

VisualEyesOptical

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Notice of Privacy Practices

**Effective Date of Notice April 14, 2003
Revised January 1, 2004**

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

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

We use or disclose your health information for treatment, payment or healthcare operations.

Treatment Purposes

- setting up an appointment for you
- examining and treating your eyes, prescribing glasses, contact lenses or medications and faxing them to be filled
- showing you low vision aids, referring you to another doctor for eye care or low vision aids or services
- obtaining copies of your health information from another professional that you may have seen before us.

Payment Purposes

- 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)

Health Care Operations

- financial or billing audits
- internal quality assurance
- personnel decision
- participation in managed care plans
- defense of legal matters
- business planning
- outside storage of our records

We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside our office for these reasons, we usually will not 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 health information without your permission. Not all of these situations will apply to us, some may never come up at our office at all. Such uses or disclosures are:

- when a state or federal law mandates that certain health information be reported for a specific purpose
- for public health purposes
- disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence
- uses and disclosures for health oversight activities

- disclosures for judicial and administrative procedures
- disclosures for law enforcement purposes
- disclosure to a medical examiner
- 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
- disclosures of de-identified information
- disclosures relating to workers compensation programs
- disclosures of a "limited data set" for research, public health or health care operation
- 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

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 or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that might 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 with someone who answers your phone if you are not home.

Other Uses and Disclosures

We will not make any other used or disclosures of your health information 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 of disclosure is our idea. Sometimes, you may initiate the process if it is 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. Send them to the office contact person named at the beginning of this Notice.

Rights Regarding Your Health Information

The law gives you many rights regarding your health information

- the right to inspect and copy your information
- the right to request corrections to your information
- the right to request that your information be restricted
- the right to request confidential communications
- the right to a report of disclosures of your information
- the right to a paper copy of this Notice

Our Notice of Privacy Practices

By law, we must abide by the term 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, have copies available in our office and post it on our Website.

Complaints/Information

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