

Louisiana Family Eyecare

1431 Ochsner Blvd. Suite A
Covington, LA 70433
Phone: (985) 875-7898 ~ Fax: (985) 875-9844

Notice of Privacy Practices

Effective Date: 08-01-09

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 privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our office. We need this record to provide you with quality care and to comply with certain legal requirements.

OUR LEGAL DUTY

Law Requires Us to:

- Keep your medical information private.
- Give you this Notice describing our legal duties, privacy practices, and your rights regarding your medical information.
- Abide by the terms of this Notice of Privacy Practices,

We have 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 in our office.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Law permits use or disclosure of your health information for the following purposes:

Treatment, Payment, and Health Care Operations - The most common reason why we use or disclose your health information without your permission is for treatment, payment or health care operations. "Health care operations" mean those administrative and managerial functions that we have to do in order to run our office. We routinely use your health information inside our office for these purposes without any special permission. The following contains some examples, which are not meant to be exhaustive, but to describe and help you understand the types of uses and disclosures that may be made by our office.

Treatment- Examples of how we may use or disclose information for these 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; referring you to another doctor or clinic for eye care or services; getting copies of your health information from another professional that you may have seen before us.

Payment- Examples of how we may use or disclose your health information for these purposes are: asking you about your health or vision care plans, or other sources of payment; calling for insurance authorization with other customers in the building; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency or attorney).

Health Care Operations- Examples of how we may use or disclose your health information for health care operations are: calling your name in the waiting area when the doctor is ready to see you; financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; and business planning.

(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.)

Personal Communications- 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 about treatment alternatives or services that may be of interest to you. Unless you object, we will also share relevant information about your care with your family and/or friends who are helping with your eye care.

Business Associates- We may make disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information.

Public Health and Safety- As required by law, we may disclose your medical information to public health or legal authorities in charge of preventing or controlling disease, injury, or disability, including child abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the Food & Drug Administration (FDA) for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs, or replacements, to track products, or to conduct activities required by the FDA. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

Health Oversight- We may disclose medical information to an agency providing health oversight for activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions. Other uses and disclosures may be made for health oversight activities including licensing of doctors, audits by Medicare or Medicaid, or for investigation of possible violations of health care laws

Specialized Government Functions- Subject to certain requirements, we may disclose or use health information for military personnel and veterans. Such requirements may involve the protection of the President or high ranking government officials, lawful national intelligence activities, military purposes, or for the evaluation and health of members of the foreign service

Court Orders, Judicial, and Administrative Proceedings- We may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other lawful processes. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your

medical information with law enforcement officials. We may share limited information with law enforcement officials concerning the medical information of a suspect, fugitive, inmate, material witness, crime victim, or missing person

Law enforcement- Under certain circumstances, we may disclose health information to law enforcement officials. 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 elsewhere.

Victims of Abuse, Neglect, or Domestic Violence- We may disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your medical information if it is necessary to prevent serious threat to your health and/or safety or the health and/or safety of others.

Funeral Director, Coroner, Medical Examiner- We may disclose medical information to a medical examiner to identify a dead person or to determine the cause of death, to funeral directors to aid in burial, and to organizations that handle organ or tissue donations.

Workers Compensation- We may disclose health information when authorized and necessary to comply with laws relating to workers compensation or other similar programs.

OTHER USES AND DISCLOSURES

We will not make any other uses 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 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. Send them to the address at the beginning of this Notice.

PATIENT RIGHTS

The law gives you many rights regarding your health information. 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 request a restriction, send a written request to the address at the beginning of this form.
- ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home or by mailing health information to a different address. We will accommodate these requests if they are reasonable, and if you pay for any extra cost. If you want to ask for confidential communications, please send a written request to the address shown at the beginning of this Notice.
- ask to see or to get photocopies of your health information. 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. You will have to pay for photocopies. If we deny your request, we will send 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 of your health information, send a written request to the address 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 the 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 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 write. Once your statement of position and/or rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have one 30 day extension of time to consider a 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 address at the beginning of this Notice.
- get a list of the disclosures that we have made of your health information within the past six year (or a shorter period of time 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 the address shown at the beginning of this Notice.
- get additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you get one electronically or in paper form already. If you want additional paper copies, send a written request to the address shown at the beginning of this Notice.

QUESTIONS AND 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 the address shown at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone.

HOW TO CONTACT US

PRACTICE NAME: LOUISIANA FAMILY EYECARE

PRIVACY OFFICER: SHELLY ANASTASIO, O.D.

ADDRESS: 1431 Ochsner Blvd. Ste A, COVINGTON, LA 70433

PHONE: (985) 875-7898

FAX: (985) 875-9844