

Notice of Privacy Policies and 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.

EFFECTIVE APRIL 14, 2003

This Notice of Privacy Policies and Practices (the "Notice") tells you about the ways we may use and disclose medical information about you and your rights and our obligations regarding the use and disclosure of your medical information. This Notice applies to Jones Eyecare Associates, P.C., including its employees (the "Practice").

I. OUR OBLIGATIONS.

We are required by law to:

- Make sure that the medical information we have about you is kept private, to the extent required by state and federal law;
- Give you this Notice explaining our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the version of this Notice that is currently in effect at the time we acquire medical information about you.

II. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe the different reasons that we typically use and disclose medical information. These categories are intended to be generic descriptions only, and not a list of every instance in which we may use or disclose medical information. Please understand that for these categories, the law generally does not require us to get your consent in order for us to release your medical information.

- A. **For Treatment.** We may use medical information about you to provide you with medical treatment and services, and we may disclose medical information about you to doctors, nurses, technicians, medical students, or hospital personnel who are providing or involved in providing medical care to you. For example, optometrists and nursing staff will have access to your medical record in order to diagnose vision problems and provide treatment to you.
- B. **For Payment.** We may use and disclose medical information about you so that we may bill and collect from you, an insurance company, or a third party for the services we provide. This may also include the disclosure of medical information to obtain prior authorization for treatment and procedures from your insurance plan. For example, we may send a claim for payment to your insurance company, and that claim may have a code on it that describes the services that have been rendered to you.
- C. **For Health Care Operations.** We may use and disclose medical information about you for our health care operations. These uses and disclosures are necessary to operate our practice appropriately and make sure all of our patients receive quality care. For example, we may need to use or disclose your medical information in order to conduct certain cost-management practices, to improve our services, or to provide information to our insurance carriers.
- D. **Quality Assurance.** We may need to use or disclose your medical information for our internal processes to determine that we are providing appropriate care to our patients.
- E. **Utilization Review.** We may need to use or disclose your medical information to perform a review of the services we provide to ensure that the proper level of services are received by our patients, depending on their condition and diagnosis.
- F. **Peer Review.** We may need to use or disclose medical information about you in order for us to review the credentials and actions of our health care personnel to ensure they meet our qualifications and standards.
- G. **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that we believe may be of interest to you.
- H. **Appointment Reminders and Health Related Benefits and Services.** We may contact you (including contacting you by phone and leaving a message on an answering machine) to provide appointment reminders and other information. We may use and disclose medical information to tell you about health-related benefits or services that we believe may be of interest to you.
- I. **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care, as well as to someone who helps pay for your care, but we will do so only as allowed by state or federal law, or in accordance with your prior authorization.
- J. **As Required by Law.** We will disclose medical information about you when required to do so by federal, state, or local law.
- K. **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent or decrease a serious and imminent threat to your health or safety or the health and safety of the public or another person. Such disclosure would only be to someone able to help prevent the threat, or to appropriate law enforcement officials.

L. **Organ and Tissue Donation.** If you are an organ donor, we may release medical 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.

M. **Research.** We may use or disclose your medical information to an Institutional Review Board or other authorized research body, or otherwise if your consent has been obtained as required by law, or if the information we provide them is “de-identified.”

N. **Military and Veterans.** If you are or were a member of the armed forces, we may release medical information about you as required by the appropriate military authorities.

O. **Worker's Compensation.** We may release medical information about you for your employer's worker's compensation or similar program. These programs provide benefits for work-related injuries. For example, if you have injuries that resulted from your employment, worker's compensation insurance or a state worker's compensation program may be responsible for payment for your care, in which case we might be required to provide information to the insurer or program.

P. **Public Health Risks.** We may disclose medical information about you to public health authorities for public health activities. As a general rule, we are required by law to disclose the certain types of information to public health authorities, such as the Oklahoma State Department of Health. The types of information generally include information used:

- To prevent or control disease, injury, or disability (including the reporting of a particular disease or injury).
- To report births and deaths.
- To report suspected child abuse or neglect.
- To report reactions to medications or problems with medical devices and supplies.
- To notify people of recalls of products they may be using.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- 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.
- To provide information about certain medical devices.
- To assist in public health investigations, surveillance, or interventions.

Q. **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include audits, civil, administrative, or criminal investigations and proceedings, inspections, licensure and disciplinary actions, and other activities necessary for the government to monitor the health care system, certain governmental benefit programs, certain entities subject to government regulations which relate to health information, and compliance with civil rights laws.

R. **Legal Matters.** If you are involved in a lawsuit or a legal dispute, we may disclose medical information about you in response to a court or administrative order, subpoena, discovery request, or other lawful process. In addition to lawsuits, there may be other legal proceedings for which we may be required or authorized to use or disclose your medical information, such as investigations of health care providers, competency hearings on individuals, or claims over the payment of fees for medical services.

S. **Law Enforcement, National Security and Intelligence Activities.** We may disclose your medical information if we are asked to do so by law enforcement officials, or if we are required by law to do so. We may disclose medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

T. **Coroners, Medical Examiners and Funeral Home Directors.** We may disclose your medical 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 medical information about our patients to funeral home directors as necessary to carry out their duties.

U. **Inmates.** If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose medical information about you to the correctional institution or the law enforcement official. This would be necessary for the institution to provide you with health care, to protect your health and safety and the health and safety of others, or for the safety and security of the correctional institution or law enforcement official.

V. **Marketing of Related Health Services.** We may use or disclose your protected health information to send you treatment or healthcare operations communications concerning treatment alternatives or other health-related products or services. We may provide such communications to you in instances where we receive financial remuneration from a third party in connection with such communications, but only with your specific authorization. You have the right to opt out of receiving any such compensated communications, and should inform us if you do not wish to receive them. Additionally, if we send such communications, the communications themselves note that we have received compensation for the communication, and will have clear and conspicuous instructions on how you may opt out of receiving such communications in the future.

E. **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 home, not at work or, conversely, only at work and not at home. To request such confidential communications, you must make your request in writing to the Practice's HIPAA Officer at the address listed in Section VI. below.

We will not ask the reason for your request, and we will use our best efforts to accommodate all reasonable requests, but there are some requests with which we will not be able to comply. Your request must specify how and where you wish to be contacted.

F. **Business Associates.** There are some services provided in our organization through contracts with business associates. When these services are contracted, we may disclose your medical information to our business associate so that they can perform the job we have asked them to do. To protect your medical information, however, we require the business associate to appropriately safeguard your information.

G. **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. To obtain a copy of this Notice, you must make your request in writing to the Practice's HIPAA Officer at the address set forth in Section VI. below.

H. **Breach Notification.** In certain instances, we may be obligated to notify you (and potentially other parties) if we become aware that your protected health information has been improperly disclosed or otherwise subject to a "breach" as defined in HIPAA.

V. **CHANGES TO THIS NOTICE.**

We reserve the right to change this Notice at any time, along with our privacy policies and practices. We reserve the right to make the revised or changed Notice effective for medical 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, along with an announcement that changes have been made, as applicable, in our office. When changes have been made to the Notice, you may obtain a revised copy by sending a letter to the Practice's HIPAA Officer at the address listed in Section VI. below or by asking the office receptionist for a current copy of the Notice.

VI. **COMPLAINTS.**

If you believe that your privacy rights as described in this notice have been violated, you may file a complaint with the Practice at the following address or phone number:

Jones Eyecare Associates, P.C.
Attn: HIPAA Officer
7500 South Santa Fe Avenue, Suite 500
Oklahoma City, Oklahoma 73139
(405) 634-3535

To file a complaint, you may either call or send a written letter. The Practice will not retaliate against any individual who files a complaint. If you do not want to file a complaint with the Practice, you may file one with the Secretary of the Department of Health and Human Services.

In addition, if you have any questions about this Notice, please contact the Practice's HIPAA Officer at the address or phone number listed above.