

# NOTICE OF PRIVACY PRACTICES

Effective Date 09.23.13

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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 include: setting up an appointment, testing or examining your eyes, prescribing glasses, contact lenses or medications and faxing or transmitting them to be filled; referring you to another doctor or clinic for continued care; or getting copies of your health information from another professional you may have seen before us. Examples of how we may use or disclose health information for payment purposes are: asking about your health or vision care plans, or other sources of payment; preparing or sending claims or bills and collecting unpaid amounts. "Health Care Operations" mean those administrative and managerial functions that we have to do in order to run our office. Examples of which include: financial or billing audits, quality assurance, personnel decisions, participation in managed care plans, defense of legal matters, business planning and storage of 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 our office for these same reasons, we usually will not ask for special written permission.

## USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some cases, 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 and 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 and notices to and from the FDA regarding drugs or medical devices;
- disclosures to governmental authorities about suspected abuse, neglect or domestic violence;
- uses and disclosures for health oversight activities, such as licensing for doctors, audits by Medicare or Medicaid or for investigation of possible health care law violations;
- disclosures for judicial and administrative proceedings, such as response to subpoenas or orders of courts or administrative agencies;
- disclosures for law enforcement purposes, such as to provide information about someone who is the victim of a crime, to provide information about a crime at our office, or to report a crime somewhere else;

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- disclosure to a medical examiner to identify a dead person or to determine the cause of death, or to organizations that handle tissue or organ donation;
- uses or disclosures for medical research;
- uses and disclosures to prevent a serious threat to health or safety;
- uses or disclosures for special government functions, such as for the protection of the President or high ranking officials, for national intelligence activities, military purposes or for evaluation and health of members of foreign service;
- disclosures of de-identified information;
- disclosures relating to workers compensation programs;
- disclosures of a limited data set for research, public health, or health care operations;
- incidental disclosures that are an unavoidable by-product of permitted uses or disclosures;
- disclosures to business associates who perform health care operations for us and who commit to respect the privacy of your health information;
- uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information requires authorization from patient;
- our optometrists may contact patients to raise funds for the optometry practice. Patients have the right to opt out of receiving any and all fundraising communications;
- patients have the right to restrict certain disclosures of protected health information to a health plan when paying out of pocket in full for health care items or services.

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

## BREACHING OF UNSECURED PROTECTED HEALTH INFORMATION

The Human Health Services have noted that patients have the right to and will be notified following the breaching of unsecured protected health information. Encrypted electronic medical health records are not “unsecured” and thus not subject to the same notifications.

## APPOINTMENT REMINDERS

We may call or write to remind you of scheduled appointments, or that it is time to schedule an appointment. We may also call or write to notify you of other treatments or services available at our office that may help you. Unless you tell us otherwise, we will mail you an appointment reminder on a post card or letter. We may also leave a message on your answering machine or with someone else if you are not available.

## OTHER USES AND DISCLOSURES

We will not make any other uses or disclosure without you signing an “authorization form”. The content of an authorization form is determined by federal law. We may initiate the process if the use or disclosure is our idea, or you may initiate the process if it is your idea for us to send information to someone else. 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 make the use or disclosure. If you do sign one, you may revoke it at any time unless we have acted in reliance upon it. Revocations must be in writing. You may send them to the office contact person named at the beginning of this notice.

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## YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

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

- ask us to communicate with you in a confidential manner, such as phoning you in a specific location, mailing health information to a different address, or by sending e-mail to a private address. We will accommodate these requests if they are reasonable and you pay for any additional costs. If you want us to communicate with you in a confidential way, send a written request to our address listed on the front of this notice;
- ask to see or get a photocopy of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. In most circumstances you will have the right to review or have a copy of your health information within 30 days of the request (60 days if the information is stored off sight). You may have to pay for copies in advance. If we deny your request, we will send you a written notice and instructions on how to get an impartial review if one is available. By law, we can have one 30-day extension to your request if we send a written notice of the extension. If you want to review or get photocopies of your health information, send us a written request to the address listed on the front of this notice;
- ask us to amend your health information if you think it is incorrect or incomplete. If we agree we will amend the information within 60 days of your request. If we do not agree, you may write a statement of your position and we will keep it with your health information along with any rebuttal statement we may write. By law, we can have one 30-day extension to consider your request. If you want us to amend your health information, send a written request, including the reason(s) for the amendment, to the address listed on the front of this notice;
- get a list of the disclosures we have made of your health information within the past six years (or a shorter period if you wish). By law, the list will not include disclosures for the purposes of treatment, payment or health care operations; disclosures with your authorizations; incidental disclosures; disclosures required by law and some other limited disclosures. You are entitled to one such list per year without charge. If you want more lists, you will have to pay for them in advance. We will usually respond to your request within 60 days, but by law, we may have one 30-day extension if we notify you in advance. If you want a list, you may send a written request to the address listed on the front of this notice;
- get additional copies of this Notice of Privacy Practices upon request. It does not matter if you have been given a copy previously. If you want additional copies, send a written request to the address listed on the front of this notice.

## OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this notice 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 notice will apply to the health information we already have as well as that which we will generate in the future. If we change this notice, we will post the new notice in our office, have copies available in our office, and post it on our web-site if applicable.

## COMPLAINTS

If you think we have not properly respected the privacy of your health information, you are free to complain to the US 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, please send a written complaint to the address shown on the front of this notice. If you prefer, you may discuss your complaint in person or by phone.

## FOR MORE INFORMATION

If you want more information about our privacy practices call or visit our office and we will be happy to answer your questions as time permits.