



**VIRGINIA FAMILY**  
EYE CARE

**9509 Amberdale Dr**  
**N. Chesterfield, VA 23236**  
**P: 804-745-1922**  
**F: 804-249-7347**  
**vafamilyeye@gmail.com**

## **HIPAA Notice of Privacy Practices**

### **1. Purpose**

Virginia Family Eye Care is committed to protecting the privacy of your personal health information. We create a record of the care and services you receive at with us in order to provide you with quality care and to comply with certain legal requirements. This Notice of Privacy Practices (Notice) describes how we may use and disclose (share) your protected health information (PHI), including demographic information and related health care services, to carry out your treatment, to obtain payment for our services, to perform the daily health care operations of this practice, and for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your medical information. We are required by law to maintain the privacy of your protected health information and to abide by the terms of this Notice.

### **2. Written Acknowledgement**

You will be asked to sign a written statement acknowledging that you have received a copy of this Notice. This one-time acknowledgement serves to create a record that you were given a copy of the Notice.

### **3. Changes to this Notice**

We may change the terms of this Notice, at any time. The new Notice will be effective for all medical information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. To request a revised copy, you may call our office and request that a revised copy be sent to you in the mail, or you may ask for one at the time of your next appointment. The current version of the Notice of Privacy Practices will also be available in our office.

### **4. How We May Use and Disclose Your Protected Health Information (PHI)**

The following categories describe the different ways that Virginia Family Eye Care may use and disclose (share) your PHI and a few examples of what we mean. These examples are not meant to describe every circumstance, but to give you an idea of the types of uses and disclosures that may be made by our office.

**For your treatment:** Your PHI may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your medical information may be provided to a physician to whom you have been referred or are otherwise seeing to ensure that the physician has the necessary information to diagnose or treat you. We may also share information with people outside of our practice that may provide medical care for you such as skilled nursing facilities and home health agencies.

**To obtain payment for our services:** Your PHI may be used and disclosed by us to bill or collect payment for our services or to assist another health care provider (e.g., laboratory or anesthesiologist) to bill or collect for their services. For example, we may submit requests for payment to your health insurance company for the medical services that you receive. We may



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also contact your health care plan to receive approval prior to performing certain procedures to determine if the services will be paid under your health plan.

For our health care operations: Your PHI may be used and disclosed by us to support the business activities of this practice, also called health care operations. These health care operation activities include, but are not limited to, training of new employees or medical students, quality assessment activities, employee review activities, and conducting or arranging for other business activities.

For the health care operations of other health care providers: We may also use your PHI to assist another health care provider treating you with quality improvement or compliance activities.

For appointment reminders: We may use or disclose your PHI to contact you to remind you of your appointment. Our message will include the name of our practice or the name of our physician as well as the date and time for your appointment or a reminder that an appointment needs to be scheduled.

To provide you with treatment alternatives: We may use or disclose your PHI to provide you with information about treatment alternatives or other health related benefits and services that may improve your overall health or otherwise be of interest to you.

To our business associates: Some services are provided through the use of contracted entities called "business associates". Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written agreement that contains terms that will protect the privacy and security of your information. For example, the Virginia Family Eye Care may hire a billing company to submit claims to your health care insurer. Your medical information will be disclosed to this billing company, but a written agreement between our office and the billing company will prohibit the billing company from using or disclosing (sharing) your medical information in any way other than what we allow.

To others involved in your health care: With your permission, we may disclose to a member of your family, a relative, a close friend or any other person you identify, any medical information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. For example, we may discuss post procedure instructions with the person who drove you to the facility unless you tell us specifically not to share the information. We may use or disclose your medical information to notify a family member or any other person that is responsible for your care of your location and general health condition. Finally, we may use or disclose your medical information to an authorized public or private entity to assist in (1) disaster relief efforts and (2) to coordinate uses and disclosures to family or other individuals involved in your health care.

For marketing purposes: We will not use or disclose your PHI for marketing communications without your express written authorization, except in the case of face-to-face communications or communications involving promotional gifts of nominal value. Additionally, we will not use or disclose your PHI for any purposes which require the sale of your information without your express written authorization.



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As required by law: The use or disclosure of your PHI will be made in compliance with the law and will be limited to the relevant requirements of the law as follows:

For public health activities: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your medical information, if directed by the public health authority, to any other government agency that is collaborating with the public health authority.

For abuse and neglect: We may disclose your PHI to a public health authority that is authorized by law to receive reports of child or adult abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence as may be required or permitted by Virginia and/or federal law.

As required by the Food and Drug Administration: We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, or to track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.

For communicable disease exposure: We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

For health oversight: We may disclose your PHI to a health oversight agency for activities authorized by law. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs (such as Medicare or Medicaid), other government regulatory programs and civil rights laws.

To a Health Information Exchange: We may participate in health information exchanges for the purpose of securely exchanging your health information for your treatment, payment, or health care operations or other purposes permitted or required under HIPAA. Your information may be disclosed to health care providers, pharmacies, or insurance companies in the exchange, and information about you may be received by us through the exchange.

To coroners, to funeral directors, and for organ donation: We may disclose your PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose information to a funeral director in order to permit the funeral director to carry out his/her duties. Your medical information may also be used and disclosed for cadaveric organ, eye or tissue donation purposes.

For medical research: We may disclose your medical information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information as required by federal and state law.

For legal proceedings: We may disclose your PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such



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disclosure is expressly authorized), and in certain conditions in response to a subpoena or other lawful request.

**For law enforcement:** We may disclose your PHI, so long as all legal requirements are met, for law enforcement purposes. Examples of these law enforcement purposes include (1) information requests for identification and location purposes, (2) information pertaining to victims of a crime, (3) suspicion that death has occurred as a result of criminal conduct, (4) if a crime occurs on the premises of Virginia Family Eye Care, and (5) in a medical emergency where it is likely that a crime has occurred.

**Due to criminal activity:** Consistent with applicable federal and state laws, we may disclose your PHI if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose your PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

**For military activity and national security:** When the appropriate conditions apply, we may use or disclose medical information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or (3) to foreign military authority if you are a member of that foreign military service. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**To your employer:** We may disclose your PHI concerning a work related injury or illness to your employer if you are covered under your employer's policy in order to conduct an evaluation relating to medical surveillance of the work place or to evaluate whether you have a work-related injury, in accordance with the law.

**For workers' compensation:** Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

**For correctional institutions:** We may use or disclose your medical information if you are an inmate of a correctional facility and your physician created or received your medical information in the course of providing care to you.

**For required uses and disclosures:** Under the law, we must make disclosures to you and, when required by the Secretary of the Department of Health and Human Services, to investigate or determine our compliance with the requirements of the Health Insurance Portability and Accountability Act and its regulations. All other uses and disclosures of PHI not recorded in this Notice will require a written authorization from you or your personal representative. You may revoke such authorization at any time, in writing, but it will not apply to any actions we have already taken.

#### 5. Your privacy rights

You have certain rights related to your protected health information. Following is a statement of your rights and a brief description of how you may exercise these rights. You have the right to inspect and obtain a copy of your protected health information. You may see and obtain a copy of your PHI that is contained in a designated record set for as long as we maintain the



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information. This may include your medical and billing records and any other records that we use for making decisions about you. Upon request, we will provide you a copy of records that were created and stored electronically in an electronic format. Under federal law, there are some exceptions to records which may be copied and the request may be denied. We may charge you a reasonable cost-based fee for a copy of your records. You have the right to request a restriction of your protected health information. This means you may ask this practice not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. You may also request that any part of your medical information not be disclosed to specific individuals. Your request must state the specific restriction requested and to whom you want the restriction to apply. If we agree to the requested restriction, we will honor the restriction request unless the information is needed to provide emergency treatment or unless we notify you that we are no longer able to honor your request. We are not required to agree to your request with one exception: We must accept a restriction request to restrict disclosure of information to a health plan if you pay out of pocket IN FULL for a service or product. With this in mind, please discuss any restriction you wish to request with your physician. All restriction requests must be submitted in writing and approved in advance. You have the right to request that we communicate confidential medical information to you in different ways or in different locations. Reasonable requests will be accommodated, but we may condition this accommodation on the provision of additional information such as an alternative address or other methods of contact. You may have the right to ask us to amend your medical information. You may request an amendment of your medical information if you feel that the information is not correct for as long as we maintain the information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a disagreement with us, and we will respond to you in writing. You have the right to receive a list of people or organizations who have received your health information from us. This list will not contain disclosures from paper medical records that we have made for purposes of treatment, payment or health care operations as described in this Notice of Privacy Practices. It will not contain disclosures we may have made pursuant to your authorization (permission), made directly to you, to family members or friends involved in your care, for appointment notification purposes, and certain other disclosures excluded by law. You have the right to request a list of disclosures that occurred in the previous six years or a shorter timeframe. If your records are kept using electronic medical records, the list of disclosures will include those we have made through our electronic medical record for the purposes of treatment, payment and health care operations. The list will be limited to disclosures for a three-year period prior to the date of your request. The right to receive this list is subject to certain exceptions, restrictions and limitations. The first list you request in a 12-month period is free. For additional lists, we may charge a fee, as permitted by law. You have the right to obtain a paper copy of this notice from us, upon request. We will provide the option for a copy of this Notice the first day we treat you at our practice. In an emergency situation we will give you this Notice as soon as possible. If you would like a paper copy of this Notice or subsequent revisions, please request one when you are in our



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office. You have the right to receive notification of any breach of your unsecured protected health information.

6. **Complaints**

If you believe we have violated your privacy rights or you have a complaint about our privacy practices, you may file a complaint with us. We will not retaliate against you for filing a complaint. You may also complain to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated.

7. **Privacy Contact**

If you have any questions about this Notice or require additional information, please contact us by the email listed at the top of this Notice.