

Timothy C. Wise, OD  
Eye Care & Optical Center  
1285 Dolly Parton Parkway  
Sevierville, TN 37862

## NOTICE OF PRIVACY PRACTICES

This notice of privacy practices describes how we may use and disclose your protected health information to our treatment, payment, or healthcare operations and for other purposes that are permitted or required by law.

We want you to know about these policies and procedures, which we developed to make sure your health information will not be shared with anyone who does not require it. Our office is subject to state and federal law regarding the confidentiality of your health information and in keeping with these laws, we want you to understand our procedures and your rights as our valuable patient.

We must follow the privacy practices that are described in the notice while it is in effect. This notice takes effect as of today's date, and will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of the notice at any time, provided such changes are permitted by applicable law. If any changes are made, we will make the new notice available to you upon request.

### USES AND DISCLOSURES OF HEALTH INFORMATION

#### TO PROVIDE TREATMENT:

We will use your health information within our office to provide you with the best eye care possible. This may include administrative and clinical office procedures designed to optimize scheduling and coordination of care. In addition, we may share your information with your physicians, referring physicians, optical laboratories, pharmacies, or other health care personnel providing treatment. Your name may appear on job trays that are waiting on lenses, frames, or contact lenses. These job trays are kept in "employee only" areas.

#### PATIENT REMINDERS:

Because we believe that regular eye care is very important to your ocular and general health, we will remind you of a scheduled appointment or that it is time for you to come in for an appointment. We may contact you to follow up on your care, treatment, or services that may be of interest to you or your family. The reminders you receive may be in the form of letters, postcards, telephone calls to home or work.

If you do not want us to contact you, please come by our office and sign our "Do Not Contact Request

## PAYMENT/BILLING PROCEDURES:

We may include your health information with an invoice used to collect payment for treatment and products obtained in this office. We may do this with insurance claims filed (by mail or electronically) for you. We strive to work only with companies with security features to protect your health information.

## DAY TO DAY EYECARE OPERATIONS:

We use a sign in sheet in our office. We try to mark your name off of our list as soon as you are checked in and your file made ready. We may also call you by name in the reception area when the doctor is ready to begin your exam or when the opticians are ready to dispense your glasses, or assist you with an eyeglass adjustment. We may also list certain allergies (latex antibiotics, eye drops, etc.) on the outside of your records. (Unless you state otherwise.)

## STAFF TRAINING:

Our staff have been trained in HIPPA Compliance. They have signed confidentiality agreements that they will not discuss your health information to anyone. The only discussion about your health information will be in the office and in order to conduct eye care operations.

## FAMILY, FRIENDS, AND CAREGIVERS:

We may share information with those you tell us will be helping you with your treatment, medication, or payment. We will be sure to ask your permission first. In case of emergency, where you are unable to tell us what you want, we will use our best judgment when sharing your health information only when it would be important to those participating in providing your care.

## Patient Rights

You have the right to look at or get copies of your health information, with limited exceptions. You must make a request in writing to obtain access to your health information. We may charge a small fee based on staff time and number of copies.

You have the right to receive a list of instances in which we disclosed your health information for purposes other than treatment, payments, healthcare operations and certain other activities since April 14, 2003. If you request this accounting more than once in a 12 month period, we may charge you a reasonable, cost based fee for responding to these additional requests.

You have the right to request that we place additional restrictions on our use of disclosure of your health information. We are not required to agree to these additional restrictions, But if we do, we will abide by our agreement (except in an emergency).

You have the right to amend your health information. Your request must be in writing, and it must explain the reason for the amendment.  
We may deny your request under certain circumstances.

You have the right to express complaints to us or to the Secretary of Health and Human Services, if you believe your privacy rights have been compromised.

We encourage you to express any concerns you may have regarding the privacy of your information, to our privacy officer or HIPPA Coordinator.

Please let us know of your concerns or complaints in writing.

Thank you very much for reviewing our office policy of protecting your health information. Please sign the attached label and return to the receptionist.