



# NOTICE OF PRIVACY PRACTICES



**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Our goal is to take appropriate steps to attempt to safeguard any medical or other personal information that is provided to us. The Privacy Rule under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires us to: (i) maintain the privacy of medical information provided to us; (ii) provide notice of our legal duties and privacy practices; and (iii) abide by the terms of our Notice of Privacy Practices currently in effect.

### WHO WILL FOLLOW THIS NOTICE

This notice describes the practices of our employees and staff as well as any medical students, independent contractors, residents or ophthalmic technician students that are interning at the practice or surgery center. The employees, staff and trainees of Rocky Mountain Laser & Surgery Center, LLC (RMLSC) are considered to be affiliates of Rocky Mountain Eye Center, Inc. (RMEC) and this notice applies jointly to both entities. This notice applies to following sites and locations:

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| RMEC – 27 Montebello Road, Pueblo, CO                      | RMEC – 3954 Sandalwood Lane, Pueblo, CO  | RMEC – 305 South Main Street, Rocky Ford, CO   |
| RMEC – 901 Sell Avenue, Canon City, CO                     | RMEC – 102 Santa Fe Avenue, La Junta, CO | RMEC – 711 West Abriendo Avenue, Pueblo CO     |
| RMLS – 1402 Fortino Blvd. West, Pueblo, CO                 | RMEC – 2116 Freedom Road, Trinidad, CO   | RMEC – 601 S. Elbert Avenue, Walsenburg, CO    |
| RMEC – 2509 Main Street, Alamosa, CO                       | RMEC – 1801 Hospital Drive, Raton, NM    | RMEC – 7162 County Road 154 Unit B, Salida, CO |
| RMEC – 1021 Market Plaza North, Suite 110, Pueblo West, CO |  |  |

The individuals at these sites and locations may share medical information with each other for treatment, payment and health care operation purposes described in this notice.

### INFORMATION COLLECTED ABOUT YOU

In the ordinary course of receiving treatment and health care services from us, you will be providing us with personal information such as:

- Your name, address, phone number, social security number and date of birth.
- Information relating to your medical history.
- Your insurance information and coverage.
- Information concerning your doctor, nurse or other medical providers.

In addition, we will gather certain medical information about you and will create a record of the care provided to you. Some information also may be provided to us by other individuals or organizations that are part of your “circle of care”- such as the referring physician, your other doctors, your health plan, and close friends or family members.

### HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU

We may use and disclose personal and identifiable health information about you for a variety of purposes. All of the types of uses and disclosures of information are described below, but not every use or disclosure in a category is listed.

**Required Disclosures.** We are required to disclose health information about you to the Secretary of Health and Human Services, upon request, to determine our compliance with HIPAA and to you, in accordance with your right to access and right to receive an accounting of disclosures, as described below.

**For Treatment.** We may use health information about you in your treatment. For example, we may use your medical history, such as any presence or absence of diabetes, to assess the health of your eyes. We may provide your health information to other providers to facilitate ongoing treatment. For example, we may forward records to a retinal specialist with whom you have an appointment. We may verify your prescription for your pharmacist or for another optical shop should you place an order with them. Eyeglass and contact lens vendors will be given the details necessary to fill your order.

**For Payment.** We may use and disclose health information about you to bill for our services and to

collect payment from you or your insurance company. For example, we may need to give a payer information about your current medical condition so that it will pay us for the eye examinations or other services that we have furnished you. We may also need to inform your payer of the treatment you are going to receive in order to obtain prior approval or to determine whether the service is covered.

**For Health Care Operations.** We may use and disclose information about you for the general operation of our business. For example, we sometimes arrange for auditors or other consultants to review our practices, evaluate our operations, and tell us how to improve our services. Or, for example, we may use and disclose your health information to review the quality of services provided to you.

**Public Policy Uses and Disclosures.** There are a number of public policy reasons why we may disclose information about you, which follow:

**Required by Law.** When we are required to do so by federal, state, or local law.

**Public Health Activities.** In connection with certain public health reporting activities. For instance, for the purpose of preventing or controlling disease, injury or disability, or at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority. To a public health authority or other government authority authorized by law to receive reports of child abuse or neglect. Additionally we may disclose protected health information to a person subject to the Food and Drug Administration’s power for the following activities: to report adverse events, product defects or problems, or biological product deviations; to track products; to enable product recalls, repairs or replacements; or to conduct post marketing surveillance. We may also disclose a patient’s health information to a person who may have been exposed to a communicable disease or to an employer to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether an individual has a work-related illness or injury.

**Victims of Abuse, Neglect or Domestic Violence.** Where we reasonably believe a patient is a victim of abuse, neglect or domestic violence and the patient

authorizes the disclosure or it is required or authorized by law.

**Health Oversight Activities.** In connection with certain health oversight activities of licensing and other health oversight agencies which are authorized by law. Health oversight activities include audit, investigation, inspection, licensure or disciplinary actions, and civil, criminal, or administrative proceedings or actions or any other activity necessary for the oversight of 1) the health care system, 2) governmental benefit programs for which health information is relevant to determining beneficiary eligibility, 3) entities subject to governmental regulatory programs for which health information is necessary for determining compliance with program standards, or 4) entities subject to civil rights laws for which health information is necessary for determining compliance.

**Judicial and Administrative Proceedings.** As required by law, including in response to a warrant, subpoena, or other order of a court or administrative hearing body or to assist law enforcement identify or locate a suspect, fugitive, material witness or missing person. Disclosures for law enforcement purposes also permit us to make disclosures about victims of crimes and the death of an individual, among others.

**Law Enforcement Purposes.** We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person’s agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime. for national security and intelligence activities and for the provision of protective services to the President of the United States and other officials or foreign heads of state.

**Decedents, Cadaveric Organ, Eye, or Tissue Donation.** To a coroner or medical examiner to identify a deceased person or determine the cause of

death; to funeral directors; to organ procurement organizations; to transplant centers; to eye or tissue banks, if you are an organ donor.

**Research.** For research purposes where an Institutional Review Board or a similar body referred to as a Privacy Board determines that your privacy interests will be adequately protected in the study. To prepare or analyze a research protocol and for other research purposes.

**Serious Threat to Health or Safety.** When necessary to prevent a serious threat to your health and safety or the health and safety of others.

**Essential Government Functions.** If you are a member of the Armed Forces, we may release health information about you for activities deemed necessary by military command authorities. We also may release health information about foreign military personnel to their appropriate foreign military authority. If you are an inmate, we may release protected health information about you to a correctional institution where you are incarcerated or to law enforcement officials in certain situations such as where the information is necessary for your treatment, health or safety, or the health or safety of others.

**Workers' Compensation.** To workers' compensation or similar programs, which provide benefits for work-related injuries or illnesses without regard to fault.

**Lawsuits and Disputes.** For legal or administrative proceedings that involve you. We may release such information upon order of a court or administrative tribunal. We may also release protected health information in the absence of such an order and in response to a discovery or other lawful request, if efforts have been made to notify you or secure a protective order.

**Our Business Associates.** We sometimes work with outside individuals and businesses that help us operate our business successfully. We may disclose your health information to these business associates so that they can perform the tasks that we hire them to do. Our business associates must promise that they will respect the confidentiality of your personal and identifiable health information.

**Disclosures to Persons Assisting in Your Care or Payment for Your Care.**

We may disclose information to individuals involved in your care or in the payment for your care. This includes people and organizations that are part of your "circle of care" -- such as your spouse or other family member, your other doctors, or an aide who may be providing services to you. If you bring someone with you to our locations and ask that person to accompany you into the examination area, we will disclose information to you in their presence. Otherwise, we will generally obtain your verbal agreement before using or disclosing health information to people in your "circle of care". However, under certain circumstances, such as in an emergency situation, we may use and make these disclosures without your agreement. In these circumstances we will notify the Emergency Contact name that you have given us.

**Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment or that you should schedule an appointment. This information may be in the form

of a postcard, letter, e-mail or telephone call. In the event that your telephone has an answering machine, we will leave the appointment reminder on the machine as a message.

**Normal Test Results.** We may use and disclose medical information to contact you regarding visual field testing, nerve fiber analysis testing and tear testing. When these tests are completed and the results are normal, we will call you. In the event that your telephone has an answering machine, we will leave the normal results as a message on the machine.

**Treatment Alternatives.** We may use and disclose your personal health information in order to tell you about or recommend possible treatment options, alternatives or health-related services that may be of interest to you.

**OTHER USES AND DISCLOSURES OF PERSONAL INFORMATION**

We are required to obtain written authorization from you for any other uses and disclosures of medical information other than those described above. If you provide us with such permission, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose personal information about you for the reasons covered by your written authorization, except to the extent we have already relied on your original permission.

**INDIVIDUAL RIGHTS**

***Right to Request Restrictions.*** You have the right to ask for restrictions on the ways we use and disclose your health information for treatment, payment and health care operation purposes. You may also request that we limit our disclosures to persons assisting in your care or in payment for your care. We will consider your request, but we are not required to accept it.

***Right to Request Confidential Communications.*** You have the right to request that you receive communications containing your protected health information from us by alternative means or at alternative locations. For example, you may ask that we only contact you at home or by mail.

***Right to Inspect and Copy.*** Except under certain circumstances, you have the right to inspect and request a copy of medical, billing and other records used to make decisions about you. If you ask for copies of this information, we may charge you a fee for copying and mailing.

***Right to Amend.*** If you believe that information in your records is incorrect or incomplete, you have the right to ask us to correct the existing information or add missing information. Under certain circumstances, we may deny your request, such as when the information is accurate and complete.

***Right to an Accounting of Disclosures.*** You have a right to receive a list of certain instances when we have used or disclosed your medical information. We are not required to include in the list uses and disclosures for your treatment, payment for services furnished to you, our health care operations, disclosures to you, disclosures you give us authorization to make and uses and disclosures before April 14, 2003, among others. To exercise any of your rights, please contact us in writing at Privacy

Officer, 27 Montebello Road, Pueblo, CO 81001. If you ask for this information from us more than once every twelve months, we may charge you a fee.

***Right to This Notice.*** You have the right to a copy of this notice in paper form. You may ask us for a copy at any time. You may also obtain a copy of this notice from our web site.

***Right to Notification of a Breach.*** You have the right to be notified upon a breach of any of your unsecured Protected Health Information. We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

***Out-of-Pocket-Payments.*** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

***Right to an Electronic Copy of Electronic Medical Records.*** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

**CHANGES TO THIS NOTICE**

We reserve the right to make changes to this notice at any time. We reserve the right to make the revised notice effective for personal health information we have about you as well as any information we receive in the future. In the event there is a material change to this notice, the revised notice will be posted. In addition, you may request a copy of the revised notice at any time.

**COMPLAINTS/COMMENTS**

If you have any complaints concerning our privacy practices, you may contact the Secretary of the Department of Health and Human Services, at 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201 (e-mail: ocrmail@hhs.gov). You also may contact us at Privacy Officer, 27 Montebello Road, Pueblo, CO 81001 or (719)545-1530.

**YOU WILL NOT BE RETALIATED AGAINST OR PENALIZED BY US FOR FILING A COMPLAINT.**

To obtain more information concerning this notice, you may contact our Privacy Officer at the address or number listed above. This notice is effective as of March 6 2014.