

WILLIAM E. CONN, O.D.
NOTICE OF PRIVACY PRACTICES
Effective Date of Notice: September 23, 2013

William E. Conn, O.D.
782 Old Hickory Blvd. Suite 204
Brentwood, TN 37027

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

At Dr. Conn's office, we respect our legal obligation to keep private all health information that identifies you. We are required to abide by the terms of this notice, maintain the privacy of your Protected Health Information, notify you of any breaches of your unsecured Protected Health Information, and provide you with this Notice of our legal duties and privacy practices.

We have the right to change this Notice at any time. If we make changes, we will post the new Notice in our office, have copies available in our office, and post the Notice on our website. You may request a copy at any time.

If you have questions about this Notice, please contact our Privacy Officer:
Office Manager
615-373-9992
eyeconn@bellsouth.net

This Notice describes how we may use and disclose your Protected Health Information to carry out **treatment, payment, or health care operations** and for other purposes that are permitted or required by law. It also describes your rights to access and control your Protected Health Information. **"Protected Health Information" or "PHI" is information about you that relates to your past, present, or future physical or mental health or condition and related health care services.**

TREATMENT

We may use or disclose your PHI in order to provide health care services to you, as well as to coordinate or manage your health care and any related services. For example, we may share information with another health care provider to whom you have been referred. We may transmit information to fill prescriptions, or we may obtain copies of your health information from another professional that you may have seen before us.

PAYMENT

We may use or disclose your PHI to obtain payment for services we have provided to you. For example, we may use information about you to process insurance claims, send bills (either on paper or electronically), and collect unpaid amounts (either ourselves or through a collection agency or attorney). Your insurance company may use your health information to evaluate your claim: for example, to review services provided to you for medical necessity.

HEALTH CARE OPERATIONS

We may use or disclose your PHI, as needed, in order to run our office. Examples include, but are not limited to, financial or billing audits, quality assessments, and outside storage of records.

BUSINESS ASSOCIATES

We will share your PHI with third-party “business associates” that perform various activities (for example, billing services) for our practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect your privacy.

We routinely use your health information inside our offices for these purposes without any specific permission - it is not required by law.

In addition, we may use or disclose your PHI to provide you with information about treatment alternatives or other health-related services that may be of interest to you. You may contact our Privacy Officer to request that these materials not be sent to you.

Unless you object, we may disclose to a family member, a relative, or close friend or any other person you identify, your PHI that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, the doctor will determine if it is in your best interest to disclose the PHI. Finally, we may use or disclose your PHI to an authorized entity to assist in disaster relief efforts.

We will ask for specific written permission in the following situations: 1) marketing of products/services for which we may receive payment, 2) inclusion in medical studies or scientific research, and 3) fundraising.

OTHER USES & DISCLOSURES WITHOUT PERMISSION

In some situations, the law requires us to use or disclose your PHI without your specific permission. Not all of these situations will apply to our offices or to you; some may never come up in our offices. Such uses or disclosures are:

- When state or federal law mandates disclosure;
- For public health purposes to prevent the spread of contagious disease, serious threat to public health or safety; for public health research or health care operations; and notices to/from the federal Food & Drug Administration regarding medications or medical devices;
- Disclosures regarding suspected victims of abuse, neglect, or domestic violence;
- Disclosures for regulatory oversight by licensing boards, Medicare/Medicaid audits; or for investigation of possible health care fraud;
- Disclosures for judicial and administrative proceedings (i.e. subpoenas or court orders);
- Disclosures for law-enforcement purposes; to provide information about a crime; or to report a crime;
- Disclosure to a medical examiner, funeral director, or organization that handle organ/tissue donations;
- Uses/disclosures for health-related research;
- Uses/disclosures relating to worker’s compensation programs;
- Incidental disclosures that are an unavoidable by-product of permitted use/disclosure;
- Uses of PHI of Armed Forces personnel for activities deemed necessary by appropriate military command authorities;
- Disclosure to authorized federal officials for conducting national security and intelligence activities;
- Disclosures related to care of an inmate of a correctional facility.

COMMUNICATION BETWEEN YOU AND OUR OFFICE

Periodically, it may be necessary to communicate with you for a variety of reasons including, but not limited to: appointment reminders, recall, and notifications that materials you ordered are ready for dispensing. It may be necessary for the doctor to contact you to discuss your health care or related matters. We may also contact you to notify you of new or different treatments or services available for your vision and eye health condition. We may use various

means of communication including electronic communication methods. In many instances, it may be necessary to leave a message for you.

We will accommodate all reasonable requests to limit the methods we use to contact you. Please make any requests to our Privacy Officer.

USES AND DISCLOSURES WITH PATIENT AUTHORIZATION

We will not make any other uses or disclosures of your PHI without your written permission. If you want us to send information to another person or entity, we will ask you to give us written authorization.

If we initiate the process and ask you to complete an Authorization Form, you do **not** have to sign the authorization. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign an Authorization Form, you may revoke it at any time (in writing). Please understand that we cannot take back any disclosures already made with your authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your PHI. To exercise these rights, please contact our Privacy Officer. You can:

- Ask us not to use/disclose any part of your PHI for purposes of treatment, payment, or health care operations. We **do not** have to agree to do this, but if we agree, we must honor the restrictions you describe.
- Ask us not to disclose any part of your PHI to family members or friends who may be involved in your care.
- Ask us not to disclose to health plans information about care you have received if you have paid all related expenses yourself.
- Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, or by mailing health information to a different address. We will make every attempt to accommodate these requests.
- Ask to see or obtain copies of your health information including information in electronic form, if applicable. In some cases, there may be a reasonable charge for the copies. By law, there are a few limited situations in which we can refuse to permit access or copying. If, under these conditions, we deny your request, we will send you a written explanation and instructions about impartial review of our decision if legally available.
- Ask us to amend your health information if you think that it is incorrect or incomplete. We are not required to agree with your request. If we agree, we will amend the information. We will send the corrected information to persons whom we know have the wrong information and others that you specify. If we do not agree, you can write a statement of your position, which we will include with your health information along with any rebuttal statement that we feel necessary. We **will not** amend health information falsely.
- Get a list of the disclosures we have made of your health information that fall outside the parameters outlined in this notice. You may request this information for any period up to and including six years from your last visit with us. By law, the list will **not** include: disclosures for purposes of treatment, payment, or health care operations; disclosures with your authorization; incidental disclosures; and disclosures required by law.
- Get additional paper copies of this Notice of Privacy Practices upon request.

CONCERNS

If you think we may not have properly respected the privacy of your health information, you have the right to complain to us or to the U.S. Department of Health and Human Services, Office for Civil Rights. We encourage you to notify us if you have a concern or complaint. We will make every attempt to investigate all legitimate reports. We will not retaliate against you if

you make a complaint. If you want to register a concern or complaint, send a written statement or call our Privacy Officer.

FOR MORE INFORMATION

Please contact our Privacy Officer.

09/23/2013