

Lindsey Optical's Notice of Privacy Practices
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PROTECTING YOUR CONFIDENTIAL HEALTH INFORMATION IS IMPORTANT

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

OUR PROMISE!

It is our desire to communicate to you that we are taking the new Federal HIPAA (Health Insurance Portability and Accountability Act) laws written to protect the confidentiality of your health information seriously. We do not ever want you to delay treatment because you are afraid your personal health history might be unnecessarily made available to others outside of our office

WHAT HAS CHANGED?

The most significant variable that has motivated the Federal government to legally enforce the importance of the privacy of health information is the rapid evolution of computer technology and its use in healthcare. This has challenged us to review how your health information is used not only within our computers but also with the internet, phone, faxes, copy machines and charts. We want you to know about these policies and procedures which we developed to make sure your health information will not be shared with anyone who does not require it. Our office is subject to State and Federal laws regarding the confidentiality of your health information and in keeping with these laws, we want you to understand our procedures and your rights as our valuable patient. Your health information will be used only for the purposes of providing your treatment, obtaining payment and conducting health care operations. Your health information will not be used for other purposes unless we have asked for and been voluntarily given your written permission.

YOUR HEALTH INFORMATION MAY BE USED

TO PROVIDE TREATMENT...your information will be used within our office to provide you with the best health care possible. This may include administrative and clinical office procedures designed to optimize scheduling and coordination of care between physicians and offices staff. Examples include setting up an appointment, testing your eyes, prescribing glasses, contact lenses and or medications and faxing these prescriptions to be filled, referring you to another doctor or getting copies of your prior health information from other professionals.

TO OBTAIN PAYMENT...we may include your information with an invoice used to collect payment for treatment you receive in our office. We may do this with insurance forms filed for you in the mail or sent electronically. We will be sure to only work with companies with a similar commitment to the security of your health information. Examples include asking you about your health/vision plan, preparing and sending bills or claims and collecting unpaid amounts.

TO CONDUCT HEALTH CARE OPERATIONS...your health information may be used during performance evaluations of our staff. Some of our best teaching opportunities use clinical situations experienced by patients receiving care at our office. It is also possible that health information will be disclosed during audits by insurance companies or government appointed agencies as part of their quality assurance and compliance reviews. Your health information may be reviewed during the routine processes of certification, licensing or credentialing activities

IN PATIENT REMINDERS...because we believe regular care is very important to your general health, we will remind you of a scheduled appointment or that it is time for you to contact us and make an appointment. Additionally, we may contact you to follow up on your care and inform you of treatment options. These reminders may include postcards, folding postcards, letters, telephone reminders or electronic reminders such as email (unless you tell us that you do not want to receive these reminders). Unless you indicate otherwise we may leave a reminder message on your answering machine or with someone who answers the phone if you are not at home.

ABUSE OR NEGLECT...we will notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when we are compelled by our ethical judgment, when we believe we are specifically required or authorized by law or with the patient's agreement.

PUBLIC HEALTH AND NATIONAL SECURITY...we may be required to disclose to Federal officials or military authorities health information necessary to complete an investigation related to public health or national security, if the government believes that the public safety could benefit when the information could lead to the control or prevention of an epidemic or the understanding of new side effects of a drug treatment or medical device.

FOR LAW ENFORCEMENT...as permitted or required by State or Federal law, we may disclose your health information to a law enforcement official for certain law enforcement purposes, including, under certain limited circumstances, if you are a victim of a crime or in order to report a crime, for audits by Medicare and Medicaid or for investigation of possible violations of healthcare laws.

FAMILY, FRIENDS AND CAREGIVERS...unless you object we may share your health information with those you tell us will be helping you with your home hygiene, treatment, medications, or payment. We will be sure to ask your permission first. In the case of an emergency, where you are unable to tell us what you want we will use our very best judgment when sharing your health information only when it will be important to those participating in providing your care.

TO CORONERS, FUNERAL DIRECTORS AND MEDICAL EXAMINERS...we may be required by law to provide information to coroners, funeral directors and medical examiners for the purposes of determining a cause of death and preparing for a funeral.

MEDICAL RESEARCH...advancing medical knowledge often involves learning from the careful study of the medical histories of prior patients,, Formal review and study of health histories as a part of a research study will happen only under the ethical guidance, requirements and approval of an Institutional Review Board.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION...other than is stated above or where Federal, State or Local law requires us, we will ask for your written permission if we use or disclose your health information outside of our office for any other reasons NOT specified above.

PATIENT RIGHTS

RESTRICTIONS...YOU HAVE THE RIGHT to request restrictions on certain uses and disclosures of your health information. Except for emergency treatment, our office will make every effort to honor reasonable restriction preferences from our patients. To ask for a restriction, send a written request to our office.

CONFIDENTIAL COMMUNICATIONS...YOU HAVE THE RIGHT to request that we communicate with you in a certain way. You may request that we only communicate your health information privately with no other family members present or through mailed communications that are sealed. We will make every effort to honor your reasonable requests for confidential communications, you may be asked to pay us for any extra cost incurred.

INSPECT AND COPY YOUR HEALTH INFORMATION...YOU HAVE THE RIGHT to read, review and copy your health information, including your complete chart, x-rays and billing records. If you would like a copy of your health information, please let us know. We may need to charge you a reasonable fee to duplicate and assemble your copy. (We are allowed 30 days to prepare your requested copies - 60 days if the records are stored off site.)

AMEND YOUR HEALTH INFORMATION...YOU HAVE THE RIGHT to ask us to update or modify your records if you believe your health information records are incorrect or incomplete. We will be happy to accommodate you as long as our office maintains this information. In order to standardize our process, please provide us with your request in writing and describe your reason for the change. Your request may be denied if the health information record in question was not created by our office, is not part of our records or if the records containing your health information are determined to be accurate and complete (We will amend the information within 60 days of your written request to us.)

DOCUMENTATION OF HEALTH INFORMATION...YOU HAVE THE RIGHT to ask us for a description of how and where your health information was used by our office for any reason other than for treatment, payment, or health care operation. Our documentation procedures will enable us to provide information on health information usage from April 14, 2003 and forward... Please let us know, in writing, the time period for which you are interested. Thank you for limiting your request to no more than six years at a time. You are entitled to one such list per year without charge, while more frequent lists must be paid for in advance.

REQUEST A PAPER COPY OF THIS NOTICE...YOU HAVE THE RIGHT to obtain a copy of this Notice of Privacy Practices directly from our office at any time. Stop by or give us a call and we will mail or email a copy to you. We are required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of our Privacy Practices. We are required to practice the policies and procedures as described in this notice, but we do reserve the right to change the terms of our Notice,

IF WE CHANGE OUR NOTICE OF PRIVACY PRACTICES, WE WILL POST THE NEW NOTICE IN OUR OFFICE, HAVE COPIES AVAILABLE IN OUR OFFICE AND POST IT ON OUR WEB SITE. IF WE CHANGE THIS NOTICE THE NEW POLICY WILL APPLY TO YOUR HEALTH INFORMATION THAT WE ALREADY HAVE AS WELL AS ALL FUTURE INFORMATION.

YOU HAVE THE RIGHT TO EXPRESS COMPLAINTS TO US OR TO THE SECRETARY OF HEALTH AND HUMAN SERVICES IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE BEEN COMPROMISED. WE ENCOURAGE YOU TO EXPRESS ANY CONCERNS YOU MAY HAVE REGARDING THE PRIVACY OF YOUR INFORMATION. PLEASE LET US KNOW OF YOUR CONCERNS OR COMPLAINTS IN WRITING.

If you need to request any copies of your personal health information, make any restrictions to our use of your health information, or place any restrictions on the way our office communicates with you, please contact our office in writing at the address indicated at the beginning of this notice.

Thank you very much for taking time to review how we are carefully using your health information. If you have questions we want to hear from you.