

## Elmore County Eyecare

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## Important Information from

## Your Family Vision Center!

### Notice of Privacy Practices

#### Effective Date: 4/14/2003

*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 are required by law to maintain the privacy of your health information and to give you notice of our legal duties and privacy practices with respect to your protected health information. This Notice summarizes our duties and your rights concerning your protected health information.

#### 1. Uses And Disclosures of Information That We May Make Without Written Authorization.

We may use or disclose protected health information for the following purposes without your written authorization. These examples are not meant to be exhaustive.

**Treatment.** We may use or disclose protected health information to provide treatment to you. For example, doctors or clinic staff may use information in your medical records to diagnose or treat your condition. Also, we may disclose your information to health care providers outside the clinic so that they may help treat you.

**Payment.** We may use or disclose protected health information so that we, or other health care providers, may obtain payment for treatment provided to you. For example, we may disclose information from your medical records to your health insurance company to obtain pre-authorization for treatment or submit a claim for payment.

**Healthcare Operations.** We may use or disclose protected health information for certain health care operations that are necessary to run the clinic and ensure that our patients receive quality care. For example, we may use information from your medical records to review the performance or qualifications of physicians and staff, train staff, or make business decisions affecting the clinic and its services.

**Required By Law.** We may use or disclose protected health information to the extent that such use or disclosure is required by law.

**Threat to Health or Safety.** We may use or disclose protected health information to avert a serious threat to your health or safety or the health and safety of others.

**Abuse or Neglect.** We must disclose protected health information to the appropriate government agency if we believe it is related to child abuse or neglect, or if we believe that you have been a victim of abuse, neglect or domestic violence.

**Communicable Diseases.** We are required to disclose protected health information concerning certain communicable diseases to the appropriate government agency. To the extent authorized by law, we may also disclose protected health information 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.

**Public Health Activities.** We may use or disclose protected health information for certain public health activities, such as reporting information necessary to prevent or control disease, injury or disability, or reporting limited information for FDA activities.

**Health Oversight Activities.** We may disclose protected health information to governmental health oversight agencies to help them perform certain activities authorized by law, such as audits, investigations, and inspections.

**Judicial and Administrative Proceedings.** We may disclose protected health information in response to an order of a court or administrative tribunal. We may also disclose protected health information in response to a subpoena, discovery request or other lawful process if we receive satisfactory assurances from the person requesting the information that they have made efforts to inform you of the request or to obtain a protective order.

**Law Enforcement.** We may disclose protected health information, subject to specific limitations, for