

## Notice of Privacy Practices of Sierra Eye Associates

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE ENCLOSED INFORMATION CAREFULLY.**

The Health Insurance Portability and Accountability Act of 1996 requires us to adopt reasonable and appropriate administrative, physical, and technical security measure to protect the privacy and confidentiality of your personal health information.

When you become a patient of Sierra Eye Associates, you provide us with information about your health. Your medical record is the information that we use to plan your care, provide treatment, and receive payment for our services. Your medical record contains personal health information that is protected by federal law. Anytime we use or disclose your personal health information, we are required to follow the terms of the Notice.

### How We Use and Disclose Your Protected Health Information

- **For Treatment** We may use and disclose your personal health information to plan, provide, and coordinate your health care. For example, we may provide your personal health information to a physician we have referred you to for further treatment.
- **For Payment** We may use and disclose your personal health information to obtain payment for health care services we have provided to you. For example, we may use and disclose your information to your health insurance for payment of services we provided.
- **For Health Care Operations** We may use or disclose your protected health information for our health care operations. For example, (1) we may use or disclose your information to conduct quality of care assessment and improvement activities, (2) to evaluate contracting or replacement of insurance coverage, (3) to engage in care coordination or case management, or (4) to manage, plan, or develop our business
- **For Health Services** We may use your medical information to contact you to give you information about treatment alternatives or services that may be of interest to you. We may contact you to remind you of appointment dates and time.
- **As required by Law** For example, we must allow the U.S. Department of Health and Human Services to audit our records. We may also disclose your medical information as authorized by and to the extent necessary to comply with workers' compensation or similar laws.
- **To Business Associates** We may disclose your medical information to business associates we hire to assist us. Each of our business associates must agree in writing to ensure the continuing confidentiality and security of your medical information.

### We may also use and disclose your medical information as follows:

- To comply with legal proceedings, such as a court or administrative order or subpoena.
- To law enforcement officials for limited law enforcement purposes.
- To a family member, friend, or other person for the purpose of helping you with your health care or with payment of your health care if you are in a situation such as a medical emergency and you cannot give your agreement to us to do this.
- To your personal representatives appointed by you or designated by applicable law.
- For research purposes in limited circumstances.
- To a coroner, medical examiner, or funeral director about a deceased person.
- To an organ procurement organization in limited circumstances.
- To avert a serious threat to your health or safety or the health or safety of others.
- To a government agency authorized to oversee the health care system or government programs.

- To federal officials for lawful intelligence, counterintelligence, and other national security purposes.
- To public health authorities for public health purposes.
- To appropriate military authorities if you are a member of the armed forces.

### **Potential of State Law**

In some situations, state privacy laws override (take precedence over) the HIPPA Privacy Rules. As a result, the privacy laws of a state may impose a privacy standard under which we will be required to operate (example is disclosure of medical information of a minor).

We will not use or disclose your medical information for any other purpose unless you give us your written authorization to do so. If you give us written authorization to use or disclose your medical information for a purpose that is not described in this Notice, then, in most cases, you may revoke it in writing at any time.

### **Your Rights**

You may make written request to us to do one or more of the following concerning your medical information:

- To put additional restrictions on our use and disclosure of your medical information. We do not have to agree to your request.
- Upon request, you have the right to see your health information maintained by us. In limited cases, we do not have to agree to your request.
- To amend your medical information. You may take an amendment to or correction of your medical records. We will comply with your request in the event that we determine the information that would be amended is false, inaccurate, or misleading. This information must be Sierra Eye Associates records and not the records of another entity.
- You have the right to request to an accounting of the disclosures made by us of your personal health information for the last 6 years (but not for disclosure before April 14, 2003).
- You have the right to request to receive your health information by alternative means of communication or at alternative locations. Requests for chart records by another entity will not be sent by fax.

### **Complaints**

If you believe your privacy rights have been violated, you have the right to complain to us or to the Secretary of the U.S. Department of Health and Human Services. Under no circumstances will we retaliate against you for filing a complaint.

### **Privacy Officer**

To contact the privacy officer of Sierra Eye Associates, please address all requests to Privacy Officer or call 775-329-0286 and ask for the privacy officer.

**Effective Date of this Notice - April 14, 2003**