

Pine Creek Vision Clinic
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Privacy Officer: Steven P. Clancy, O.D.

Effective Date: March 22, 2017

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.

We care about our patients' privacy and strive to protect the confidentiality of your medical information at this practice. Federal legislation requires that we issue this official notice of our privacy practices. You have the right to the confidentiality of your medical information, and this practice is required by law to maintain the privacy of that protected health information. This practice is required to abide by the terms of the Notice of Privacy Practices currently in effect, and to provide notice of its legal duties and privacy practices with respect to protected health information. If you have any questions about this notice, please contact the privacy officer at this practice.

Who Will Follow This Notice. Any health care professional authorized to enter information into your medical record, all employees, staff, and other personnel at this practice who may need access to your information must abide by this notice. All subsidiaries, business associates (e.g. a billing service), sites, and locations of this practice may share medical information with each other for treatment, payment purposes, or health care operations described in this notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.

How We May Use and Disclose Medical Information About You. The following categories describe different ways that we may use and disclose medical information without your specific consent or authorization. Examples are provided for each category of uses or disclosures. Not every possible use or disclosure in a category is listed.

For Treatment. We may use and disclose medical information about you to provide you with medical treatment or services. Example: In treating you for a specific condition, we may need to know if you have allergies that could influence which

medications we prescribe for the treatment process.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive from us may be billed and payment may be collected from you, an insurance company, or a third party. Example: We may need to send your protected health information, such as your name, address, office visit date, and codes identifying your diagnosis and treatment to your insurance company for payment.

For Health Care Operations. We may use and disclose medical information about you for health care operations to assure that you receive quality care. Example: We may use medical information to review our treatment and services and evaluate the performance of our staff in caring for you.

Persons involved in your care. We may disclose medical information about you to a relative, close personal friend, or any other person you identify if that person is involved in your care and the information is relevant to your care. Example: If the patient is a minor, we may disclose medical information about the minor to a parent, guardian, or other person responsible for the minor except in limited circumstances.

Required by Law. We will use and disclose medical information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose medical information. Example: State law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect to the Department of Social Services. We will comply with those state laws and with all other applicable laws.

National Priority Uses and Disclosures Made Without Your Consent or Authorization. When permitted by law, we may use or disclose medical

information about you without your permission for activities that are recognized as “national priorities”. The government has determined that under certain circumstances, it is so important to disclose medical information that it is acceptable to disclose medical information without the individual’s permission. Some examples include:

- Law enforcement or correctional institution, such as required during an investigation by a correctional institution of an inmate;
- Threat to health or safety, such as to avert or lessen a serious threat;
- Workers’ compensation or similar programs, such as for the processing of work claims;
- Abuse, neglect, or domestic violence such as if you are an adult and we reasonably believe you may be a victim of abuse;
- Health oversight activities such as to a government agency to investigate possible insurance fraud;
- Court or legal proceedings such as if a judge orders us to do so;
- Research organizations such as if the organization has satisfied certain conditions about protecting the privacy of medical information;
- Coroner or medical examiner for identification of a body;
- Public health activities such as required by the U.S. Food and Drug Administration (FDA); and
- Certain government functions such as using or disclosing for government functions like military and veterans’ activities and national security and intelligence activities.

Uses and Disclosures of Protected Health Information Requiring Your Written Authorization.

The following uses and disclosures of medical information about you will only be made with your authorization (signed permission) from you or your personal representative:

- Uses and disclosures for marketing purposes;
- Uses and disclosures that constitute the sales of medical information about you;
- Most uses and disclosures of psychotherapy notes, if we maintain psychotherapy notes; and
- Any other uses and disclosures not described in this notice.

You have several rights with respect to medical information about you. This section of the notice will briefly mention each of these rights. If you would like to know more about your rights, please contact our privacy officer.

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 authorization. If you give us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will thereafter 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 we have provided you.