

Effective date of notice: **March 4, 2014**

**REVISED NOTICE OF PRIVACY PRACTICES**

Belleview Eye Associates, Inc.  
5104 S. Field St. Unit C Littleton, CO 80123  
Phone: 303-979-3937 Fax: 1-866-881-3396  
Privacy officer: Leilani Phillips, O.D.

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**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.**

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We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This Notice describes how we protect your health information and what rights you have regarding it.

**TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**

The most common reason why we use or disclose your **protected health information (PHI)** is for treatment, payment or health care operations. 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 them to be filled or e-prescribing; referring you to another doctor or clinic for eye care or low vision aids or services, or getting copies of your health information from another professional that you may have seen before us. Examples of how we use or disclose your PHI 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 collection agency or attorney.) You may request that we withhold disclosure of your PHI related to a particular service to a health plan, if you have paid for the services out of pocket. "Health care operations" mean those administrative and managerial functions that we have to do in order to run our office. Examples of how we use or disclose your PHI for health care operations are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans, defense of legal matters; business planning; and outside storage of our records. We routinely use your health PHI inside our office for these purposes without any special permission. If we need to disclose your health information outside of our office for any other reasons, we will ask you for special written permission.

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

In some limited situations, the law allows or requires us to use or disclose your PHI without your permission. Not all of these situations will apply to us; some may occur in our office. Such uses or disclosures are: when a state or federal law mandates that certain PHI 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 for the licensing of doctors; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws; 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; to provide information about a crime at our office; or to report a crime that happened somewhere else; disclosure to a medical examiner to identify a dead 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; uses or disclosures for health related research; uses and disclosures to prevent a serious threat to health or safety; uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for 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 "business associates" who perform health care operations for us and who commit to respect the privacy of your health information. We will not sell your (PHI) to anyone and we are prohibited from using your PHI for marketing purposes. Unless you object, we will also share relevant information about your care with your family or friends who are helping you with your eye care.

**APPOINTMENT REMINDERS**

We may call, text, or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call, text, or write to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we will mail you an appointment reminder on a postcard, and/or leave you a reminder message on your home answering machine or voicemail or with someone who answers your phone if you are not home.

## **OTHER USES AND DISCLOSURES**

We will not make any other uses or disclosures of your PHI unless you sign a written "authorization form." The content of an "authorization form" is determined by federal law. 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. Please send them to Dr. Phillips.

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

The law gives you many rights regarding your PHI. 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. To ask for a restriction, send a written request to the office contact person at the address or fax shown at the beginning of this Notice. 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. If you want to ask for confidential communications, send a written request to Dr. Phillips at the address or fax shown at the beginning of this Notice. Ask to see or to get photocopies or electronic copies of your PHI. 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). 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. If you want to review or get photocopies or electronic copies of your health information, send us a written request to Dr. Phillips at the address or fax 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 that 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 whenever we make a permitted disclosure of your health information. By law, we can have one 30-day extension of time to consider a written request for amendment, if we notify you in writing of the extension. If you want to ask us to amend your health information, send a written request, including your reasons for the amendment, to Dr. Phillips at the address or fax shown at the beginning of this Notice. Get a list of the disclosures that we have made of your health information within the past six years (or a shorter period if you want). 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 want 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. If you want a list, send a written request to Dr. Phillips at the address or fax at the beginning of this Notice. If you want additional paper copies of this Notice of Privacy Practices, you may get one upon request or send a written request to Dr. Phillips at the address or fax shown at the beginning of this Notice.

## **OUR NOTICE OF PRIVACY PRACTICES**

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have, as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office and have copies available.

## **COMPLAINTS**

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or the 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 Dr. Phillips at the address or fax shown at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone.

**By signing below, I attest that I have received a copy of the Revised Health Privacy Act (HIPAA) information and I understand that I will be held responsible for the services I will be receiving. I further understand that payment is due at the time of services. In the event that it becomes necessary to assign this account for collections or that any costs are incurred for collection of my past due account, I agree to be responsible for all costs of collection including a reasonable attorney fee. I authorize payment of medical benefits to the physician or supplier for services rendered. Please note that most insurance policies only pay a portion of your total charges.**

Signed \_\_\_\_\_

Date: \_\_\_\_\_