



**Park Place Optical, Ltd**

## **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. PLEASE REVIEW IT CAREFULLY.**

We at Valley Eye Associates are required by law to maintain the privacy of Protected Health Information ("PHI") and to provide you with notice of our legal duties and privacy practices with respect to PHI. References to "Valley Eye Associates," "we," "us," and "our" include Valley Eye Associates and Park Place Optical "VEA/PPO" acting as a single affiliated covered entity. Affiliated covered entities are organizations under common ownership or control who designate themselves as a single affiliated covered entity for purposes of compliance with the Health Insurance Portability and Accountability Act ("HIPAA"). Members of our medical staff, employees, students, volunteers, trainees, and other personnel providing services in our organizations will comply with this notice.

### **Your Health Care Information – Protecting Your Privacy**

It is your right as a patient to be informed of the privacy practices of your healthcare provider as well as to be informed of your privacy rights with respect to your personal health information. This Notice of Privacy Practices is intended to provide you with this information.

### **VEA/PPO's Responsibilities**

It is your right as a patient to be informed of VEA/PPO's legal duties with respect to protection of the privacy of your personal health information.

We are required to:

- Maintain the privacy of your health information;
- Provide you with a notice of the legal duties and privacy practices regarding protected health information collected and maintained about you; and
- Abide by the terms of this notice.

VEA/PPO reserves the right to change the privacy practices described in this Notice of Privacy Practices, in the event that the practices need to be changed to be in compliance with the law. Any new notice provisions will be effective for all protected health information that we maintain.

We will promptly revise and distribute this notice whenever we make a substantial change to any of its privacy practices. We will not use or disclose your health information without your authorization, except as described in this notice.

## **Your Health Information Rights**

### **You have the right to:**

- **Request a restriction on certain uses and disclosures of your health information.**  
You have the right to request restrictions on certain uses and disclosures of protected health information, even if the restriction affects your treatment or VEA/PPOs' payment or health care operation activities. We are not required to agree to these requests, except for when you request that we do not disclose information to your health plan about services for which you paid out-of-pocket in full. In those cases, we will honor your request, unless the disclosure is necessary for your treatment or is required by law.
- **Receive Confidential Communications.**  
You have the right to request that we communicate your health information to you by alternative means or at alternative locations. We shall accommodate reasonable requests. For example, you may request to be contacted at a phone number that is different from the phone number listed in your health care record.
- **Inspect and obtain a copy of your health record.**  
You have the right to inspect and obtain a copy of your health care record. This request for access to your health care record must be submitted in writing to the Medical Records Coordinator. This right may not apply to certain types of psychotherapy notes. VEA/PPO may charge you a reasonable administrative fee for a copy of your health care record.
- **Amend your health record.**  
You have the right to request an amendment to your health care record if you believe your health information is incorrect or incomplete. You will be asked to make this request in writing and state the reason why your health record should be changed. If we did not create the health information you believe is incorrect or if VEA/PPO disagrees with you, we may deny your request.
- **Obtain an accounting of disclosures of your health information.**  
You have the right to an accounting of disclosures of your health information that VEA/PPO has made in compliance with state and federal law. You can receive one accounting per year at no charge and we may charge you a reasonable fee for each subsequent request. You must submit your request in writing.
- **Obtain a paper copy of the notice upon request.**  
You have the right to obtain a paper copy of this notice upon request. For example, if you received the notice electronically, you may request that we provide a paper copy of the notice.

### **Uses and Disclosures for Treatment, Payment and Health Care Operations.**

VEA/PPO is permitted by the federal privacy rule to use or disclose your protected health information for treatment, payment or health care operations.

**VEA/PPO may use or disclose your health information for treatment.**

We may use or disclose your health information in the provision, coordination or management of your health care. Example: Your information may be disclosed from one physician to another if they are consulting each other in relation to your care and treatment. Example: We may use your health information to provide you with an appointment reminder via a postcard or confirmation call.

**VEA/PPO may use or disclose your health information for payment.**

We may use or disclose your health information to obtain reimbursement for the provision of health care services. Example: We may use information that identifies you, your diagnosis and your treatment to send a bill to your insurer.

**VEA/PPO may use or disclose your health information for routine health care operations.**

We may use or disclose your health information for evaluation of patient care services, evaluating the performance of health care providers, activities relating to compliance with the law and business planning and development. Example: Valley Eye Associates may review your health record to assist in quality assessment and improvement activities.

An inmate does not have a right to notice under this section, and the requirements of this section do not apply to a correctional institution that is a covered entity.

**Uses and Disclosures of Your Health Information Permitted Without Your Authorization.**

Without your written authorization, we may use or disclose your health information for the following purposes.

**Marketing:**

We may use or disclose medical information about you when we have face-to-face conversations with you about products or services that may be beneficial to you. We will state whether any financial remuneration beyond our reasonable costs has been received from a third party in exchange for making the communication. You may opt out of these contacts at any time by contacting the Privacy Officer.

**As Required by Law:**

We will disclose your health information when required to do so by federal, state or local regulations.

**Law Enforcement:**

We may release medical information if asked to do so by a law enforcement official as required by law, in response to a court order, subpoena, warrant, summons, administrative request or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death believed to be the result of criminal conduct; about criminal conduct at the health system; and in emergency circumstances, to report a crime; the location of a crime or victims; or the identity, description or location of the person who committed the crime.

**Victims of Abuse, Neglect or Violence:**

We may disclose your information to a government authority authorized by law to receive reports of abuse, neglect or violence relating to children or the elderly.

**Public Health:**

We may release your health information to local, state, or federal public health agencies subject to the provisions of applicable state and federal law for reporting communicable diseases, aiding in the prevention or control of certain diseases and reporting problems with products and reactions to medications to the Food and Drug Administration.

**Health Oversight Activities:**

We may disclose your health information to health agencies authorized by law to conduct audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system.

**Judicial and Administrative Proceedings:**

We may disclose your health information in the course of any administrative or judicial proceedings. If you are involved in a lawsuit or other administrative proceeding, we may release your health information in response to a court or administrative order.

**Specialized Government Functions including Public Safety:**

Under certain circumstances, we may disclose the health information of Armed Forces personnel, to military authorities. Under certain circumstances, we may disclose health information to authorized federal officials, as required, for lawful intelligence, counterintelligence, and other national security activities. We may disclose your protected health information under limited circumstances to government agencies in order to prevent or assist when there is a serious threat to the health or safety of others or the general public.

**Deceased Person Information:**

We may disclose your health information to coroners or medical examiners. For example, this may be necessary to determine cause of death.

**Organ, Eye or Tissue donation purposes:**

We may use or disclose your health information to organizations engaged in the procuring, banking or transplant of organs, eyes and tissue.

**Research:**

We may use or disclose your protected health information for research purposes if the researcher has obtained your permission or fulfilled the stringent privacy requirements of state and federal law.

**Fundraising Activities:**

We may use your health information to contact you regarding our fundraising activities. You also have the right to opt out of receiving fundraising communications. You may do so by contacting the Privacy Officer.

**Worker's compensation:**

We may disclose protected health information reasonably related to a workers' compensation injury.

**Uses of Your Health Information Requiring Your Authorization**

Except for the situations listed above, and the treatments, payment or health care operation purposes, we will not use or disclose your health information without written authorization from you. We must obtain your written authorization before we may use or disclose your psychotherapy notes, except for use by the originator of the psychotherapy notes for treatment; or use or disclosure by VEA/PPO to defend itself in a legal action or other proceedings brought by the individual. We must obtain your written authorization before we may use or disclose your health information for marketing purposes, except for face-to-face communications made by us to you or a promotional gift of nominal value provided by us to you.

You may withdraw your authorization in writing at any time by submitting your written withdrawal to our Privacy Officer. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization; however, we will be unable to take back any disclosures we have already made with your authorization.

**Notification of Breach**

We are required by law to maintain the privacy of protected health information and provide you with notice of our legal duties and privacy practices with respect to protected health information and to notify you following a breach of unsecured protected health information.

**Patient Complaint Process**

If you believe your privacy rights have been violated, you may file a complaint with VEA/PPO or with the Secretary of the Department of Health and Human Services. There will be no retaliation against you for filing the complaint.

To file a complaint with VEA/PPO; please contact the VEA/PPO' Privacy Officer who will provide you with the necessary assistance.

**Questions or Concerns**

If you have any questions or concerns regarding your privacy rights or the information in this notice, please contact:

Kimberlee A. Ebben  
Valley Eye Associates  
21 Park Place  
Appleton WI 54914  
Phone: 920-739-4361  
Fax: 920-739-6368

**This Notice of Privacy Practice is effective December 1, 2014**