

## NOTICE OF PRIVACY PRACTICES

### I. OVERVIEW

- A. Definition: This Notice is a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use your health information, how it can be shared, the safeguards we have in place to protect the information, your rights of access to this information, and the requirements we have to follow as a provider of healthcare.
- B. Acknowledgment of receipt: This Notice is available to you when you come to our office and online on our website at [vision411.com/patientcenter](http://vision411.com/patientcenter). 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 healthcare services is not conditioned on your signed acknowledgment of receiving this Notice.
- C. Our duties: We will comply with the protections of privacy as described in this Notice. Protected Health Information is individually identifiable health information. This information includes demographics (such as your name, address, age, and phone number) and healthcare information (such as health history, health status, symptoms, examinations, procedures, test results, diagnoses, treatments, prescription information, and medications). Past, present, and future information is protected and may include information both created and received by this office. Health information may be in the form of written records, electronic records, or spoken words.
- D. We are required by HIPAA to: (1) make sure your health information is kept confidential, (2) give you this Notice that explains how we use your information, (3) do what we state in this Notice, and (4) tell you about any changes that we make to the information in this Notice.
- E. We reserve the right to change or revise this Notice and any changes that apply both to the information we have already collected about you and to your information in the future.

### II. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

- A. Requirement: By law, we must disclose your information to you unless a medical authority determines that access to that information may be harmful to you. We must also disclose information to the Secretary of the Department of Health and Human Services for investigations or determinations of our compliance with laws about privacy.
- B. Treatment: We may use and disclose your information to provide, coordinate, or manage your healthcare and related services. This includes the coordination or management of your healthcare with a third party. For example, we may disclose your information to a specialist or others providing assistance with the healthcare diagnosis or treatment. In emergencies, we will use and disclose the information to provide the treatment you require.
- C. Payment: We may use and disclose health information about you so that the treatment and services you receive from us may be billed and payment may be collected from you, an insurance company, or a third party. This may include determining eligibility, obtaining referrals or approval for your healthcare.
- D. Healthcare operations: We may use your information to support our daily activities related to healthcare operations. Operations may include activities such as quality planning and improvement, staff performance reviews, scheduling an appointment, telephone, email and postcard appointment reminders, calling your name in common office areas, sharing your information with employees of this office, other optometric vision therapy patients, third-party business associates, and other normal processes needed in healthcare.

**PLEASE NOTE: AUDITORY PRIVACY IS NOT GUARANTEED AT THE FRONT DESK**

### **III. OTHER USES OR DISCLOSURES THAT CAN BE MADE WITHOUT YOUR CONSENT OR AUTHORIZATION**

- A. As required during an investigation by law enforcement agencies.
- B. To avert a serious threat to public health or safety.
- C. As required by military command authorities for their medical records.
- D. To Medicare, third-party insurance companies, workers' compensation, or similar programs for the processing of claims.
- E. In response to a legal proceeding.
- F. To a coroner or medical examination for identification of a body.
- G. As required by the US Food and Drug Administration.
- H. Other healthcare providers' treatment activities.
- I. Other covered entities' healthcare operations activities (to the extent permitted under HIPAA).
- J. Uses and disclosures required by law.
- K. Uses and disclosures in domestic violence or neglect situations.
- L. Health oversight activities.
- M. Other public health activities.

### **IV. PATIENT RIGHTS**

- A. Right to request restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or healthcare operations or to someone who is involved in your care or the payment for your care. We are not required to agree to your request. If we do agree, we will comply with your request unless information is needed to provide you with emergency treatment.
- B. Right to an accounting of non-standard disclosures: You have the right to request a list of the disclosures we made of healthcare information about you. Your request must state the period for which you want to receive a list of disclosures that is no longer than six years, and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free of charge. For additional lists, we reserve the right to charge you for the cost of providing the list.
- C. Right to amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You must provide a reason that supports your request. We have the right to deny your request if the request is not in writing or without support.
- D. Right to inspect and copy: You have the right to review and photocopy any/all portions of your health information. We have the right to assess a fee for the photocopying or printing of the health information.
- E. Right to request confidential communications: You have the right to request how we should send communications to you about healthcare matters, and where you would like those communications sent. We reserve the right to deny a request if it imposes an unreasonable burden on the practice.
- F. Complaints: If you believe your privacy rights have been violated, you may mail a written complaint to the HIPAA compliance officer of Nguyen Vision Inc. at 6849 Old Dominion Drive, Suite 300, McLean, Virginia 22101. You will not be penalized or discriminated against for filing a complaint.
- G. You may also file a complaint to Region IV, Office of Civil Rights, US Department of Health and Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsyth Street SW, Atlanta, Georgia 30303-8909.
- H. Right to possess a copy of this Notice of Privacy Practices upon request. This copy can be in the form of an electronic transmission or on paper.

*If you would like more information regarding this Privacy Notice, please contact our office at 703-278-2225.*