

**GOOD EYECARE, LLC
169 CHRISTIANA ROAD
NEW CASTLE, DE 19720**

**PUBLIC INFORMATION OFFICER:
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NOTICE OF PRIVACY PRACTICES REVISED: JULY 06, 2021

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you our Notice of Privacy Practices. This Notice describes how we use and protect your **personal health information (PHI)** and what rights you have regarding it.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

Under the Health Insurance Portability and Accessibility Act (HIPAA), we may use or disclose your PHI for treatment, payment and health care operations without any special permission:

- a) *Treatment:* for example, we may use or disclose your PHI when setting up an appointment for you; testing or examining your eyes; prescribing glasses, contact lenses, or eye medications and faxing them to be filled; referring you to another doctor for eye care services; or getting copies of your health information from another professional that you may have seen before us.
- b) *Payment:* For example, we may use or disclose your PHI when asking you about your health or vision care plans, or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency).
- c) *Health care operations:* For example, we may use or disclose your PHI for financial or billing audits; participation in managed care plans; defense of legal matters.

Most uses and disclosures that do not fall under treatment, payment, or health care operations will require your written authorization. We will not use your PHI for marketing or fundraising purposes without your written authorization. Upon signing, you may revoke your authorization (in writing) through our practice at any time. We will not sell your PHI.

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

Emergency Situations-in the event of your incapacity or an emergency situation, we will disclose PHI to a family member, or another person responsible for your care, using our professional judgment. We will only disclose PHI that is directly relevant to the person's involvement in your healthcare.

Required by Law-We may also use or disclose your PHI when we are required to do so by law.

Abuse or Neglect-We may disclose your PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the victim of other crimes. We may disclose your PHI to the extent necessary to avert a serious threat to you or other people's health or safety.

National Security-We may disclose the PHI of Armed Forces personnel to military authorities under certain circumstances. We may disclose PHI to authorized federal officials required for lawful intelligence, counter intelligence and other national security activities. We may disclose PHI of inmates or patients to the appropriate authorities under certain circumstances.

Business Associates-We may use or disclose your PHI to 'business associates' who perform health care or billing operations for us and who commit to respect the privacy of your health information.

Other-Unless you object, we will also share relevant information about your care with your family or friends who are helping you with your eye care. We may also access your PHI in order to inform you about alternate services or products that might benefit you.

APPOINTMENT REMINDERS

We may use or disclose your PHI to provide you with appointment reminders via phone, e-mail, postcard, or letter. This may involve leaving a message on e-mail, an answering machine or by postcard which could be received or intercepted by others.

YOUR RIGHTS AS A PATIENT

- You have the right to restrict the disclosure of your PHI; however, such request may be denied if the information is required for treatment, payment or health care operations as outlined above.
- You have the right to restrict disclosure of your PHI to your healthcare plan if you pay fully out of pocket in full for a healthcare item or service.
- You have the right to ask us to communicate with you in a confidential way.
- You have the right to inspect and request a copy of your PHI. Because we maintain Electronic Health Records, you have a right to obtain your PHI in an electronic format.
- You have the right to amend your PHI if you think that it is incorrect or incomplete. Your record will either be amended or a statement of your position included in your record.
- You have the right to receive an account of disclosures of your PHI and to be notified following a breach of unsecured PHI if you are affected.
- You have the right to a paper copy of this Notice of Privacy Practices.

You may send a letter to the Public Information Officer at the address or fax number listed at the top of this Notice for any of the above requests, along with verification of identity (i.e., copy of driver's license). We will respond to your request within 30 days of receipt.

LEGAL REQUIREMENTS

Good Eyecare, LLC, is required by law to maintain the privacy of your PHI. We are required to abide by the terms of this Notice as it is currently stated, and reserve the right to change this Notice. If we change our Notice of Privacy Practices, we will post the new Notice in our office, have copies available, and post it on our website. If a risk assessment demonstrates that a breach has occurred compromising your PHI, we are required to notify the affected individual(s) and the U.S. Department of Health and Human Services (HHS) Secretary not later than 60 days after the end of the calendar year in which the breach was discovered.

COMPLAINTS and/or REQUESTS FOR ADDITIONAL INFORMATION

If you think we have not properly respected the privacy of your PHI, you may submit a complaint in writing to our Public Relations Officer at the address or fax number listed at the top of this Notice, or to the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be retaliated against in any manner for a complaint. If you need more information about our privacy practices, contact the Public information Officer at the address, phone or fax number listed at the top of this Notice.