



James Jury Doctor of Optometry www.juryeye.com
juryeye@juryeye.com Fax: 678-928-0651

926 E Douglas Ave • Wichita, KS • 67202 • 316-647-6515
2701 N Rock Rd Ste 200 • Derby, KS • 67037 • 316-558-5400

NOTICE OF PRIVACY PRACTICES

PRIVACY OFFICER: Sharon Jury

Effective Date of Notice: 01/01/2012

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU (the patient) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This office respects its legal obligation to keep private the health information that identifies you. This office is obligated by law to give you notice of its Privacy Practices. This notice describes how this office protects your health information and what rights you have regarding this information.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reason why this office will use or disclose your health information is for treatment, payment, or health care operations. *Examples* of how this office will use or disclose information for treatment purposes are: setting an appointment for you; testing or examining your eyes; prescribing glasses, contact lenses or eye medications and faxing these prescriptions to be filled; showing you low vision aids; vision therapy; referring you to another doctor or clinic for eye care or low vision aids or services; or obtaining copies of your health information from another professional that you visited before. *Examples* of how we use or disclose your health information for payment purposes are: 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 through this office, through a collection agency, or through an attorney. The phrase "health care operations" means those administrative and managerial functions that this office has to perform in order to run this eye care clinic. *Examples* of how this office will use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; personal decisions; participation in managed care plans; defense of legal matters; business planning; and outside storage of this office's records. This office will routinely use your health information inside this office for the above listed purposes without your special permission. If this office needs to disclose your health information outside of this office for any of the above listed reasons, this office will request your special written permission as required by Kansas Law.

USES AND DISCLOSURE FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires this office to use or disclose your health information without your permission. Not all of these situations will apply to this office, and some situations will never arise at this office. Following is a list of this type of use or disclosure:

- When a state or federal law mandates that certain health information be reported for a specific purpose.
- For public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the Federal Food and Drug Administration regarding drugs or medical devices.
- Disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence.
- Uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare; or for investigation of possible violations of health care laws.
- Disclosure for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies.
- Disclosure for law enforcement purposes, 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 somewhere else.
- Disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to a funeral director to aid in burial; or to organizations that handle organ or tissue donations.
- 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, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service.
- Disclosures of de-identified information.
- Disclosures relating to worker's compensation.
- Disclosures of a "limited data set" for research, public health, or health care operations.
- Incidental disclosures that are an unavoidable by-product of permitted uses or disclosures.
- Disclosures to "business associates" who perform health care operations for this office and who commit to respect the privacy of your health information.

APPOINTMENT REMINDERS

An employee of this office may call or write to remind you of scheduled appointments, or to remind you that it is time to make an appointment for a routine eye exam. This office may also call or write to notify you of other treatments or services available at this office that may help you. Unless you tell this office otherwise, an appointment reminder may be mailed to you on a post card, and/or a message may be left on your home answering machine or with someone who answers your phone if you are not home.

OTHER USES AND DISCLOSURES

This office will not make any other uses or disclosure of your health information unless you sign a written "authorization form." The content of an "authorization form" is determined by federal law. Sometimes this office may initiate the authorization process if the use or disclosure is the idea of an employee or owner of this office. Sometimes you may initiate the process if it is your idea for this office to send your information to someone else. Typically, in this situation you will give this office a properly completed authorization form, or you can use one provided by this office.

If this office initiates this process and asks you to sign an authorization form, you do not have to sign it. If you do not sign the authorization form, this office cannot make the use or disclosure. If you do sign an authorization form, you may revoke it at any time unless this office has already acted in reliance upon the signed authorization form. Revocations must be in writing. Send or bring the revocation to the contact person or privacy officer employed by this office and named at the beginning of this Notice.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law affords you many rights regarding your health information, including:

- You can ask this office to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by sending an email to your personal email address. This office will accommodate your requests if these request are reasonable, and if you pay this office for any extra cost. If you want to ask for confidential communication, send a written request to the office contact person or privacy officer employed by this office to the mailing address or email address printed at the beginning of this Notice.
- You can ask this office to see or to get photocopies of your health information. By law, there are a few limited situations in which this office can refuse to permit access or copying of your health information. For the most part, you will be able to review or have a copy of your health information within 30 days of asking this office. You may have to pay for photocopies in advance. If this office denies your request, a written explanation will be provided. If you want to review or obtain photocopies of your health information, send a written request to the office contact person or privacy officer employed by this office to the mailing address or email address printed at the beginning of this Notice.
- You can ask this office to amend your health information if you think that the information is incorrect or incomplete. If this office agrees with your assessment, it will amend the information within 60 days from the original asking date. This office will send the corrected information to persons who are known to have received the incorrect or incomplete information, and others that you specify. If this office does not agree, you can write a statement of your position, and this office will include it with your health information along with any rebuttal statement that this office writes. Once your statement of position and/or the rebuttal from this office is included in your health information, this office will send it along whenever this office needs to make a permitted disclosure of your health information. By law, this office can have one 30 day extension of time to consider a request for amendment if this office notifies you in writing of the extension. If you want to ask this office to amend your health information, send a written request, including your reasons for the amendment(s), to the office contact person or privacy officer employed by this office to the mailing address or email address printed at the beginning of this Notice.
- You can get a list of the disclosures of your health information that this office has made within the past six years, or a shorter period if you desire. You are entitled to one such list per year without charge. If you want more than one list per year, you will have to pay in advance for these copies. This office will respond to your request within 30 days. If you want a list, send a written request to the office contact person or privacy officer employed by this office to the mailing address or email address printed at the beginning of this Notice.
- You can obtain additional paper copies of this Notice of Privacy Practices upon request. It does not matter if you previously received a copy electronically or in paper form. If you want additional paper copies, send a written request to the office contact person or privacy officer employed by this office to the mailing address or email address printed at the beginning of this Notice.

NOTICE OF PRIVACY PRACTICES OF THIS OFFICE

By law, this office must abide by the terms of this Notice of Privacy Practices until this office chooses to change it. This office reserves the right to change this notice at any time as allowed by law. If this office changes this Notice, the new Privacy Practices will apply to your health information that this office already has and to any health information that is generated in the future. If this office changes the Notice Privacy Practices, this office will post the new Notice in this office, will have paper copies available, and will post the new Notice on the website of this office.

COMPLAINTS

If you believe that this office has not properly respected the privacy of your health information, you are free to complain to this office and/or to the U. S. Department of Health and Human Services, Office for Civil rights. This office will not retaliate against you if you file a complaint. If you desire to complain to this office, send a written statement to the office contact person or privacy officer employed by this office to the mailing address or email address printed at the beginning of this Notice. Or, if you prefer, you can discuss your complaint in person or over the telephone with the office contact person or privacy officer employed by this office.

FOR MORE INFORMATION

If you want more information about the privacy practices of this office, call or visit the office contact person or privacy officer employed by this office using the phone number, the mailing address, or the email address printed at the beginning of this Notice.