



McAlester Family Eyecare

211 North 5th St • McAlester, OK 74501
(918) 426-0106 • Fax: (918) 426-0443
Andrea Mazzare, O.D. & Dr. Jeffrey Duff, O.D.

Effective date of notice:
December 3rd, 2018

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

This notice is to inform you how your personal health information will be used in our health system, what your patient rights are, and how you may gain access to this information if you desire.

OUR LEGAL DUTY: We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to offer you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect on April 14, 2003 and will remain in effect.

We reserve the right to change our privacy practices and the terms of this notices at any time provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. When we make a significant change in privacy practices, we will change this notice and make it available upon request at the original initial posting site.

You may request a copy of our notice at any time. For more information about our privacy practices or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Uses and Disclosures of Health Information: We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider who is providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide you (insurance companies)

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations.

Healthcare operations include daily activities, quality assessments and improvement activities, conducting training programs, certification, licensing, or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or disclose it. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

To your Family and Friends: We must disclose your health information to you as described in patient right section of this notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons involved in care: We may use or disclose health information to notify or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location your general condition or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses of disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to that person's involvement in your healthcare. We will also use our professional judgment and our experience with common practices to make reasonable interferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, or similar forms of health information. We may also release medical information about you to a friend of family member who is involved in your medical care or who helps pay for your care. In additions, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition.

Research: We may disclose information to researchers when an institutional review board has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Required by Law: We may use or disclose your health information as required by law to do so, (i.e. infections disease reporting, child abuse, missing person, etc.)

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence of possible victim of other crimes. We will disclose information necessary to avert a serious threat to your health or the safety or health of others.

Future communications: We may communicate to you via newsletters, mail outs or other means regarding treatment options, health related information, disease-management programs, or community-based initiatives or activities in which our offices is participating.



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Affiliated Covered Entity: Protected health information will be made available to personnel at affiliated clinics as necessary
State Specific Requirements: Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs

Business Associates: We may disclose your protected health information to a business associate independent of McAlester Family Eyecare with whom we have a contract to provide services on our behalf.

Special Situations: We may also use and disclose medical information about you in special situations without your consent or authorization: Worker's Compensation, Military and Veterans, Public Health Risks, healthy oversight activities,

Lawsuits and Disputes: 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 limited circumstances, we are unable to obtain the person's agreement
- About criminal conduct
- In emergency circumstances to report a crime, location of the crime or victims, or identity, description, or location of the person who committed the crime.

Inmate: If you are an inmate of a correctional facility or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official where necessary for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

***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. Usually, this includes medical and billing records. "We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. The person conducting the review will not be the person who denied your requests. We will comply with the outcome of the review."

***Right to Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for McAlester Family Eyecare. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

***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 the medical information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. For example, you could ask we not use or disclose information about a surgery.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or certain location. We will agree to the requests to the extent it is reasonable for us to do so.

Note: You must submit any request for accounting of disclosures in writing. Your written requests must state a time period, which may not be longer than six years and may not include dates before April 14, 2004, when current federal health privacy laws became effective.

Changes to this Notice: We reserve the right to make changes to this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be available for your review at any time.

To File a complaint with the US Department of Health and Human Services contact:
The U.S. Department of Health and Human Services
200 Independence Ave, S.W.
Washington, D.C. 20201
HHS.Mail@hhs.gov

Other uses and disclosures of medical information not covered by this notice or the laws that apply to use will be made only with your written authorization. If you provide us permission to use or disclose your medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reason covered by your written authorization. You understand that we are unable to take back 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.

We support your right to the privacy of your health information and we will not retaliate in any way if you choose to file a complaint with us or the US Department of Health and Human Services.