

**Joseph & Swan Eye Center
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.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA), requires all health records and other Protected Health Information (PHI) used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse PHI. We have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your PHI.

BJSEC has adopted reasonable policies and procedures for administration of its programs, services, and activities. If any State or Federal laws or regulations, or order of court having appropriate jurisdiction imposes a stricter requirement upon any BJSEC policy regarding the privacy or safeguarding of information, BJSEC shall act in accordance with that stricter standard.

Without specific written authorization, we are permitted to use and disclose your health care records for the purpose of treatment, payment, and health care operations. **Treatment** means providing, coordinating, or managing health care and related services by one or more healthcare providers. Examples of treatment would include eye exams and surgery procedures; **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be billing your insurance company for services; **Health Care Operations** include the business aspect of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis and customer service. An example of this would include a periodic assessment of our documentation protocols, etc.

In addition, your confidential information may be used to remind you of an appointment (electronically or by mail) or provide you with information about treatment options or other health related services including release of information to friends and family members that are directly involved in your care or assist in taking care of you. We will use and disclose your PHI when we are required to do so by federal, state, or local laws. We may disclose your PHI to public health authorities that are authorized by law to collect information, to a health oversight agency for activities authorized by law included but not limited to: response to a court order or administrative order, if you are involved in a lawsuit or similar proceeding, response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or obtain an order protecting the information the party has requested. We will release your PHI if requested by law. We may release your PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. We may release PHI to organizations that handle organ, eye, or tissue donation and transplantation if you are an organ donor. We may use and disclose PHI when necessary to reduce or prevent a serious threat to your health and safety of another individual or to the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat. We may disclose your PHI if you are a member of U.S. or foreign military (including veterans) and if required by an appropriate intelligence and national security activities authorized by law. We may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or conduct investigations. We may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary for the institution to provide health care services to you, for the safety and security of the institution, and to protect your health and safety or that of other individuals or the public. We may release your PHI for worker's compensation and similar programs. We may disclose your PHI with disaster relief organizations to coordinate care and or locate family members in the event of a disaster. Any other uses and disclosures, including marketing, fundraising, notes pertaining to psychotherapy, or any sale of PHI, will be made only with your authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have certain rights in regards to your PHI: **The right** to request restrictions on certain uses and disclosures of payment and Health Care Operations in your PHI, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. (The practice is not required to agree with said restriction with the exception of those for whom healthcare is being paid out of pocket.) **The right** to elect to pay "out of pocket" for medical services and request that we not disclose the related information to your health plan. Such a request would be honored unless we are required by law to disclose the information. **The right** to request to receive confidential communications of PHI from us by an alternative means or at alternative locations. **The right** to access, inspect, and copy your PHI. **The right** to request an amendment to your PHI. **The right** to receive an accounting of disclosures of PHI outside of treatment, payment, and healthcare operations. **The right** to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to notify you if a breach of confidentiality occurs involving your PHI. We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new provisions effected for all PHI that we maintain. Revisions will be posted on the effective date and you may request a written copy of the Revised Notice from this office. You have the right to file a formal, written complaint with us at the address below, or with the Department of Health and Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

A full explanation of regulations can be obtained by contacting our privacy officer.

**For more information about our Privacy Practices
Please contact our Privacy Officer
609 Guilbeau Road
Lafayette, LA 70506
(337) 981-6430**

**For more information about HIPAA or to file a complaint:
The U.S. Dept. of Health & Human Services
Office of Civil Rights
200 Independence Ave. S.W.
Washington, D.C. 20201 Toll Free (877) 696-6775**

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