

## NOTICE OF PRIVACY PRACTICES



W. David Rule, O.D., F.A.A.O.  
Michael R. Mohn, O.D., F.A.C.O.P., F.A.A.O.  
Karen E. Rule, O.D.  
Optometry  
453 E. Lancaster Ave.  
Shillington, PA 19607  
Tel: (610) 775-3321 • Fax: (610) 775-8542  
www.visionsource-shillingtoneye.com

Office Contact: Kim Anderson

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### 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.

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We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This notice describes how we protect your health information and what rights you have regarding it.

#### TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reason why we use or disclose your health information is for treatment, payment, or health care operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you, testing or examining your eyes, prescribing glasses, contact lenses, or eye medications and faxing them to be filled, showing you low vision aids, referring you to another doctor or clinic for eye care or low vision aids and services, or getting copies of your health information from another professional that you may have seen before us. Examples of how we use or disclose your health information for payment purposes are: asking you about your health or vision insurance plans or other sources of payment, preparing and sending bills or claims, or collecting unpaid amounts (either ourselves or through a collection agency or attorney). "Health care operations" means those administrative and managerial functions that we have to do in order to run our office. Examples of how we use or disclose your health information for health care operations are: financial or billing audits, internal quality assurance personnel decisions, participating in managed care plans, defense of legal matters, business planning, or outside storage of our records.

We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside of our office for these reasons, we will usually not ask you for special written permission.

#### APPOINTMENT REMINDERS

We may call or write to remind you of scheduled appointments or to inform you that it is time to schedule a routine appointment. We may also call or write to notify you of other treatments or services available at our

office that might help you. Unless you tell us otherwise, we will mail you an appointment reminder on a post card, and / or leave you a reminder message on your home answering machine or with someone who answers your phone if you are not home.

## **USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION**

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our office at all. Such uses or disclosures are:

- When a state or federal law mandates that certain health information be reported for a specific purpose
- For public health purposes, such as contagious disease reporting, investigation, or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or medical devices
- Uses to governmental authorities about victims of suspected abuse, neglect, or domestic violence
- Uses and disclosures for health oversight activities, such as the licensing of doctors, audits by Medicare or Medicaid, or investigations of possible violations of health care laws
- Disclosure for judicial and administrative proceedings, such as in response to subpoena or orders of courts or administrative agencies
- Disclosure for law enforcement purposes, such as to provide information about someone who is or is suspected to be the victim of a crime, to provide information about a crime at our office, or to report a crime that happened somewhere else
- Disclosure to a medical examiner to identify a deceased person or to determine a cause of death, to a funeral director to aid in burial, or to organizations that handle organ or tissue donations
- Uses or disclosures for health-related research
- Uses or disclosures to prevent a serious threat to health or safety
- Uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials, for lawful intelligence activities, for military purposes, or for the evaluation and health of members of the foreign service
- Disclosures of de-identified information
- Disclosures relating to worker's compensation programs
- Disclosures of a "limited data set" for research, public health, or health care operations
- Incidental disclosures that are an unavoidable byproduct of permitted uses or disclosures
- Disclosure to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information

Unless you object, we will also share relevant information about your eye care with your family or friends who are helping you with your eye care.

## **USES AND DISCLOSURES BASED ON WRITTEN CONSENT**

We will not make any other uses or disclosures of your health information unless you sign a written "authorization form." The content of an "authorization form" is determined by federal law. Sometimes, we may initiate the authorization process if the use or disclosure is your idea. Sometimes, you may initiate the process if it is your idea for us to send your information to someone else. Typically, in this situation you will give us a properly completed authorization form, or you can use one of ours.

If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot use or make the disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing. Send them to the office contact person named at the beginning of this notice.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

The law gives you many rights regarding your health information. You can:

- Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to the office contact person at the address or fax shown at the beginning of this notice.
- Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, or by mailing health information to a different address. We will accommodate these requests if they are reasonable, and if you pay us for any extra costs. If you want to ask for confidential communications, send a written request to the office contact person at the address or fax shown at the beginning of this notice.
- Ask to see or to get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 30 days of asking us (or 60 days if the information is stored off-site). You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one 30 day extension of the time for us to give you access or photocopies if we send you a written notice of the extension. If you want to review or get photocopies of your health information, send a written request to the office contact person at the address or fax shown at the beginning of this notice.
- Ask to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know got the wrong information, and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your health information along with any rebuttal statement we may write. Once your statement of position and / or our rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law we can have one 30 day extension of time to consider a request for

amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, sent a written request, including your reasons for the amendment, to the office contact person at the address or fax shown at the beginning of this notice.

- You have a right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions, and limitations.
- Get additional paper copies of this Notice of Privacy Practices upon request. If you want additional copies, send a written request to the office contact person at the address or fax shown at the beginning of this notice.

## **OUR NOTICE OF PRIVACY PRACTICES**

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice and have copies available in our office.

## **COMPLAINTS**

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us send a written complaint to the office contact person at the address or fax shown at the beginning of this notice. If you prefer, you can discuss your complaint in person or by phone.

## **FOR MORE INFORMATION**

If you want more information about our privacy practices, call or visit the office contact person at the address or phone number shown at the beginning of this notice.