

*Notice of Privacy Practices for Protected Health Information for Bill Womble, O.D.
and Lincoln County Vision Center*

**THIS NOTICE DESCRIBES HOW OPTOMETRIC AND MEDICAL INFORMATION ABOUT
YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS
INFORMATION. PLEASE READ IT CAREFULLY.**

By signing an acknowledgement of receiving this document you agree that we may use health information about you for your treatment purposes, to obtain payment, or for healthcare operations and other administrative purposes. Examples of each item mentioned above include:

- **Treatment:** We may need to send your medical record information to a specialist or other healthcare provider, i.e. laboratory, etc. as part of referral for continuity of care.
- **Payment:** We will use your health information and other identifying information for billing Medicare, Medicaid or any other health insurance plan. This includes any third party that may be potentially responsible for the payment of your services.
- **Operations or administrative purposes:** We use your information when processing your medical records for completeness and to compare patient data for internal quality assurance.

HOW YOUR HEALTH INFORMATION MAY BE DISCLOSED

As your Eye Healthcare Provider, we are subject to certain requirements in which we have to disclose your health information. These disclosures are generally routine to all patients and are done without your specific authorization for several reasons:

- State and Federal law require us to report cases of abuse, neglect, or other reasons requiring law enforcement
- Public health purposes such as reporting of contagious diseases
- Health oversight agencies may require information for licensing of doctors, investigation of possible healthcare violations, for audits by Medicare, etc.
- Judicial and Administrative proceedings such as response to subpoenas or court orders
- Medical examiners to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donation.
- Special government functions including military and veteran requests.
- To prevent serious threats to health or public safety.

Unless you object, we will also share relevant information about your care with family or friends who are helping you with your eye care.

We may also contact you after your current visit for future appointment reminders or to provide you with information regarding treatment alternatives or other health related services that may be of benefit to you. We will obtain your written authorization for any other disclosures beyond the reasons listed above. Remember, if you do authorize us to release your information, you always have the right to revoke that authorization at a later time. We will be happy to honor that request except to the extent that we may have already acted.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

- In most cases, you have the right to look at or receive a copy of your health information.
- You have the right to ask for a list of instances in which we have disclosed your information for reasons other than treatment, payment and operations. We can provide you one list per year without charge; all additional requests in the same year will be subject to a nominal charge.
- If you believe that the information we have about you is incorrect or if important information is missing, you have the right to request that we amend the existing information. There may be some reason that we cannot honor your request. In which case, you may submit a statement of disagreement. This statement will be submitted along with your future releases of information.
- You can request that your health information be communicated to you at an alternate location or address from which you may be registered with, such as sending mail to an address other than your home.
- If there are health care providers, hospitals, employers, insurers, relatives, friends or other individuals or organizations to whom you do not want us to disclose your health information, please let us know, in writing, what individuals or organizations to whom you do not want us to disclose your health care information

OUR LEGAL DUTY

We are required by law to protect the privacy of your information. We are providing this notice to you so that we can explain what our privacy practices are. We will follow the practices described in this notice or the current notice in effect.

We reserve the right to change our policies and notice of privacy practices at any time. If we should make a significant change in our policies, we will change this notice and post the new notice. You can also request a copy of our notice at any time.

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 respect your right to file a complaint and will not take any action against you if you file a complaint. If you want to complain to us an oral complaint can be made at any time, and written complaints should be addressed to:

Bill Womble, O.D.
Lincoln County Vision Center
1822 Huntsville Hwy Suite D
Fayetteville, TN 37334

ACKNOWLEDGEMENT OF RECEIPT

I have been asked to sign a specific release to be kept in my permanent medical record that will indicate I have received this notice of privacy practices.