



## Notice of Privacy Practices

**This notice describes how medical information about you may be used and disclosed, and how you can gain access to this information. Please review it carefully.**

Protected health information (PHI), about you, is maintained as a written and/or electronic record of your contacts or visits for healthcare services with our practice. Specifically, PHI is information about you, including demographic information (i.e., name, address, phone, etc.), that may identify you and relates to your past, present or future physical or mental health condition and related healthcare services.

Our practice is required to follow specific rules on maintaining the confidentiality of your PHI, using your information, and disclosing or sharing this information with others to carry out treatment, payment or health care operations, or for other purposes that are permitted or required by law. This Notice of Privacy Practices ("Notice") describes the legal obligations of our practice and your rights regarding your PHI held by the practice under federal laws and regulations, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") as amended by the Health Information Technology for Economic and Clinical Health Act ("HITECH Act")<sup>1</sup>, and the federal Confidentiality of Substance Use Disorder Patient Records Regulations at 42 CFR Part 2,<sup>2</sup> as well as state laws and regulations. It also describes how we follow applicable rules and use and disclose your PHI to provide your treatment, obtain payment for services you receive, manage our healthcare operations and for other purposes that are permitted or required by law.

### Your Rights Under The Privacy Rule

The following is a statement of your rights, under the Privacy Rule, in reference to your PHI. Please feel free to discuss any questions with our staff.

**You have the right to receive, and we are required to provide you with, a copy of this Notice of Privacy Practices** - We are required to follow the terms of this notice. We reserve the right to change the terms of our notice, at any time, and to make the new Notice provisions effective for all PHI that we maintain. We will provide you with a revised Notice if you call our office and request that a revised copy be sent to you in the mail or ask for one at the time of your next appointment. The Notice will also be posted in a conspicuous location in the practice, and may also be viewed on the practice's web site at [Privacy Policy - LO Eye Care](#).

Notwithstanding anything in this Notice to the contrary, the practice (including any Business Associate) may not use or disclose PHI for certain activities concerning reproductive health care. For purposes of this Notice, "reproductive health care" means health care that affects the health of an individual in all matters relating to the reproductive system and to its functions and processes. Specifically, the practice (including any Business Associate) may not use or disclosure PHI for any of the following activities ("Prohibited Activity"):

- To conduct a criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating lawful or otherwise protected reproductive health care provided by another person (for example, the practice may not disclose your information concerning obtaining legal in-vitro fertilization or abortion care to a law enforcement officer investigating the provision of the service);
- To impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating lawful or otherwise protected reproductive health care provided by another person (for example, the practice may not disclose your information concerning obtaining in-vitro fertilization or legal abortion care to a litigant or law enforcement agency); and
- To identify any person for any purpose described above (for example, the practice may not disclose your identity or your provider's identity regarding obtaining legal in vitro fertilization or abortion care to a law enforcement officer investigating the provision of the service).

Note that reproductive health care is presumed legal unless the practice has actual knowledge or received factual information from the requestor that the reproductive health care was not lawful under the circumstance in which they were provided.

Additionally, substance use disorder ("SUD") treatment records received from programs relating to substance abuse education prevention, training, treatment, rehabilitation, or research, which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States, or testimony relaying the content of such records, will not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you ("SUD Prohibited Purposes") unless pursuant to a separate written consent specifically related to the disclosure of SUD records for such SUC Prohibited Purposes, or pursuant to a court order (accompanied by a subpoena or other legal requirement compelling disclosure) only after notice

<sup>1</sup> See 45 CFR Part 164, Subpart E.

<sup>2</sup> Promulgated under the Confidentiality of Substance Abuse and Mental Health Records Act. 42 UCS § 290dd-2

and an opportunity to be heard is provided to you.

**You have the right to authorize other use and disclosure** - This means you have the right to authorize any use or disclosure of PHI that is not described within this notice. For example, we would need your written authorization to use or disclose your PHI for marketing purposes, for most uses or disclosures of psychotherapy notes or substance use disorder counseling notes, or if we intended to sell your PHI. You may revoke an authorization, at any time, in writing, except to the extent that your healthcare provider, or our practice has taken an action in reliance on the use or disclosure indicated in the authorization.

**You have the right to request an alternative means of confidential communication** – This means you have the right to ask us to contact you about medical matters using an alternative method (i.e., email, fax, telephone), and/or to a destination (i.e., cell phone number, alternative address, etc.) designated by you. You must inform us in writing, using a form provided by our practice, how you wish to be contacted if other than the address/phone number that we have on file. We will follow all reasonable requests.

**You have the right to inspect and obtain a copy of your PHI** - This means you may submit a written request to inspect and obtain a copy of your complete health record. If your health record is maintained electronically, you will also have the right to request a copy in electronic format. We have the right to charge a reasonable, cost-based fee for paper or electronic copies as established by federal guidelines. In most cases, we will provide the requested copies within 30 days.

**You have the right to request a restriction of your PHI** - This means you may ask us, in writing, not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. If we agree to the requested restriction, we will abide by it, except in emergency circumstances when the information is needed for your treatment. In certain cases, we may deny your request for a restriction. You will have the right to request, in writing, that we restrict communication to your health plan regarding a specific treatment or service that you, or someone on your behalf, has paid for in full, out-of-pocket. We are not permitted to deny this specific type of requested restriction.

**You have the right to request an amendment to your protected health information** - This means you may submit a written request to amend your PHI for as long as we maintain this information. In certain cases, we may deny your request.

**You have the right to request a disclosure accountability** - You may request a listing of disclosures we have made of your PHI to entities or persons outside of our practice except for those made upon your request, or for purposes of treatment, payment or healthcare operations. We will not charge a fee for the first accounting provided in a 12-month period.

**You have the right to receive a privacy breach notice** - You have the right to receive written notification if the practice discovers a breach of your unsecured PHI and determines through a risk assessment that notification is required.

If you have questions regarding your privacy rights or would like to submit a written request, please feel free to contact our Privacy Manager. Contact information is provided on the following page under Privacy Complaints.

### **How We May Use or Disclose Protected Health Information Without Written Consent**

The following are examples of uses and disclosures of your protected health information that we are permitted to make without your written consent. These examples are not meant to be exhaustive, but to describe possible types of uses and disclosures.

**Treatment** - We may use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. This includes the coordination or management of your healthcare with a third party that is involved in your care and treatment. For example, we would disclose your PHI, as necessary, to a pharmacy that would fill your prescriptions. We will also disclose PHI to other Healthcare Providers who may be involved in your care and treatment. We may also use or disclose certain substance use disorder records of which we are in receipt from a provider who has forwarded your written consent, except where the request is for a SUD Prohibited Purpose (discussed above).

**Payment** - Your PHI will be used, as needed, to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we recommend for you such as, making a determination of eligibility or coverage for insurance benefits. We may also use or disclose certain substance use disorder records of which we are in receipt from a provider who has forwarded your written consent, except where the request is for a SUD Prohibited Purpose (discussed above).

**Healthcare Operations** - We may use or disclose, as needed, your PHI in order to support the business activities of our practice. This includes, but is not limited to business planning and development, quality assessment and improvement, medical review, legal services, auditing functions and patient safety activities. We may also use or disclose certain substance use disorder records of which we are in receipt from a provider who has forwarded your written consent, except where the request is for a SUD Prohibited Purpose (discussed above).

**Business Associates.** We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information and they will protect your protected health information against inappropriate use or disclosure, and will require their subcontractors and agents to do so, too. For example, we may disclose your protected health information to a Business Associate to process your

claims for services received by the practice.

**Special Notices** - We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may contact you by phone or other means to provide results from exams or tests, to provide information that describes or recommends treatment alternatives regarding your care, or to provide information about health-related benefits and services offered by our office.

We may contact you regarding fundraising activities, but you will have the right to opt out of receiving further fundraising communications. Each fundraising notice will include instructions for opting out.

**Health Information Organization** - The practice may elect to use a health information organization, or other such organization to facilitate the electronic exchange of information for the purposes of treatment, payment, or healthcare operations.

**To Others Involved in Your Healthcare** - Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person that you identify, your PHI that directly relates to that person's involvement in your healthcare. 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. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, of your general condition or death. If you are not present or able to agree or object to the use or disclosure of PHI (e.g., in a disaster relief situation), then your healthcare provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is necessary will be disclosed.

**Other Permitted and Required Uses and Disclosures** - We are also permitted to use or disclose your PHI without your written authorization, or providing you an opportunity to object, for the following purposes: if required by state or federal law; for public health activities and safety issues (e.g. a product recall); for health oversight activities; in cases of abuse, neglect, or domestic violence; to avert a serious threat to health or safety (although disclosure is not permitted if the sole basis of the report of abuse, neglect, or domestic violence is the provision or facilitation of reproductive health care); for research purposes; in response to a court or administrative order, and subpoenas that meet certain requirements; to a coroner, medical examiner or funeral director; to respond to organ and tissue donation requests; to address worker's compensation, law enforcement and certain other government requests, and for specialized government functions (e.g., military, national security, etc.); with respect to a group health plan, to disclose information to the health plan sponsor for plan administration; and if requested by the Department of Health and Human Services in order to investigate or determine our compliance with the requirements of the Privacy Rule.

Note that a valid written Attestation from the requester that is not defective will be required if the use or disclosure potentially relates to reproductive health care and the use or disclosure is not for a Prohibited Activity under the following circumstances:

1. For health oversight activities.
2. For judicial and administrative proceedings.
3. For law enforcement purposes.
4. Disclosures to coroner and medical examiners.

Redisclosure. Please note that once information is disclosed pursuant to HIPAA, it may be subject to redisclosure by the recipient and may no longer be protected by HIPAA, subject to the exceptions stated above.

### **Privacy Complaints**

You have the right to complain to us, or directly to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying the Privacy Manager at: 517-337-1668.

We will not penalize or in any way retaliate against you for filing a complaint.

Effective Date: December 23, 2024 Publication Date: February 16, 2026