

Summit Eyecare
3351 Merlin Drive, Idaho Falls, Idaho 83404
1689 Pancheri Dr. Idaho Falls, ID 83402
45 West 1st North, St. Anthony, Idaho 83445
301 S. 4th Ave C-2 Pocatello, ID 83201

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY

Effective May 1, 2008

Privacy

Summit Eyecare is required by Federal Law to maintain the privacy of your protected health information (PHI). PHI includes any identifiable information about your medical information, the health care you receive and the payment for that care.

Summit Eyecare is required by law to provide you with this notice to tell you how it may use or disclose your PHI and to inform you of your privacy rights.

Changes to this Notice

Summit Eyecare may change its privacy practices and the terms of this notice at any time. Changes will apply to PHI that Summit Eyecare already has as well as PHI that Summit Eyecare receives in the future. The most current privacy notice will be posted in Summit Eyecare facilities and will be available upon request.

HOW DOES SUMMIT EYECARE USE AND DISCLOSE PHI

Summit Eyecare may use or disclose your PHI for treatment, payment, and health care operations without your authorization. Otherwise, your written authorization is needed unless an exception listed in this notice applies.

The following examples describe some, but not all, of the uses or disclosures that are made for treatment, payment, and health care operations.

For Treatment

Summit Eyecare may use or disclose PHI to doctors, nurses, service providers, manufacturers, and other personnel (e.g., interpreters), who are involved in delivering your health care and related services. Your PHI may be shared with other health care professionals to obtain prescriptions, lab work, consultations and other items needed for your care.

To Obtain Payment

Summit Eyecare may use or disclose your PHI to bill and collect payment for your health care services. Summit Eyecare may release portions of PHI to Medicare, Medicaid, or a third party payor to determine if they will make payment to get prior approval and to support any claim or bill.

Appointment Reminders

Summit Eyecare may use PHI to remind you of an appointment or to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

For Health Care Operations

Summit Eyecare may use or disclose PHI to support activities such as program planning, management and administrative activities, quality assurance, receiving and responding to complaints, compliance programs (e.g., Medicare), audits, training and credentialing of health care professionals, and certification and accreditation.

Additional Uses and Disclosures

- For judicial proceedings if certain criteria are met
- For protection of victims of abuse or neglect
- Research in limited circumstances
- If you agree verbally or otherwise, Summit Eyecare may share information to family and friends directly related to their involvement in your care, or payment for your care
- Correctional institutions if you are an inmate
- For federal and state oversight activities such as fraud investigations, usual incident reporting, and protection and advocacy activities
- If required by law
- If required for law enforcement or national security
- To avoid a serious and imminent threat to public health or safety
- For public health activities such as tracking diseases and reporting vital statistics
- Upon death to funeral directors and certain organ procurement organization
- If you agree verbally or otherwise, Summit Eyecare may use your name when contacting a referral that you have provided to it.

Your Rights

- Inspect and copy PHI that may be used to make decisions about your care. Access to your records may be restricted in limited circumstances. Fees may be charged for copying and mailing. A written request is required for exercise of this right.
- Request additions or corrections to your PHI. Summit Eyecare is not required to comply with this request. A written request is required for exercise of this right.
- Ask that Summit Eyecare restrict how it uses or discloses your PHI. Summit Eyecare is not required to agree to a restriction. A written request is required for exercise of this right.
- Receive a list of individuals who have received your PHI from Summit Eyecare, excluding disclosures that you authorized, disclosures made for treatment, payment, and healthcare operations, and some required disclosures. A written request is required for exercise of this right.
- Obtain, upon request, a paper copy of this notice.

To Contact Summit Eyecare or to File a Complaint

If you want to obtain further information about Summit Eyecare's privacy practices, or if you want to exercise your rights or you feel your privacy rights have been violated or you want to file a formal, written complaint, you may contact:

Summit Eyecare, PLLC
3351 Merlin Drive
Idaho Falls, ID 83404
(208) 522-5594 or fax (208)552-2240

No one may retaliate against you for filing a complaint or for exercising your rights as described in this notice.

You may also file a complaint with

Office for Civil Rights
US Department of Health & Human Services
2201 6th Avenue – Mail Stop RX-11
Seattle, WA 98121
Phone (206) 615-2290
TDD (206) 615-2296
Fax (206) 615-2297