



Effective September 23, 2013

NOTICE OF PRIVACY PRACTICES SIMPSON OPTICAL

Danielle Frank, O.D.

Karen L. McMillin O.D.

Joe P. McMillin, O.D.

Monica J. Simpson, O.D.

Contact Person: Maria Hughes, 340 Meijer Way, Lexington, Ky., 40503

THE NOTICE BELOW DESCRIBES HOW YOUR PERSONAL AND/OR MEDICAL INFORMATION MAY BE USED AND/OR DISCLOSED. PLEASE REVIEW CAREFULLY.

Simpson Optical respects and enforces our legal obligation and your right to privacy to keep personal and health information that identifies you private.

Simpson optical only uses or discloses your personal or health information as it applies to or is required for treatment, payment, healthcare operations, insurance payment or law enforcement.

Simpson Optical does not sell or give any of your personal or health information to any other parties for solicitations, profit, personal gain or any other reason.

Simpson Optical enforces all HIPAA State and Federal laws and is compliant with new HIPAA 5010 rules and regulations as they apply. All software, outside vendors and electronic clearinghouses used for the purpose of transmitting claims and receiving benefits and eligibility are also to be HIPAA 5010 compliant.

Without written consent Simpson Optical will not discuss any medical, personal or financial information with anyone in your family or friends. Exception to this occurs when patient needs assistance in obtaining healthcare; unless otherwise stated below.

TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

Simpson Optical will use or disclose information for treatment purposes including but not limited to: setting up an appointment for you, testing or examining your eyes, prescribing glasses and making them in our on-site lab or sending them to an off-site lab, prescribing contacts, ordering contacts or verifying your prescription for an order placed through a third party, or prescribing medications, referring you to another doctor or clinic for eye care, surgery or low vision aids or services; or to receive copies of your health information from another doctor or clinic that you have seen before us (a signed authorization form for the release of information may be necessary).

Simpson Optical will use or disclose your information for the purposes of payment including: sending claims to insurance companies for payment, reviews of unpaid claims, reviews of denied claims, reviews to prove medical necessity. We will also use your information as it applies to any outside collection or court efforts on our part to obtain payment from you. We will ask you about your health and vision plans or other sources of payment and use that information to file/prepare/send claims for services rendered.

Simpson Optical will use or disclose your information for the purposes of health care operations; measures needed to run our office on a daily basis. This includes: financial and billing audits, internal quality assurance, defense of legal matters, business planning, outside storage or destruction of records, insurance audits, Medicare or Medicaid audits, DEA audits, ordering medicines, special testing, setting appointments for referrals or again any collection, billing or court needs.

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to Simpson Optical; some may never come up at all. Such uses or disclosures are:

- When a state or federal law mandates that certain health information be reported for a specific purpose; for public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the Federal Food and Drug Administration regarding drugs or medical devices.
- Disclosures to government authorities about victims of suspected abuse, neglect or domestic violence; uses and disclosures for health oversight activities, such as for the licensing of doctors; audits by Medicare and Medicaid; for investigation of possible violations of health care laws;
- Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- Disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office, or to report a crime that happened somewhere else;
- Disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations who handle organ and tissue donations;
- Uses or disclosures related to health research;
- Uses and disclosures to prevent serious threat to health and safety;
- Uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service;
- Disclosures of DE-identified information;
- Disclosures related to workers compensation programs;
- Disclosures of a "limited data set" for research, public health, or health care operations;
- Incidental disclosures that are an unavoidable by-product of permitted uses and disclosures;
- Disclosures to "business associates" that perform health care operations for us and who commit to respect the privacy of your health information.

APPOINTMENT REMINDERS

Simpson Optical may call, write or email to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call, write or email to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we will mail you an appointment reminder on a postcard, and/or leave a reminder message on your home answering machine or with someone who answers your home phone, your cell phone voice mail or your personal work voice mail.

OTHER USES AND DISCLOSURES

Simpson Optical will not make any other uses or disclosures of your health information unless you sign a written "authorization form". The content of an "authorization form" is determined by federal law. Sometimes we may initiate the authorization process if the use or disclosure is our idea. Sometimes, you may initiate the process if it's your idea for us to send information to someone else. Typically, in this situation you will give us a properly completed authorization form, or you can use one of ours.

If Simpson Optical initiates the process and asks you to sign the authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the disclosure. If you do sign one you may revoke it at anytime unless we have already acted in reliance upon it. Revocations must be in writing, send them to the office contact person listed at the beginning of this Notice.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you certain rights regarding your health information. You can:

- Ask for your written prescription to have glasses or contacts filled elsewhere.
- Ask for one (1) free copy of your healthcare information. By law we have up to 30 days to fill that request. There will be a service fee for any additional requests.
- Ask us to present your charges for services and/or materials, insurance information and return information in private. These matters are usually discussed at the service counter. If this is unacceptable, please notify us upon your arrival.
- Ask us to restrict our uses and disclosures, within reason, for purposes of treatment (except in emergency treatment), payment or healthcare operations. We do not have to agree to do this, but if we agree, we must honor the reasonable restrictions that you want. To ask for a restriction, send a written request to the office contact person listed on this Notice.
- Ask us to communicate with you in a confidential way, such as phoning you at work rather than at home, by mailing health information to a different address, or by using e-mail to your personal e-mail address. We will accommodate these requests if they are reasonable, and if you pay us for any extra cost incurred. If you want to ask for confidential communications, send a written request to the office contact person listed on this Notice.
- Ask to see or get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have one copy of your health information within 30 days of asking (60 days if information is stored off-site). You may have to pay for any additional photocopies in advance. If we deny your request we will send you a written explanation, and instructions about how to get an impartial review of your denial if one is legally available. By law, we can have one 30 day extension of the time for us to give you access or photocopies if we send you a written notice of the extension. If you want to review or get photocopies of your health records, send a written request to the office contact person at the address shown on this Notice.
- Ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us in writing. We will send the corrected information to persons we know received the incorrect information, and others you specify. If we do not agree, you can write a statement of your position, and we will include it with your health information with any rebuttal statement we may write. Once your statement of position and our rebuttal is included in your record, we will send it along whenever we make a permitted disclosure of your health information. By law, we are entitled to one 30 day extension of time to consider your request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, send a written request to the office contact listed on this Notice.
- Ask for a list of disclosures we have made of your health information within the past six years (or shorter period). By law, the list will not include: disclosures for the purpose of treatment, payment or healthcare operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will respond to your request with 60 days of receiving it, but by law can request one 30 day extension of time if we notify you in writing of the extension. If you wish to request a list, send a written request to the contact person listed on this Notice.
- Ask for a copy of this Notice of Privacy Practices. It does not matter if you have received one in paper or electronic form already. If you want additional paper copies, send a written request to the contact person listed on this Notice.

OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this Notice, until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information already on file as well as to any new information we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office, have copies available in our office and post it on our website.

COMPLAINTS

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or the U.S. Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to the contact person listed on this Notice.