

**JAMISON EYE CARE**  
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Updated January 25, 2013

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.

If you have any questions about this Notice, please ask to speak to our Privacy Officer, or call our Privacy Officer at (585) 225-5883. Our Office Manager is our Privacy Officer.

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability & Accountability Act (HIPAA). It describes how we may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This Notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our Practice except when the release is required or authorized by law or regulation.

**ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE** – You will be asked to provide a signed acknowledgment of receipt of this Notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your treatment, and will use and disclose your protected health information in accordance with law.

**OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION** – “Protected Health Information” is individually identifiable health information and includes demographic information (for example: age, address, etc.), and relates to your past, present or future physical or mental health or condition and related health care services. Our Practice is required by law to do the following:

1. Keep your protected health information private
2. Present to you this Notice of our legal duties and privacy practices related to the use and disclosure of your protected health information

3. Follow the terms of the Notice currently in effect
4. Communicate to you any changes we may make in the Notice

We reserve the right to change this Notice. Its effective date is at the top of the first page and at the bottom of the last page. We reserve the right to make the revised or changed notice effective for health information we already have about you, as well as any information we receive in the future.

### **1. Uses and Disclosures of Protected Health Information**

Following are examples of permitted uses and disclosures of your protected health information. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

**Required Uses and Disclosures** – By law, we must disclose your health information to you unless it has been determined by a health care professional that it would be harmful to you. Even in such cases, we may disclose a summary of your health information to certain of your authorized representatives specified by you or by law. We must also disclose health information to the Secretary of the U.S. Department Of Health and Human Services (HHS) for investigation or determinations of our compliance with laws on the protection of your health information.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we may disclose your protected health information from time to time to another physician or health care provider (for example, a specialist, pharmacist or laboratory) who, at the request of your physician, becomes involved in your care. This includes pharmacists who may be provided information on other drugs you have been prescribed to identify potential interactions.

In emergencies, we will use and disclose your protected health information to provide the treatment you require.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities we may need to undertake before your health care insurer approves or pays for the health care services we recommend for you, such as determining eligibility or coverage for benefits. For example, obtaining approval for a surgical procedure might require that your relevant protected health information be disclosed to obtain approval to perform the procedure at a particular facility. We will continue to request your authorization to share your protected health information with your health insurer or third-party payer.

**Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support the daily activities of your physician's practice. These activities include billing, collection, quality assessment, licensing, and employee performance reviews. For example, we may disclose your protected health information to a billing agency in order to prepare claims for reimbursement for the services we provide to you. We may also call you by name in the reception area when your physician is ready to see you. We may use or disclose your protected health information as necessary, to contact you to remind you of your appointment. For example, we will contact you at your home telephone number to remind you of your next appointment and/or mail a postcard appointment reminder to your home address.

We will share your protected health information with third party "business associates" that perform various activities (e.g. billing, transcription services, interpreters) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

**Required by Law:** We may use or disclose your protected health information if law or regulations requires the use or disclosure.

**Legal Proceedings:** We may disclose protected health information during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery, request, or other lawful process.

**Advertising:** We will not use your health information for advertising or marketing purposes.

## **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR PERMISSION**

**Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that **directly** relates to that person's involvement in your health care. We may also give information to someone who helps pay for your care. Additionally, we may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your general condition. Finally, we may use or disclose your protected health information to an

authorized public or private entity to coordinate uses and disclosures to family or other individuals involved in your health care.

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

You may exercise the following rights by submitting a written request to our Privacy Officer. Our Privacy Officer can guide you in pursuing these options. Please be aware that our Practice may deny your request; however, in most cases you may seek a review of the denial.

**Right to Inspect and Copy** – You may inspect and/or obtain a copy of your protected health information for as long as we maintain the protected health information. You will be charged a fee for a copy of your record and we will advise you of the exact fee at the time you make your request. We may offer to provide a summary of your information and, if you agree to receive a summary, we will advise you of the fee at the time of your request.

**Right to Request Restrictions** – You may ask us not to use or disclose any part of your protected health information for treatment, payment or healthcare operations. Your request must be made in writing to our Privacy Officer. In your request, you must tell us: (1) what information you want restricted; (2) whether you want to restrict our use or disclosure, or both; (3) to whom you want the restriction to apply, for example, disclosures to your spouse; and (4) an expiration date.

If we believe that the restriction is not in the best interests of either party, or that we cannot reasonably accommodate the request, we are not required to agree to your request. If the restriction is mutually agreed upon, we will not use or disclose your protected health information in violation of that restriction, unless it is needed to provide emergency treatment.

You may revoke a previously agreed upon restriction at any time, in writing.

**Right to Request Alternative Confidential Communications** – You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.

**Right to Request Amendment** – If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment.

**Right to Obtain a Copy of this Notice** – You may obtain a paper copy of this Notice from us by requesting one.

**Right to Notification of a Breach** – You will be notified by this organization if a breach of your protected health information occurs pursuant to section 13407 of the HITECH Act.

**Complaints** – If you believe these privacy rights have been violated, you may file a written complaint with our Privacy Officer or with the U.S. Department of Health and Human Services' Office for Civil Rights. We will provide their address upon your request. No retaliation will occur against you for filing a complaint.

**CONTACT INFORMATION:** Our Privacy Officer is our Office Manager and can be contacted at this office, or by calling our telephone number (585) 225-5883. You may contact our Privacy Officer for further explanation of this Notice of Privacy Practices.

This Notice is effective in its entirety as of April 14, 2003 and was updated January 25, 2013.