

THE EYECARE CENTER  
Dr. Marshall H. Merrell  
3363 Merlin Dr, Idaho Falls, Idaho 83404  
345 N 2<sup>nd</sup> E Suite 1, Rexburg, Idaho 83440

## **Notice of Privacy Practices**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION\* ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

\*Protected Health Information (PHI)

**PLEASE REVIEW IT CAREFULLY**

Effective May 1, 2008

### **PRIVACY**

The Eyecare Center is required by Federal Law to maintain the privacy of your protected health information (PHI). PHI includes any identifiable information about your medical information, the health care you receive and the payment for that care.

The Eyecare Center is required by law to provide you with this notice to tell you how it may use and disclose your PHI and to inform you of your privacy rights.

### **Changes to this Notice**

The Eyecare Center may change its privacy practices and the terms of this notice at any time. Changes will apply to PHI that The Eyecare Center already has as well as PHI that The Eyecare Center receives in the future. The most current privacy notice will be posted in The Eyecare Center facilities and will be available upon request.

### **HOW DOES THE EYECARE CENTER USE AND DISCLOSE PHI**

The Eyecare Center may use/disclose your PHI for treatment, payment and health care operations without your authorization. Otherwise, your written authorization is needed unless an exception listed in this notice applies.

The following examples describe some, but not all, of the uses/disclosures that are made for treatment, payment and health care operations.

#### **For Treatment**

The Eyecare Center may use/disclose PHI to doctors, nurses, service providers, manufacturers, and other personnel (e.g., interpreters), who are involved in delivering your health care and related services. Your PHI may be shared with other health care professionals to obtain prescriptions, lab work, consultations and other items needed for your care.

#### **To Obtain Payment**

The Eyecare Center may use/disclose your PHI to bill and collect payment for your health care services. The Eyecare Center may release portions of our PHI to Medicare, Medicaid, or a third party payor to determine if they will make payment to get prior approval and to support any claim or bill.

### **Appointment Reminders**

The Eyecare Center may use PHI to remind you of an appointment or to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you.

### **For Health Care Operations**

The Eyecare Center may use/disclose PHI to support activities such as program planning, management and administrative activities, quality assurance, receiving and responding to complaints, compliance programs (e.g., Medicare), audits, training and credentialing of health care professionals, and certification and accreditation.

### **Additional used and disclosures**

- For judicial proceedings if certain criteria are met
- For protection of victims of abuse or neglect
- Research in Limited Circumstances
- If you agree verbally or otherwise, The Eyecare Center may share information to family and friends directly related to their involvement in your care, or payment for your care
- Correctional institutions if you are an inmate
- For federal and state oversight activities such as fraud investigations, usual incident reporting, and protection and advocacy activities
- If required by law, or for law enforcement or national security
- To avoid a serious and imminent threat to public health or safety
- For public health activities such as tracking diseases and reporting vital statistics
- Upon death, to funeral directors and certain organ procurement organizations
- If you agree verbally or otherwise, The Eyecare Center may use your name when contacting a referral that you have provided to us.

### **Your Rights**

- \*Inspect and copy PHI that may be used to make decisions about your care. Access to your records may be restricted in limited circumstances. Fees may be charged for copying and mailing.
- \*Request additions or corrections to your PHI. The Eyecare Center is not required to comply with this request.
- \*Ask that The Eyecare Center restrict how it uses or discloses your PHI. The Eyecare Center is not required to agree to a restriction.
- \*Receive a list of individuals who received your PHI from The Eyecare Center. (Excluding disclosures that you authorized approved, disclosure made for treatment, payment and healthcare operations and some required disclosures.)
- Obtain, upon request, a paper copy of this notice.

*\*These requests must be in writing*

### **To Contact The Eyecare Center or to File a Complaint**

If you want to obtain further information about The Eyecare Center's privacy practices, or if you want to exercise your rights or you feel your privacy rights have been violated or you want to file a complaint (a complaint must be in writing), you may contact:

The Eyecare Center  
3363 Merlin Dr  
Idaho Falls, ID 83404  
(208) 359-2020 or fax (208) 534-9997

No one may retaliate against you for filing a complaint or for exercising your rights as described in this notice.

You may also file a complaint with the:

Office for Civil Rights, US Department of Health & Human Services, 2201 6<sup>th</sup> Avenue – Mail Stop RX-11, Seattle, WA 98121 Phone: (206) 615-2290; (206) 615-2296 (TDD) or FAX (206) 615-2297.