

**Notice of Privacy Practices**  
Derby Eye Care  
1626 E. Madison Ave.  
Derby, KS 67037  
316.788.1535  
www.derbyeye.com  
Privacy Officer: Dr. Logan Banister

**IN COMPLIANCE WITH THE FEDERAL REGULATIONS OF HIPAA'S PRIVACY RULE, THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY**

At Derby Eye Care we are committed to treating and using protected health information about you responsibly. This notice describes the personal information we collect, how and when we use or disclose that information. This notice is effective July 1<sup>st</sup>, 2015 and applies to all protected health information as defined by federal regulations.

**UNDERSTANDING YOUR MEDICAL RECORD AND HEALTH INFORMATION**

Each time you visit Derby Eye Care a record of your visit is made. Typically this record contains information about your visit including your examination, diagnosis, test results, treatment as well as other pertinent healthcare data. This information serves as a:

- Basis for planning your care and treatment
- Means of communication with other health professionals involved in your care
- Legal document outlining and describing the care you received
- Tool that you or another payer (your insurance company) will use to verify that services billed were actually provided
- An education tool for medical health providers
- A source for medical research
- Basis for public health officials who may use this information to assess and/or improve state & national healthcare standards.
- A tool we can reference to ensure the highest quality of care and patient satisfaction

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, determine what entities have access to your health information and to make an informed decision when authorizing the disclosure of this information.

**YOUR RIGHTS**

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

**OUR RESPONSIBILITIES**

Derby Eye Care is required to:

- Maintain the privacy of your health information
- Provide you with the Notice as to our legal responsibilities and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have regarding communication of your health information via alternative means and location.

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for the revisions, a new copy will be posted and available to you at our office or on our website. The revised policies and practices will be applied to all protected health information that we maintain. We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to procedures included in the authorization.

**HOW WE MAY USE AND/OR DISCLOSE YOUR HEALTH INFORMATION**

**We will use your health information for treatment**

Your health information may be used by Derby Eye Care staff or disclosed to other health care professionals for the purpose of evaluation your health, diagnosing medical conditions, and providing treatment.

### **We will use your health information for payment**

Your health insurance plan may request and receive information on dates of service, the services provided, and the medical condition being treated in order to pay for the service rendered to you.

### **We will use your information for regular health operations**

Your health information may be used as necessary to support the day-to-day activities and management of Derby Eye Care. For example: Information on the services you received may be used to support budgeting and financial reporting and activities to evaluate and promote quality.

### **Business Associates**

In some instances, we have contracted separate entities to provide services for us. These associates require your health information in order to accomplish the tasks that we ask them to provide. Some examples of these business associates might be a billing service, collection agency, answering service and computer software/hardware provider.

### **Communication with family**

Due to the nature of our field, we will use our best judgement when disclosing health information to a family member, other relative, or any other person that is involved in your care or that you have authorized to receive this information. Please inform the office when you do not wish a family member or other individual to have authorization to receive your information.

### **Research/Teaching/Training**

We may use your information for the purpose of research, teaching and training of staff and doctors of Derby Eye Care.

### **Healthcare Oversight**

Federal law requires us to release your information to an appropriate health oversight agency, public health authority or attorney, or other federal/state appointee if there are circumstances that require us to do so.

### **Public Health reporting**

Your health information may be disclosed to public health agencies as required by law.

### **Law Enforcement**

Your health information may be disclosed to law enforcement agencies, with or without your permission to support government audits and inspections to facilitate law-enforcement investigations, and to comply with government mandated reporting.

### **Appointment Reminders**

The practice may use your information to remind you about upcoming appointments. Typically, appointment reminders are sent by mail, via postcard, e-mail, text message, or a brief message may be left on your voicemail or answering machine. If you do not approve of these methods, or, if you prefer alternate methods please inform the practice.

### **Other Uses and Disclosures**

Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

### **Office Visit**

We will verify your name, address, phone number, date of birth, current health insurance information and other pertinent demographic information when you check into our office.

## **USES OR DISCLOSURES TO PATIENT REPRESENTATIVES**

It is the policy of Derby Eye Care for our staff to take phone calls from individuals on a patient's behalf requesting information about making or changing an appointment; the status of eyewear, contact lenses, or other optical goods ordered by or for the patient. Derby Eye Care staff will also assist individuals on a patient's behalf in the delivery of eyewear, contact lenses, or other optical goods.

During a telephone or in person contact, every effort will be made to limit the encounter to only the specifics needed to complete the transaction required. No information about the patient's vision or health status may be disclosed without proper patient consent.

Derby Eye Care staff and doctors will also infer that if you allow another person in an examination room, treatment room, dispensary, or any business area within the office with you while testing is performed or discussions held about your vision or health care or your account that you consent to the presence of that individual.

## **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have complaints, questions, or would like additional information regarding this Notice of Privacy Practices for Derby Eye Care please contact the practice Privacy Officer:

(P.O.) Dr. Logan Banister

If you believe that your privacy rights have been violated, please contact the practice Privacy Officer, or, you may file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services, or the Kansas Attorney General's Office. No retaliation will be made against you if you make such a complaint.

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201