

Notice of Privacy Practices

Sisson-Boyer Eyecare, LLC

Medical Professional Center 300 Bretz Court, Suite 200, Newport PA 17074

(717)567-3103

www.visionsource-sisson-boyer.com

Dr. Kimberly Frantz Boyer, Privacy Official

We respect our legal obligation to keep health information that might identify you private. We are obligated by law to provide you with notice of our privacy practices and abide by the policies in it. 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 reasons we would use or disclose your health information are for treatment, payment, or business operations. We routinely use and disclose your medical information within the office on a daily basis. We do not need specific permission to use or disclose your medical information in the following matters, although you have the right to request that we do not.

Examples of how we might use or disclose health information for treatment purposes might include:

Setting up or changing appointments including leaving messages containing no information about your personal health information with those at your home or office who may answer the phone or leaving messages on answering machines, voice mails, texts messages; calling your name out in a reception room environment; prescribing glasses, contact lenses, or medications as well as relaying this information to suppliers by phone, fax or other electronic means including initial prescriptions and requests from suppliers for refills; notifying you that your ophthalmic goods are ready, including leaving messages containing no personal health information with those at your home or office who may answer the phone, or leaving messages on answering machines, voice mails, texts or emails; referring you to another doctor for care not provided by this office; obtaining copies of health information from doctors you have seen before us; discussing your care with you directly or with family or friends you have inferred or agreed may listen to information about your health; sending you postcards or letters or leaving messages containing no personal health information with those at your home who may answer the phone or on answering machines, voice mails, texts or emails reminding you it is time for continued care; at your request, we can provide you with a copy of your medical records via secured fax, secured patient portal, or printed copies delivered in person or through US mail.

Examples of how we might use or disclose health information for payment purposes might include:

Asking you about your vision or medical insurance plans or other sources of payment; preparing and sending bills to your insurance provider or to you; providing any information required by third-party payors in order to ensure payment for services rendered to you; sending notices of payment due on your account to the person designated as a responsible party or head of household on your account with fee explanations that could include procedures performed and for what diagnosis; collecting unpaid balances either ourselves or through a collection agency, attorney, or district attorney's office.

Examples of how we might use or disclose health information for business operations might include:

Financial or billing audits; internal quality assurance programs; participation in managed care plans; defense of legal matters; business planning; certain research functions; informing you of products or services offered by our office; compliance with local, state, or federal government agencies requests for information; oversight activities such as licensing of our doctors; Medicare audits; providing information regarding your vision status to the Department of Public Safety, a school nurse, or agency qualifying for disability status.

Uses or Disclosures To Patient Representatives

It is the policy of Sisson-Boyer Eyecare, LLC for our staff to take phone calls from individuals on a patient's behalf requesting information about making or changing an appointment; the status of eyeglasses, contact lenses, or other optical goods ordered by or for the patient. Sisson-Boyer Eyecare, LLC staff will also assist individuals on a patient's behalf in the delivery of eyeglasses, contact lenses, or other optical

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goods. During a telephone or in-person contact, every effort will be made to limit the encounter to only the specifics needed to complete the transaction required. No information about the patient's vision or health status may be disclosed without proper patient consent. Sisson-Boyer Eyecare, LLC staff and doctors will also infer that if you allow another person in an examination room, treatment room, dispensary, or any business area within the office with you while testing is performed or discussions are held about your vision or health care or your account that you consent to the presence of that individual.

Uses and Disclosures for Other Reasons Not Needing Permission

In some other limited situations, the law allows us to use or disclose your medical information without your specific permission. Most of these situations will never apply to you but they could.

- When a state or federal law mandates that certain health information be reported for a specific purpose
- For public health reasons, such as reporting of a contagious disease, investigations or surveillance, and notices to and from the federal Food and Drug Administration regarding drugs or medical devices
- Disclosures to government or law authorities about victims of suspected abuse, neglect, domestic violence, or when someone is or suspected to be a victim of a crime
- Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative hearings
- Disclosures to a medical examiner to identify a deceased person or determine cause of death or to funeral directors to aid in burial
- Disclosures to organizations that handle organ or tissue donations
- Uses or disclosures for health-related research
- Uses or disclosures to prevent a serious threat to the health or safety of an individual or individuals
- Uses or disclosures to aid military purposes or lawful national intelligence activities
- Disclosures of de-identified information
- Disclosures related to a workman's compensation claim
- 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 and disclosures
- Disclosure of information needed in completing forms from a school-related vision screening, information to the Department of Public Safety (driver's license), and information related to certification for occupational or recreational licenses such as pilots license.
- Disclosures to business associates who perform health care operations for Sisson-Boyer Eyecare, LLC and who commit to respect the privacy of your information. We also require any business associate to require any sub-contractor to comply with our privacy policies.
- Unless you object, disclosure of relevant information to family members or friends who are helping you with your care or by you allowing them to be present may allow us to assume you approve their exposure to relevant information about your health.

Your Rights Regarding Your Health Information

You may ask us to restrict our uses and disclosures for purposes of treatment (except in emergency care), payment, or business operations. This request must be made in writing to the Privacy Officer named at the beginning of this Notice. We do not have to agree to your request, but if we agree, must honor the restrictions you ask for.

- You may ask us to communicate with you in a confidential manner. Examples might be only contacting you by telephone at your home. We may accommodate these requests if they are reasonable and if you agree to pay any additional cost, if any, incurred in accommodating your request. Requests for special communication requests must be made to the Privacy Officer named at the beginning of this Notice.
- You may ask to review or get copies of your health information. For the most part, we are happy to provide you with the opportunity to either review or obtain a copy of your medical information, but rare situations may restrict the release of the information. In such cases, we

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will provide you with a denial in writing. Another licensed health care practitioner chosen by Sisson-Boyer Eyecare, LLC may review your request and our denial. In such cases, we will abide by the outcome of that review. We ask that requests for review or copy of medical information be made in writing to the Privacy Officer named at the beginning of this Notice, but this is not a requirement. While we usually respond to these requests in just a day or so, by law we have a short period of time specified by State or Federal law to respond to your request. We may request an additional extension of time in certain situations.

- You may ask us to amend or change your health care information if you think it is incorrect or incomplete. If we agree, we will make the amendment to your medical record within thirty (30) days of your written request for change sent to the Privacy Officer named at the beginning of this Notice. We will then send the corrected information to you or any other individual you feel needs a copy of the corrected information. If we do not agree, you will be notified in writing of our decision. You may then write a statement of your position and we will include it in your medical record along with any rebuttal statement we may wish to include.
- You may request a list of any non-routine disclosures of your health information that we might have made within the past six (6) years. Routine disclosures would include those used in your treatment, payment, and business operations of Sisson-Boyer Eyecare, LLC. These routine disclosures will not be included in your list of disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you must pay for them in advance at a fee of 200 per list. We will usually respond to your written request (made to the Privacy Officer named at the beginning of this Notice) within thirty (30) days but we are allowed one thirty (30) day extension if we need the time to complete your request.
- You may obtain additional copies of this Notice of Privacy Practices from our business office or online at our website address shown at the beginning of this Notice.

Breach Notification Policy

In the event of a reportable breach of patient information, Sisson-Boyer Eyecare, LLC agrees to abide by the breach notification requirements as established by the HIPAA Breach Notification Rule or specific State requirement. If a breach occurs, Sisson-Boyer Eyecare, LLC will take all necessary steps to remain in compliance with this rule including as applicable notification of individuals, Business Associates, the Secretary of Health and Human Services and prominent media outlets.

Whistleblower Protection Rule

Sisson-Boyer Eyecare, LLC will take no action against any individual who provides information to the Office of Civil Rights, Office of the Inspector General or individual state Attorney General's Office regarding concerns related to the privacy and security procedures or actions at Sisson-Boyer Eyecare, LLC.

Changing Our Notice of Privacy Practices

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to substantially change the Notice. We reserve the right to change this Notice at any time. If we change this Notice, the new privacy practices will apply to your existing health information as well as any additional information generated in the future. If we change this Notice, we will post a new Notice in our office and on our website.

Complaints

If you think that anyone at Sisson-Boyer Eyecare, LLC has not respected the privacy of your health information, we encourage you to discuss your concerns with the Privacy Officer named at the beginning of this Notice. We request you submit your concerns in writing. We are more than happy to try to resolve any concern you may have. We want to resolve your concerns but you may also file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights or the state Attorney General's Office. We will not retaliate against you if you make such a complaint.

Questions

If you have any questions or concerns we encourage you to contact the Privacy Officer at the number on this notice.

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Acknowledgment of Notice of Privacy Practices

The law requires that Sisson-Boyer Eyecare, LLC make every effort to inform you of your rights related to your personal health information. By my signing below, I acknowledge that:

I was given the opportunity to read, have read or had explained to me Sisson-Boyer Eyecare, LLC's Notice of Privacy Practice prior to any services offered.

The Notice of Privacy Practice could not be read due to the emergent nature of the care and will be acquired when possible

I authorize Sisson-Boyer Eyecare, LLC to release my personal health information to the following individuals:

Our office may use texts and emails to communicate with you. Although HIPAA compliant, they may not be encrypted and complete privacy cannot be guaranteed.

I authorize the use of text and email.

I do not authorize the use of text to communicate with me.

I HAVE READ AND UNDERSTAND THIS FORM. I AM SIGNING IT VOLUNTARILY.

_____/_____

Patient Signature / Date

If you are signing as a personal representative of the patient, please indicate your relationship. If you are signing for a minor, you attest that you have the legal authority to make medical decisions for the minor and consent to such care. Please indicate any other parent, step-parent, guardian or other individual(s) authorized to make medical decisions for the minor.

_____/_____

Representative Signature / Relationship to Patient

Other individuals authorized to make legal decisions for the minor