



NOTICE OF PRIVACY PRACTICES

IMPORTANT: 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

Protected Health Information is information about you including demographic information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Durrie Vision is required by law to:

- Keep your health information private and only disclose it when required to do so by law;
- Provide you with this notice that explains our legal duties and privacy practices in connection with your health records; and
- Obey the rules found in this notice.

THE USE OF YOUR HEALTH INFORMATION

Durrie Vision may have access to and share medical information for treatment, payment and health care operations. Examples of how we use or disclose information include:

For Treatment This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel. It also includes information we give to other health care personnel to whom we transfer your care and treatment.

For Payment This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as obtaining reimbursement for services and collection of outstanding accounts.

For Health Care Operations This includes those administrative functions necessary to run our practice such as licensing, quality assurance activities and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial

services, conducting business planning and processing grievances and complaints.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

Durrie Vision is permitted to use protected health information without your written authorization or opportunity to object in certain situations, including:

Business Associates There may be some services we contract with individuals and entities to perform various functions on our behalf. Examples include transcription services, a copy service and medical record retention services. To protect your health information, we require the Business Associate to agree in writing to contract terms designed to appropriately safeguard your information in compliance with HIPAA regulations.

Appointment and Patient Recall Reminders We may contact you by telephone or mail as a reminder that you have an appointment for treatment or medical care. We may also contact you by telephone or mail regarding other treatment information. We may leave a brief message on your answering machine unless you tell us not to.

Individuals Involved in Your Care If you agree (or, if you are unavailable to agree), such as in a medical emergency situation, we might disclose your protected health information to a family member, other relative, close personal friend or other person identified to the extent necessary to help with your health care or with payment for your health care.

Research We may use and disclose health information about you for research purposes. Generally, we will only use and disclose information about you with your written authorization. However, in limited circumstances, we may use and disclose information without your written authorization if this use or disclosure has been approved through a special approval process. If possible, we will make the information non-identifiable to a specific patient. If the information has been sufficiently de-identified, an authorization for the use or disclosure is not required.

Treatment Alternatives and Health Related Benefits and Services We may use and disclose

health information to tell you about or recommend possible treatment options, alternatives and health related benefits and services offered by our organization that may be of interest to you.

Coroners and funeral directors We may release health information to a coroner or medical examiner to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors as necessary to carry out their duties.

Organ procurement organizations We may release health information to organizations that handle organ procurement of cadaveric organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate cadaveric organ or tissue donations and transplantation.

Required by Law We will disclose health information about you when required to do so by federal, state or local law (such as cases of abuse and neglect).

Workers compensation We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Investigation and Government Activities For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government by law to oversee the health care system.

Lawsuits and Disputes For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process.

Law Enforcement For law enforcement activities in limited situations, such as when there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime.

Public Health and Safety To avert a serious threat to the health and safety of a person or the public at large.

Correctional Institution If you are an inmate of a correctional institution, we may disclose to the institution or its agents the protected health

information necessary for your health and the health and safety of other individuals.

OTHER USES AND DISCLOSURES

Other uses and disclosures of your health information not covered in the previous sections of this notice will only be made with your written permission or authorization. Other uses and disclosures requiring your written permission or authorization include:

Most uses and disclosure of psychotherapy notes;

Uses and disclosure of your personal health information for marketing and fundraising purposes, including subsidized treatment and health care operations;

Disclosures that constitute a sale of personal health information under HIPAA; and,

Impermissible use of genetic information for underwriting and employment purposes.

If you have given us permission to use or disclose your health information you may also revoke that authorization, in writing, at any time. Once you revoke your authorization, we will no longer use or disclose the information about you for the reasons covered by that authorization, but we cannot take back any uses or disclosures already made with your permission.

FACTA PROVISION

While HIPAA focuses on the protection and use of consumer non-public information to keep it out of the hands of criminals and others who would misuse the information, FACTA Regulations (Red Flag) focuses on identifying and validating "persons" in relation to the information they present. In order to be compliant, Durrie Vision will be asking for your driver's license to validate your identity.

PATIENT RIGHTS

As a patient, you have a number of rights with respect to the protection of your health information including:

Right to Inspect or Copy You have the right to inspect and obtain a copy of your medical information that we use for making decisions about your care. Usually this includes medical and billing records. We have forms available for you to request access to your health information. We may charge a fee that includes costs for copying, labor and supplies, and the cost of postage. We may deny your request to

inspect or copy your records in certain, limited circumstances. In some instances, you may request that the denial be reviewed. We will comply with the outcome of the review and you will be advised in writing of the reviewing official's decision.

Right to Request Restrictions You have the right to request a restriction (limitation) on the health information we use or disclose about you for your treatment, payment or healthcare operations. To request restrictions, you must submit a written request to the Durrie Vision Privacy Officer. We are not required to agree to your request. If we do agree, we will notify you in writing and comply with your request unless the information is needed to provide you with emergency treatment or is required by law. Durrie Vision will honor the request of an individual not to disclose to his/her health plan the protected health information related to a particular treatment if the individual is paying for the full cost of the treatment out of pocket.

Right to Request Alternative Communications You have the right to request that we communicate with you about medical matters or billing information in a certain way or location. If you choose to request alternative communications, you must do so in writing specifying how or where you wish to be contacted. We will not ask for the reason for your request but we may ask for clarification. We will accommodate your request if it is reasonable for us to do so.

Right to Amend Your Records You have the right to ask us to amend written medical information that we may have about you. To request an amendment, you must submit the request in writing to the Privacy Officer listed below. You must state specifically the reason that supports your request. We are permitted by law to deny your request to amend you medical information but only in certain circumstances. For example, if we believe the information is correct and no errors exist, your request will be denied.

Right to Accounting of Disclosures You have the right to request a list accounting for any disclosures of your health information we have made, except for uses and disclosures for treatment, payment, and healthcare operations, circumstances in which you have specifically authorized such disclosure, and certain other exceptions. To request this list of

disclosures, include the relevant period, which must be after April 14, 2003, but in no event for more than the last six years. You must submit your request in writing to the Durrie Vision Privacy Officer.

Right to a Paper Copy of This Notice You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice through email, you are still entitled to a paper copy of this notice. Durrie Vision will provide an individual upon request with a copy of electronic health records in electronic format.

Right to be Notified of a Breach You have the right to be advised if your health information is intentionally or unintentionally disclosed. A breach is defined as an impermissible use or disclosure of protected health information unless demonstrated that there is a low probability that the protected health information has been compromised.

COMPLAINTS

You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or the government. Should you have any questions, comments or complaints you may direct all inquiries to the attention of Privacy Officer care of the address or number listed at the end of this Notice.

CHANGES TO THIS NOTICE

Durrie Vision reserves the right to change the terms of this Notice at any time, and changes will be effective immediately and will apply to all protected health information that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site.

Durrie Vision, PA
Attn: Privacy Officer
8300 College Blvd., Suite 201
Overland Park, KS 66210
913.491.3330
FAX 913.234.4112
www.durrievision.com
Effective 4/14/03
Revised 10/31/09
Revised 05/08/2017