writing to us and stating that you wish to revoke permission you previously gave us.

**Treatment.** We may use and disclose PHI for your treatment and to provide you with treatment-related health care services. For example, we may disclose PHI to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

**Payment.** We may use and disclose PHI to bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may give your health plan information so that they will pay for your treatment. However, if you pay for your services yourself (e.g. out-of-pocket and without any third party contribution or billing), we will not disclose Health Information to a health plan if you instruct us to not do so.

**Health Care Operations.** We may use and disclose PHI for health care operations. These uses and disclosures are necessary to make sure that patients receive quality care and for the operation of our office. For example, we may use and disclose information to make sure the care you receive is of the highest quality. Subject to the exception above, we also may share information with other entities that have a relationship with you (for example, your health plan) for their operations.

**Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services.** We may use and disclose PHI to contact you for appointment reminders. We also may use and disclose PHI to tell you about treatment alternatives or health-related benefits and services that may be of interest to you. We will not send you communications about health-related or non health-related products or services by a third party without your authorization.

**Individuals Involved in Your Care or Payment for Your Care.** When appropriate, we may share PHI with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

**Research.** Under certain circumstances, we may use and disclose PHI for research purposes. For example, a research project may involve comparing the health of patients who received one treatment to those who received another treatment for the same condition. Before we use or disclose PHI for research, the project will go through an approval process. Even without approval, we may permit researchers to look at records to help them identify patients who may be included in their research or for other similar purposes, as long as they do not remove or take a copy of any PHI.

**Fundraising and Marketing.** Protected Health Information may be used for fundraising communications, but you have the right to optout of receiving such communications. Except for the exceptions detailed above, uses and disclosures of PHI for marketing purposes, as well as disclosures that constitute the *sale* of PHI (if we receive any financial payment or incentive in exchange for the information), require your authorization and we must advise you that we are receiving a financial incentive..

**Other Uses.** Other uses and disclosures of Health Information not contained in this Notice may be made only with your authorization.

### SPECIAL SITUATIONS:

**As Required by Law.** we will disclose Protected Health Information (PHI) when required to do so by federal, state or local officials. **To Avert a Serious Threat to Health or Safety.** We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may help prevent the threat.

**Business Associates.** We may disclose PHI to business associates who perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. Business Associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**Organ and Tissue Donation.** If you are an organ donor, we may release PHI to organizations that handle organ procurement, banking or transportation of organs, eyes, or tissues to facilitate organ, eye or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, we may release PHI as required by military command authorities. We also may release PHI to the appropriate foreign military authority if you are a member of a foreign military.

**Workers' Compensation.** We may release PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose PHI for public health activities. These activities generally include disclosures to 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 people of recalls of products they may be using; notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.** We may disclose PHI to health oversight agencies for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits.** If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI 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 PHI if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; or (6) in an emergency 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 PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may also release PHI to funeral directors as necessary for their duties.

**National Security and Intelligence Activities.** We may release PHI 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 PHI to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.

**Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

## **YOUR RIGHTS:**

You have the following rights regarding the Protected Health Information that we maintain about you:

**Right to Inspect and Copy.** You have a right to inspect and copy PHI that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy your medical information, you must make your request, in writing, to our office.

**Right to Amend.** If you feel that the Health Information we have 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 our office. To request an amendment, you must make your request, in writing, to our office. **We are not required to agree to this request.**

**Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we have made of your PHI for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to our office.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to our office. **We are not required to agree to such requests.** If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

**Right to Request Confidential Communication.** 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 by mail or at work. To request confidential communication, you must make your request, in writing, to our office. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our web site, [www.achieveotsolutions.com](http://www.achieveotsolutions.com). To obtain a paper copy of this notice please request it in writing.

**Right to Electronic Records.** You have the right to receive a copy of your electronic health records in electronic form upon written request.

**Right to Breach Notification.** You have the right to be notified if there is a breach of privacy such that your PHI is disclosed or used improperly or in an unsecured way.

## **CHANGES TO THIS NOTICE:**

We reserve the right to change this notice and make the new notice apply to PHI we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

## **COMPLAINTS:**

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

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**You will not be penalized for filing a complaint.**