



Privacy Notice

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 understand that your health information is personal to you, and we are committed to protecting the information about you. This Notice of Privacy Practices (or “Notice”) describes how we will use and disclose protected information and data that we receive or create related to your health care.

Uses and Discloses of Your Health Information

We will not use or disclose your health information without your authorization, except in the following situations:

Treatment: Your health information may be used by our physicians and staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, your health information may be disclosed to a corrective lens provider to obtain appropriate corrective lenses for you.

Payment: Your health information may be used to seek payment from your health plan, other sources of coverage such as an automobile insurer, or credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health Care Operations: Your health information may be used as necessary to support the day-to-day activities and management of Center for Sight, Inc. For example, information of the services you received may be used to support budgeting and financial reporting, activities to evaluate and promote quality and to insure that our practice is meeting various legal requirements.

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

Public Health Reporting: Your health information may be disclosed to public health and governmental agencies as required by law. For example, our practice is required to report certain communicable diseases to the Massachusetts Department of Public Health.

Additional Uses of Information:

- **Appointment reminders** – Your health information will be used by our staff to call/send you appointment reminders and notices regarding your optical and contact lens orders.
- **Communication with family:** We may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care.
- **Information about treatments:** Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest.

Other uses and disclosures require your authorization. Disclosures or uses of your health information for a 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 we received the written revocation.

Your Rights Regarding Your Medical Information You have the following rights regarding your Protected Health Information (PHI):

- To request restrictions on the health information we may use and disclose for treatment, payment, and health care operations. We are not required to agree to these requests. To request restrictions, please send a written request to the address below.
- To receive confidential communications concerning your medical condition and treatment.
- To inspect and copy your protected health information.
- To request an amendment or submit corrections to your protected health information.
- To receive an accounting of disclosures of your health information.
- To receive a copy of this Notice.

Requests to Inspect Your (PHI) We require that requests to inspect or copy PHI be submitted in writing. You may obtain a form to request access to you records from the contact person below.

Our Duties We are required by law to maintain the privacy of your protected health information, and to provide you with notice of privacy practices. We are also required to follow the terms of the Notice currently in effect.

Changes to This Notice We may change the terms of this Notice at any time. Any revised notice will be effective for all health information that we maintain. The effective date of a revised Notice will be noted. A copy of the current Notice in effect will be posted. You may request a copy of the current Notice at any time.

Comments, Questions and Complaints If you would like to submit a comment or if you feel your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. You may file a complaint with our office by sending a letter outlining your concerns to the person listed below. All complaints will be investigated thoroughly and you will not be penalized for filing a complaint.

Marie Urfer, Administrator
Center for Sight, Inc.
1565 North Main Street Suite 406
Fall River, MA 02720
(508) 677-0041

Notice Effective Date: April 14, 2003