

**BRASS EYE CENTER**  
**HIPAA**  
**HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT**  
**UPDATED 8/1/2014**

Protected health information (PHI) is the HIPAA term for health information in any form (i.e., paper, electronic or verbal) that personally identifies a patient. This includes individually identifiable health information in paper records that have never been electronically stored or transmitted. It does not include data that have been “dis-identified” by removal of identifying information, such as name, address, ZIP code, etc.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read this information carefully.

Under HIPAA a doctor may use or disclose PHI for the purposes of treatment, payment or health care operations without further consents or authorizations, once he/she has made a good faith effort to obtain the patient’s acknowledgment in writing that the patient has seen and understands the provider’s Notice of Privacy Practices.

**A. OUR COMMITMENT TO YOUR PRIVACY**

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with notice of our legal duties and the privacy practices that we maintain in our practice concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time. We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your IIHI
- Your privacy rights in your IIHI
- Our obligations concerning the use and disclosure of your IIHI

The terms of this notice apply to all records containing your IIHI that are created or retained by our practice. We reserved the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we create or maintain in the future. Our practice will post a copy of our current Notice in our offices visible location at all times, and you may request a copy of our most current Notice at any time.

**B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:**

The Practice Administrator and Privacy Officer Donna Murphy may be contacted if you have further questions. Donna works out of this office and can be reached by calling (518) 782-7827 ext. 208. Her assistant Ashley G. is also available to answer your questions. All requests for specific information or changes in your medical record must be in writing.

**C. WE MAY USE AND DISCLOSE YOUR IIHI IN THE FOLLOWING WAYS:**

1. Treatment: Our practice may use your IIHI to treat you. For example, we may ask you to have laboratory tests, and we may use the results to help us reach a diagnosis. We might use your IIHI in order to write a prescription for you, or we might disclose your IIHI to a pharmacy when we order a prescription for you. Our office staff - including, but not limited to, Dr. Brass, our nurse technician may use or disclose your IIHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your IIHI to others who may assist in your care, such as your primary care physician, your spouse, children or parents. Finally, we may also disclose your IIHI to other health care providers for purposes related to your treatment.
2. Payment: Our practice may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits

(and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. In addition, we may use your IIHI to bill you directly for services and items. We may disclose your IIHI to other health care providers and entities to assist in their billing and collection efforts. We use an off site medical billing company. We have a business associate contract with the billing company who follows HIPAA guidelines and has a privacy officer. This contract prohibits the contractor or its employees of same from disclosing IIHI or PHI other than as permitted or required by the terms of this agreement or as required by law.

3. Health Care Operations: Our practice may use and disclose your IIHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your IIHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.

4. Appointment Reminders: Our practice may use and disclose your IIHI to contact you and remind you of an appointment. We may use and disclose your IIHI to notify you it is time for a routine eye exam or follow-up appointment.

5. Treatment Options: Our practice may use and disclose your IIHI to inform you of potential treatment options or alternatives.

6. Health-Related Benefits and Services: Our practice may use and disclose your IIHI to inform you of health-related benefits or services that may be of interest to you.

7. Release of Information to Family/Friends: Our practice may release your IIHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the office for treatment or evaluation. In this example, the babysitter may have access to this child's medical information.

8. Disclosures Required By Law: Our practice will use and disclose your IIHI when we are required to do so by federal, state or local law.

#### **D. USE AND DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES:**

The following categories describe unique scenarios in which we may use or disclose your IIHI to collect information for the purpose of:

1. Public Health Risks: Our practice may disclose your IIHI to public health authorities authorized by law to collect information for the purpose of:

- reporting child abuse or neglect
- preventing or controlling disease, injury or disability
- notifying a person regarding potential exposure to a communicable disease
- notifying a person regarding a potential risk for spreading or contracting a disease or condition
- reporting reactions to drugs or problems with products or devices
- notifying individuals if a product or device they may be using has been recalled
- notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
- notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance

2. Health Oversight Activities: Our practice may disclose your IIHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. **Lawsuits and Similar Proceedings:** Our practice may use and disclose your IIIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your IIIHI in response to a discovery request, subpoena, or lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
4. We may release IIIHI if asked to do so by a law enforcement official:
- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
  - Concerning a death we believe has resulted from criminal conduct
  - Regarding criminal conduct at our office
  - In response to a warrant, summons, court order, subpoena or similar legal process
  - To identify/locate a suspect, material witness, fugitive or missing person
  - In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)
5. **Deceased Patients:** Our practice may release IIIHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs
6. **Organ and Tissue Donation:** Our practice may release your IIIHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor. If you are an intended recipient of donor tissue or organ donation; this practice will release your IIIHI to the local eye bank who will assist us in finding a suitable donor.
7. **Serious Threats to Health or Safety:** Our practice may use and disclose your IIIHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
8. **Military:** Our practice may disclose your IIIHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
9. **National Security:** Our practice may disclose your IIIHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your IIIHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
10. **Inmates:** Our practice may disclose your IIIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care service to you, (b) for the safety and security of the institution, and /or (c) to protect your health and safety or the health and safety of other individuals.
11. **Workers' Compensation:** Our practice may release your IIIHI for workers' compensation and similar programs.

## **E. YOUR RIGHTS REGARDING YOUR IIIHI**

You have the following rights regarding the IIIHI that we maintain about you:

1. **Confidential Communications:** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to the office manager, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.
2. **Requesting Restrictions:** You have the right to request a restriction in our use or disclosure of your IIIHI for treatment payment or health care operations. We will honor a patient request to restrict disclosure of IIIHI; if the disclosure is for services paid for entirely out of pocket, by the patient. Additionally, you have the right to request that we restrict our disclosure of your IIIHI to only certain individuals involved in your care or the payment for your care, such as family

members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your IIHI, you must make your request in writing to the office manager. Your request must describe in a clear and concise fashion:

- (a) the information you wish restricted;
- (b) whether you are requesting to limit our practice's use, disclosure or both; and
- (c) to whom you want the limits to apply.

3. **Inspection and Copies:** You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the office manager, in order to inspect and/or obtain a copy of your IIHI. Additionally, you have the right to obtain an electronic copy of your IIHI upon written request. A patient portal will be available after 10/2014 for you to securely access your IIHI within 4 days of the information being available to the physician. If you need more information, you may call our office at (518) 782-7827. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial.

4. **Amendment:** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be written and submitted to our Compliance Officer. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. In addition, we may deny your request if you ask us to amend information.

5. **Accounting of Disclosures:** All of our patients have the right to request an "accounting of disclosures." An accounting of disclosures is a list of certain non-routine disclosures our practice has made of your IIHI for non-treatment, operations purposes, or non-payment. Use of your IIHI as part of the routine patient care in our practice is not required to be documented. All requests for an accounting of disclosure must state a period, which may not be longer than six years from the date of disclosure and may not include dates before 4/14/03. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. **Right to a Paper Copy of This Notice:** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, request a copy from any of our office staff. If you receive a written copy for your records, we will request that you sign an acknowledgement of the same.

7. **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with our practice or the Secretary of the Department of Health and Human Service. To file a complaint with our practice, contact our office manager Donna Murphy at 713 Troy-Schenectady Road Suite 135 Latham, NY 12110-2454. All complaints must be in writing. You will not be penalized for filing a complaint.

8. **Right to Provide and Authorization for other Uses and Disclosures:** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IIHI may be revoke at any time in writing. After you revoke your authorization, we may continue to use or disclose your IIHI on a limited basis to the extent the provider/practice already acted in reliance upon the authorization. Please note we are required to retain records of your care.

9. **Breach:** In the event of a breach of your IIHI, a risk assessment will be performed, and if it's determined that there is more than a low probability that your IIHI has been compromised, Brass Eye Center will notify you in writing of the breach. Notification will take place no later than 60 days after discovery of the breach. Our office must notify the U.S. Department of Health and Human Services annually of any instances in which a breach has affected fewer than 500 individuals throughout the year. Additionally, our office must notify the U.S. Department of Health and Human Services as well as media outlets if a breach affects more than 500 individuals.