



NOTICE OF OUR 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.

OUR PLEDGE REGARDING THE PRIVACY OF YOUR MEDICAL INFORMATION

Your medical information includes information about your physical and mental health. We understand that information about your physical and mental health is personal. We are committed to protecting medical information about you. We create a record of care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to any and all of the records of your care generated by us.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We reserve the right to revise or amend our notice of privacy practices without additional notice to you. Any revision or amendment to this notice will be effective for all your records our practice has created or maintained in the past, and for any of your records we may create or maintain in the future. We will post a copy of our current notice in a prominent place in our office and website.

OUR OBLIGATIONS TO YOU

We are required by law to:

Make sure that medical information that identifies you is kept private except as otherwise provided by state or federal law.

Give you this notice of our legal duties and privacy practices with respect to medical information about you and the following terms of the notice that is currently in effect.

GENERAL RULE

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.

Generally, we cannot use your health information in our office or disclose it outside our office without your written permission. Sometimes the written permission will be called a consent form, and sometimes it will be called an authorization form. The type of permission form will depend upon the kinds of uses or disclosures that are involved. In some limited situations, the law allows or requires us to disclose your health information without either a written consent or authorization.

USES OR DISCLOSURES WITH CONSENT

We will ask you to sign a consent form allowing us to use and disclose your health information for purposes of treatment, payment, and health care operations of this office. We are allowed to refuse to treat you if you do not sign the consent form.

We use information for treatment purposes, when, for example, we set up an appointment for you, when our technician or doctor tests your eyes, when the doctor prescribes glasses or contact lenses, when the doctor prescribes medication, when our staff helps you select and order contact lenses, and when we show you low vision aids. We may disclose your health information outside of our office for treatment of purposes if, for example, we refer you to another doctor or clinic for eye care or low vision aids or services, if we send a prescription for glasses or contacts to another to be filled, when we provide a prescription for medication to a pharmacist, or when we phone you to let you know that your glasses or contact lenses are ready to be picked up. Sometimes we may ask for copies of your health information from another professional that you may have seen before us.

We use your health information for payment purposes when, for example, our staff asks about health or vision care plans that you may belong to, or about other sources of payment for our services, when we prepare bills to send to you or your health or vision care plan, when we process payment by credit card, and when we try to collect unpaid amounts due. We may also use your information for billing audits, internal quality assurance, personnel decisions, for the defense of legal matters or to develop business plans.

USES AND DISCLOSURES WITHOUT CONSENT OR AUTHORIZATION

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all these situations will apply to us; some may never come up at our office at all. Such uses or disclosures include 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 Food and Drug Administration (FDA) regarding drugs or medical devices.

Disclosures to governmental authorities about victims of suspected abuse, neglect, or domestic violence.

Uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws.

Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies.

Disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a 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 the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations.

Uses and disclosures for health related research, to prevent serious threat to health or safety, specialized government functions, such as the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of foreign service.

Disclosures related to worker's compensation programs.

APPOINTMENT REMINDERS

We may call to remind you of scheduled appointments. We may also call to notify you of other treatments or services available at our office that might help you.

OTHER DISCLOSURES

We will not make any other uses or disclosures of your health information unless you sign a written authorization form. You do not have to sign such a form. If you do sign, you may revoke it at any time unless we have already acted in reliance upon it.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information. You may: Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or healthcare operations. We do not have to agree to do this, but if we agree, we must honor the restriction that you want. To ask for a restriction, send a written request to Bella Vision, LLC at the address 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, by mailing health information to a different address, or by using email. We will accommodate these requests if they are reasonable, and if you pay for any additional cost to us. If you want to ask for confidential communications, send a written request to Bella Vision, LLC at the address 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, you will be able to review or have a copy of your health information within 30 days of the request. You may have to pay for photocopies in advance. If we deny your request for records, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally required. By law, we can have one 30 day extension. If you want to review or get photocopies of your health information, send a written request to Bella Vision, LLC at the address shown at the beginning of this notice.

Ask us 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 the request date. We will send the corrected information to persons who we know we got the incorrect information and others 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/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, send a written request, including your reasons for the amendment, to Bella Vision, LLC at the address shown at the beginning of this notice.

Ask for a list of the disclosures that we have made of your health information within the past six years, except disclosures for purposes of treatment, payment or healthcare operations or some other limited disclosures. You are entitled to one such list per year without charge. We will usually respond to your request within 60 days within receiving it, but by law we can have one 30 day extension if we notify you of the extension in writing. If you want a list, send a written request to Bella Vision, LLC at the address shown at the beginning of this notice.

Ask for additional paper copies of the Notice of Privacy Practices upon request, no matter whether you got one electronically or in paper form already. If you want additional paper copies, send a written request to Bella Vision, LLC at the address shown at the beginning of this notice.

COMPLAINTS

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or to 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 Bella Vision, LLC at the address shown at the beginning of this notice.