

# Goodrich Optical Notice of HIPAA Privacy Practices

Effective Date: Sept 1<sup>st</sup> 2013

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND/OR DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this notice, please contact:

Privacy Officer,  
Goodrich Optical  
6425 S. Pennsylvania Ave  
Lansing, MI 48911  
Phone: 517-393-3309

## **OUR OBLIGATIONS:**

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect

## **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:**

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

**For Treatment:** We will use and disclose your health information to provide treatment to you. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you; testing or examining your eyes; prescribing glasses, contact lenses, or eye medications and faxing the prescriptions to be filled; showing you low vision aids; referring you to another doctor or clinic for eye care or low vision aids or services; or getting copies of your health information from other professionals including people outside our office who are involved in your health care.

**For Payment:** We will use and disclose your health information to obtain payment for the services we provide to you. Examples of how we use or disclose your health information for payment purposes are: asking you about your health or vision care plans, or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collections agency or attorney). We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will pay for the treatment.

**For Health Care Operations:** We may use and disclose Health Information in order to run our office and make sure the eye health care you receive is of the highest quality. For example, we may use your Health Information to evaluate the performance of our staff in caring for you. We may also use Health Information about some or all of our patients to help us decide what additional services we should offer, how we can become more efficient or whether certain new treatments are effective. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

## **USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION**

In some limited situations, 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 or 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, investigation or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or medical devices;
- Disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;
- Uses and disclosures for health oversight activities, such as the licensing of doctors; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws;
- If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation;

- Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- Disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime;
- Disclosure to a medical examiner to identify a deceased person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- In limited circumstances, uses or disclosures for health related research, such as when an Institutional Review Board has determined that such disclosure is appropriate without your permission;
- Uses and disclosures to prevent a serious threat to health or safety;
- Uses or disclosures for specialized government functions, such as the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service;
- Disclosures of de-identified information, from which information that may be used to identify you has been removed;
- Disclosures relating to worker's 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 a personal representative, such as someone that you have authorized to make health care decisions for you through a durable power of attorney or similar legal document;
- Disclosures to "business associates" who perform payment or health care operations for us. All of our "business associates" are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract;

## **APPOINTMENT REMINDERS**

We may call, e-mail or write to remind you of scheduled appointments, to notify you that glasses, contacts, etc. are available for delivery or that it is time to make a routine appointment. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

## **USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT**

***Individuals Involved in Your Care or Payment for Your Care.*** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

***Disaster Relief.*** We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

## **OTHER USES AND DISCLOSURES**

Other uses and disclosures of Health Information not covered by this Notice or the laws that apply to us will not be made unless you sign a written "authorization form". Federal law determines the content of an authorization form. Sometimes, we may initiate the authorization process if the use or disclosure is our idea. Sometimes, you may initiate the process if it's your idea for us to send your information to someone else. Typically, 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 already acted in reliance upon it. Revocations must be in writing. Send them to the office contact person named at the beginning of this Notice.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

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

- Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. You must submit your request in writing. To ask for a form by which you may request a restriction, send a request to the office contact person at the address at the beginning of this Notice;
- Ask that your Protected Health Information with respect to any item or service you paid for in full "out-of-pocket"(in other words, you have requested that we not bill your health plan) not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

- Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using E-mail to your personal E-mail address. We will accommodate these requests if they are reasonable, and if you pay us for any extra cost. To request confidential communication, you must submit your request in writing to the office contact person at the address shown at the beginning of this Notice. Your request must specify how or where you wish to be contacted;
- Ask to see or to get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 30 days of asking us (or sixty days if the information is stored off-site). We will notify you of the cost involved within 30 days and you may choose to withdraw or modify your request at that time before any costs are incurred. You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one 30-day extension of the time for us to give you access or photocopies if we send you a written notice of the extension. You must submit your request in writing. To ask for a form by which you can see or obtain photocopies of your health information, send a request to the office contact person at the address shown at the beginning of this Notice;
- Ask for an electronic copy. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request, your record will be provided in our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record. To ask for a form by which you can obtain an electronic copy of your health information, send a request to the office contact person at the address shown at the beginning of this Notice;
- Ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know got the wrong information, and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have one 30-day extension of time to consider a request for amendment if we notify you in writing of the extension. You must submit your request in writing. To ask for a form by which you can request to amend your health information, send a request to the office contact person at the address shown at the beginning of this notice.
- Get a list of certain disclosures we made of Health Information. By law, the list *will not* include disclosures for purposes of treatment, payment or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. You are entitled to one such list per year without charge. If you wish to receive more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law, we can have one 30-day extension of time if we notify you of the extension in writing. You must submit your request in writing. If you would like to ask for a form by which you can request a list of disclosures, send a request to the office contact person at the address shown at the beginning of this Notice;
- Get a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a paper copy of this notice at our office upon your next visit or an electronic copy from our web site- <http://www.goodrichoptical.com>.

#### **CHANGES TO THIS NOTICE:**

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

#### **COMPLAINTS:**

If you think that we have not properly respected the privacy of your health information, you are free to complain to: U.S. 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, send a written complaint to the office contact person at the address shown at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone.

## **FINANCIAL POLICY NOTIFICATION**

To reduce confusion and misunderstanding between our patients and Goodrich Optical, we have adopted the following financial policies. If you have questions regarding these policies, please discuss them with our office manager. We are dedicated to providing the best possible care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment.

**Unless other arrangements have been made, in advance, by you and our office manager, full payment is due at the time of service.**

**For your convenience, we accept Visa, MasterCard, Discover and Cash.**

### **Your Insurance**

There are two types of insurance that may help pay for eye care services and products. You may have one or both and our practice accepts most:

#### **Vision Care plans / Medical Insurance**

- Vision care plans cover ONLY routine vision exams and may cover some materials (such as glasses or contacts). Vision Care plans only cover a basic screening for eye disease. They do not cover diagnosis, management or treatment of eye diseases.
- Medical insurance must be used if you have any eye health problem or systemic health problem that has ocular complications. Your doctor will determine if these conditions apply to you, but some are determined by your case history.
- If you have both types of insurance, it may be necessary for us to bill some services to one plan and other services to the other. We will use coordination of benefits to do this properly and to minimize your out-of-pocket expense.
- We have made prior arrangements with many insurers and health plans to accept an assignment of benefits. This means that we will bill those plans for which we have an agreement and will only require you to pay the authorized co-payment at the time of service. **It is our policy to collect this co-payment at the time of service.**
- We will bill your insurance plan(s) for all the services provided. Any balance due is your responsibility and is due upon receipt of a statement from our office.
- In the event that your health plan determines a service is “not covered”, you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.

#### **“No-Show” Policy**

- We recognize you may need to cancel or change an appointment; we request you give us a 24-hour notice so we may offer the appointment to another patient who needs to be seen.
- Failure to provide our office with adequate notice may result in \$20 “no-show” or late cancellation fee for each offense and may result in dismissal from our practice for repeat offenders.

#### **Patient Guidelines and Consent for Use of E-mail Communications**

To better serve our patients, this office has established an e-mail address for some forms of communication. For routine matters that do not require immediate response, please feel free to contact us at [patientcare@goodrichoptical.com](mailto:patientcare@goodrichoptical.com).

Please remember, however, this form of communication is **not appropriate for use in an emergency**. The turnaround time for routine patient communication is up to 48 hours. The service provider may delay message delivery, etc. **Should you require urgent or immediate attention, this form of communication is not appropriate.**

Types of communication that are appropriate for e-mail include:

- Appointment Scheduling inquiries
- Contact Lens replacements / refills
- Non-urgent medical advice
- Billing or insurance questions
- Test and lab results
- Educational materials

When sending an e-mail, please put the subject of your message in the subject line so we can process it more efficiently. Also, be sure to put your full name and return telephone number in the body of the message.

This office is dedicated to keeping your medical record information confidential. Despite our best efforts, due to the nature of e-mail, third parties may have access to messages. Please be aware that e-mail communication can be intercepted in transmission or misdirected. Please consider communicating any sensitive information by telephone, fax, or mail. Also, when communicating from work, you should be aware that some companies consider e-mail corporate property and your messages may be monitored. In addition, you should be aware that, although addressed to a specific individual in our office, staff and/or colleagues could have access to this information.

Goodrich Optical offers patients the opportunity to communicate by e-mail. Transmitting patient information by e-mail has a number of risks that patients should consider before granting consent to use e-mail for these purposes. We will use reasonable means to protect the security and confidentiality of e-mail information sent and received. However, we cannot guarantee the security and confidentiality of e-mail communication and will not be liable for inadvertent disclosure of confidential information.