

Patient Information Privacy Notice For



14701 N Santa Fe Avenue
Edmond, Oklahoma 73013

**This notice describes how medical information about you may be used and disclosed and how you can have access to this information.
Please review this document carefully.**

If you have any questions about this notice, please contact the receptionist. This notice describes the health and medical information policies and procedures of BVA Advanced Eye Care. It applies to all staff, employees, independent contractors and business associates of BVA Advanced Eye Care.

Our Pledge Regarding Medical Information

BVA Advanced Eye Care understands that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at BVA Advanced Eye Care. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care.

This notice will tell you about the ways we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you notice of our legal duties and privacy practices with respect to medical information about you;
- follow the terms of the notice that is currently in effect.

How We May Use And Disclose Your Medical Information

For Treatment:

BVA Advanced Eye Care may use medical information about you to provide you with medical treatment and services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you. BVA Advanced Eye Care may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and/or x-rays.

We also may disclose medical information about you to professionals outside BVA Advanced Eye Care who may be involved in your medical care, such as family members or others we use to provide services that are part of your care.

For Payment:

We may use and disclose medical information about you so that treatment and services you receive may be billed to and payment collected from you, an insurance company or a third party. We may also share your health plan information about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

Appointment Reminders:

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care.

Treatment Alternatives:

We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health Related Benefits and Services:

We may use and disclose medical information to tell you about health related benefits or services that may be of interest to you.

Individuals Involved In Your Care or Payment for Your Care:

We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition. In addition, we may disclose medical information about you to an entity assisting in disaster relief efforts so that your family can be notified about your condition, status and location.

Research:

Under certain circumstances, we may use and disclose medical information about you for research purposes. Before we use or disclose medical information about you to people preparing to conduct a research project, the project will have been approved through a research approval process. We may however, disclose your medical information to people preparing to conduct a research project to help them look for patients with specific medical needs. We will ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care through BVA Advanced Eye Care.

As Required By Law:

We will disclose medical information about you when required to do so by federal, state or local law.

To Avert A Serious Threat to Health or Safety:

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and to the safety of the public or another person. Any disclosure, however, would only be to help prevent the threat.

Special Situations

Organ and Tissue Donation:

If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans:

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information to foreign military authorities.

Workers' Compensation:

We may release medical information about you for workers' compensation or similar programs. The release of such information is controlled by state and/or federal law.

Public Health Risks:

We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report vulnerable adult abuse;
- to report reactions to medications or problems with products;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe the patient has been the victim of domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities:

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights law.

Lawsuits and Disputes:

If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request to obtain an order protecting the information requested.

Law Enforcement:

We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness or missing person;
- About the victim of a crime, if, under certain circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct involving our practice; and
- In emergency circumstances to report a crime; the location of a crime; or the identity, description or location of the person who committed the crime.

National Security and Intelligence Activities:

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others:

We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates:

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for BVA Advanced Eye Care to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Your Rights Regarding Medical Information About You

Right to Inspect and Copy:

You have the right to inspect and copy medical information that may be used to make decisions about your care. To inspect and copy medical information that may be used to make decisions about your care, you must submit your request to the office manager of BVA advanced Eye Care. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

Right to Amend:

If you feel that medical information we have about you is incorrect or incomplete, you may ask to amend the information. You have the right to request an amendment for as long as the information is kept by BVA advanced Eye Care. To request an amendment, your request must be made in writing and submitted to the office manager of BVA Advanced Eye Care. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by BVA Advanced Eye Care, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the medical information kept by BVA Advanced Eye Care;
- is not part of the which you would be permitted to inspect and copy; or
- is accurate and complete.

Right to an Accounting of Disclosures:

You have the right to request an "accounting of the disclosures." This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit the request in writing to the office manager of BVA Advanced Eye Care. Your request must state a time period which may be no longer than six years and may not include dates prior to April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions:

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health-care operations. You also have the right to request a limit on medical information we disclose about you to someone who is involved in you care or the payment for your care, like a family member or friend. We are not required to agree with your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request a restriction, you must make your request in writing to the office manager of BVA Advanced Eye Care. In your requested restrictions, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

Right to Request Confidential Communications:

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may request that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the office manager of BVA Advanced Eye Care. We will not ask for the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Copy of this Notice:

You have the right to a copy of this notice. You may ask us to give you a copy of this notice at any time.

Other Uses Of Medical Information:

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. You understand that we are unable to rescind any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Changes To This Notice

We reserve the right to change this notice. We reserve the right to make revisions effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our office. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you are in our office for treatment or health care services, we will offer you a copy of the current notice in effect.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with your office or with the Secretary of the Department of Health and Human Services. To file a complaint with BVA Advanced Eye Care, contact the office manager for BVA Advanced Eye Care at 888-323-3937. All complaints must be submitted in writing. You will not be penalized for filing a complaint.



Consent to the Use and Disclosure of Health Information for Treatment, Payment or Healthcare Operations

I understand that as part of my health and medical care, BVA Advanced Eye Care originates and maintains medical and health records describing my health history, symptoms, examination and test results, diagnosis, treatment and any plans for future care or treatment. I further understand that this information serves as:

- o a basis for planning my care and treatment
- o a means of communication among the health professionals who contribute to my care
- o a source of information for applying my diagnosis and treatment information to my bill
- o a means for third-party payers to identify that services were billed as actually provided

I further understand and agree that this agreement to release information shall apply to all information accumulated up to this date and to any information acquired in the future, and as a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals.

I understand and have been provided with a Patient Information Privacy Notice that provides a more complete description of information uses and disclosures. I understand that I have the right to review the Patient Information Privacy Notice prior to signing the consent. I understand that BVA Advanced Eye Care reserves the right to change their notice and practices, but that prior to implementation will provide me with a copy of any revised notice. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment or healthcare operations and that BVA Advanced Eye Care is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon.

This agreement to release future information shall remain in force until such time as I shall revoke it in writing.

By Oklahoma law, we are required to notify you that the information authorized for release may include records which may indicate the presence of a communicable or venereal disease which may include, but are not limited to, disease such as hepatitis, syphilis, gonorrhea, and human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS).

Information may be released to the following organizations for the indicated purpose:

Organization	Purpose
_____	_____
_____	_____
_____	_____

I request the following restrictions to the use and/or disclosure of my health information:

Signature of Patient or Legal Representative

Date Notice Effective

BVA Advanced Eye Care _____ accepts _____ denies the restrictions imposed on the release of information as stated above.

Signature/Title

Date



Authorization to Release Protected Health Information

I hereby authorize the use or disclosure of my protected health information as described below. I understand that this authorization is voluntary. I understand that the information to be released may indicate the presence of a communicable disease or venereal disease which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea and human immunodeficiency virus known as Acquired Immune Deficiency Syndrome (AIDS).

Patient's Full Name: _____ Date of Birth: _____
Patient's Previous Name: _____ Social Security #: _____
Address: _____ City, State, Zip: _____

Person/Organization Requesting Information: Person/Organization Providing Information:
BVA Advanced Eye Care _____

Description of Protected Health Information Requested including date (s):

Description of Reason for Disclosure:

I understand that I may revoke this authorization at any time by notifying the Requesting Person/Organization in writing that I am revoking this authorization. Such actions will not affect actions taken by the Requesting Person/Organization prior to the date they receive your written request to revoke the authorization.

I understand that this authorization will expire twelve (12) months from this date: _____

Signature of Patient or Patient's Authorized Representative Date

If signature is Authorized Representatives, please indicate relationship or authority act for individual.

Witness Signature Date