



American Optometric Association

# **HIPAA Privacy Compliance Manual**

**Customized and Adopted by**

**Edmonds & Associates, LLC**

dba Edmonds Eye Associates , Great Valley Eye Associates

1/26/15

**Edmonds & Associates, LLC**

dba Edmonds Eye Associates , Great Valley Eye Associates

**PRIVACY OFFICER JOB DESCRIPTION**

Policy Number: 5A

Effective Date: January 26, 2015

In order to comply with HIPAA's Privacy Rule, this office will have a privacy officer.

**1. Qualifications to serve as privacy officer:**

- Knowledge of the HIPAA Privacy Rule.
- Available time to devote to compliance effort.
- Available time to attend educational seminars on privacy compliance, and to summarize seminar content for staff.
- Capable of sustained and detailed effort.
- Capable of effectuating change, when needed.
- Capable of creative or innovative solutions to privacy issues.
- Good communication skills.
- Good organizational skills.
- Motivates staff to achieve compliance.
- Prudent fiscal manager.
- Works well with governing body or management.
- Works well with outside resources, as applicable.

**2. Duties of the privacy officer:**

- Creates and implements policies and procedures to comply with HIPAA's Privacy Rule.
- Monitors compliance efforts.
- Responds to specific HIPAA Privacy Rule compliance questions.
- Conducts educational sessions for our work force about HIPAA requirements and compliance.
- Receives and investigates allegations of non-compliance, and resolves any problems.

**We appoint Dr. Susan Edmonds as our privacy officer, effective March 1, 2003.**

**Edmonds & Associates, LLC**

dba Edmonds Eye Associates , Great Valley Eye Associates

**PUBLIC INFORMATION OFFICER JOB DESCRIPTION**

Policy Number: 5B

Effective Date: January 26, 2015

In order to comply with HIPAA's Privacy Rule, this office will have a public information officer.

**1. Qualifications to serve as public information officer:**

- Knowledge of the HIPAA Privacy Rule, and of our privacy policies and procedures.
- Knowledge of our organizational structure, and who are the "go to" people to accomplish any task.
- Good interpersonal skills.
- Sympathetic to patient concerns.
- Good communication skills.
- Good investigational skills.
- Capable of prompt and thorough resolution of identified problems, in conjunction with the privacy officer, as indicated in particular cases.

**2. Duties of the public information officer:**

- Receive, investigate, substantiate/not substantiate patient privacy complaints.
- Correct problems identified through investigation of privacy complaints.
- Provide information to patients and the public about our privacy practices and compliance.
- Report any concerns about privacy compliance to our privacy officer, and cooperate in the investigation and resolution of the problem.
- Accept and act upon patient requests for confidential methods of communication.
- Accept and act upon patient's requests to restrict the way we handle protected health information for treatment, payment, or health care operations.
- Accept and act upon patient requests for access to their own protected health information.
- Accept and act upon patient requests to amend their own protected health information.
- Accept and act upon patient requests for an accounting of our disclosures of their protected health information.

**We appoint Dr. Scott Edmonds to serve as our public information officer, effective March 1, 2003.**

**Edmonds & Associates, LLC**

dba Edmonds Eye Associates , Great Valley Eye Associates

**NO AUTHORIZATION IS REQUIRED TO MAKE CERTAIN DISCLOSURES OF  
PROTECTED HEALTH INFORMATION**

Policy Number: 7A

Effective Date January 26, 2015

In order to comply with HIPAA's Privacy Rule, it is the policy of this office to obtain a signed patient authorization before making a use or disclosure of protected health information, except in those circumstances in which HIPAA does not require such an authorization. As stated in HIPAA, we will not obtain a signed patient authorization in the following circumstances:

1. Uses and disclosures for treatment, payment, or health care operations. This includes, among other activities:

- Providing care to patients in our office
- Seeking assistance from consultants
- Making referrals of patients for follow-up care
- Writing/sending, and filling prescriptions for drugs and eyewear or contact lenses
- Preparing and submitting claims and bills
- Receiving/posting payments, and collection efforts
- Managed care credentialing
- Professional licensure and specialty board credentialing
- Quality assurance
- Financial audits/management
- Training of professional and non-professional staff, including students
- Office management
- Fraud and abuse prevention activities
- Personnel activities

[Notwithstanding the lack of need for a signed patient authorization, in order to comply with applicable state law, we will obtain permission from our patients before we disclose protected health information for the following activities:

(specify those treatment, payment or health care operations for which your state law requires that you obtain patient permission before sharing information)]

2. Disclosures to business associates that have signed a business associate contract with us.
3. Disclosures that are required by our state law, provided that we disclose only the precise protected health information required, and only to the recipient required.
4. Disclosures to state, local or federal governmental public health authorities to prevent or control disease, injury, or disability.
5. Disclosures to local, state, or federal governmental agencies to report suspected child abuse or neglect.
6. Disclosures to individuals or organizations under the jurisdiction of the federal Food and Drug Administration (“FDA”), such as drug or medical device manufacturers, regarding the quality or safety of drugs or medical devices.
7. Disclosures to local, state, or federal governmental agencies in order to report suspected abuse, neglect, or domestic violence regarding adults, provided that we:
  - Get an informal agreement from the patient unless:
    - We are required by law to report our suspicions.
    - We are permitted, but not required by law to disclose the protected health information, **and** we believe that a report is necessary to prevent harm to our patient or other potential victims.
  - We tell the patient that we are making this disclosure, unless:
    - Telling the patient would put the patient at risk for serious harm, or
    - Someone else is acting on behalf of the patient and we think that this person is the abuser and that telling him or her would not be in the best interest of the patient.
8. Disclosures for health oversight audits, investigations, or disciplinary activities, provided that we only disclose to a federal, state or local governmental agency (or a private person or organization acting under contract with or grant of authority from the governmental agency) that is authorized by law to conduct oversight activities.
9. Disclosures in response to a court order, provided that we disclose only the precise protected health information ordered, and only to the person ordered.
10. Disclosures in response to a proper subpoena, provided that:

- We make sure that either we or the person seeking the subpoenaed information makes a reasonable effort to notify the patient in advance, and the patient has a chance to object to the court about the disclosure.
- We make sure that either we or the person seeking the subpoenaed information makes a reasonable effort to have the court issue a protective order.

[substitute state law requirements, if they are more stringent than these]

11. Disclosures to police or other law enforcement officers regarding a crime that we think happened at our office, provided that we reasonably believe that the protected health information is evidence of a crime.

12. Disclosures to organizations involved in the procurement, banking, or transplantation of eyes in order to facilitate eye donation and transplantation.

13. Uses of protected health information to market or advertise our own health care products or services, or for any other marketing exception (see related policy on marketing, # 11A).

14. Disclosures to a researcher with a waiver of authorization from an IRB or privacy board; to a researcher using the protected health information only for purposes preparatory to research or to a researcher only using the protected health information of deceased patients, provided that the researcher gives us the assurances required by HIPAA (see related policy on research, #12A).

15. If at any time a proposed use or disclosure does not fit exactly into one of the exceptions to the need for an authorization described in paragraphs 1 through 14, we will obtain a signed patient authorization before making the use or disclosure.

**Edmonds & Associates, LLC**

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**NO AUTHORIZATION IS REQUIRED TO MAKE CERTAIN DISCLOSURES OF  
PROTECTED HEALTH INFORMATION**

Policy Number: 8A

Effective Date January 26, 2015

In order to comply with HIPAA's Privacy Rule, it is the policy of this office to obtain a signed patient authorization before making a use or disclosure of protected health information, except in those circumstances in which HIPAA does not require such an authorization. As stated in HIPAA, we will not obtain a signed patient authorization in the following circumstances:

1. Uses and disclosures for treatment, payment, or health care operations. This includes, among other activities:

- Providing care to patients in our office
- Seeking assistance from consultants
- Making referrals of patients for follow-up care
- Writing/sending, and filling prescriptions for drugs and eyewear or contact lenses
- Preparing and submitting claims and bills
- Receiving/posting payments, and collection efforts
- Managed care credentialing
- Professional licensure and specialty board credentialing
- Quality assurance
- Financial audits/management
- Training of professional and non-professional staff, including students
- Office management
- Fraud and abuse prevention activities
- Personnel activities

[Notwithstanding the lack of need for a signed patient authorization, in order to comply with applicable state law, we will obtain permission from our patients before we disclose protected health information for the following activities:

(specify those treatment, payment or health care operations for which your state law requires that you obtain patient permission before sharing information)]

2. Disclosures to business associates that have signed a business associate contract with us.
3. Disclosures that are required by our state law, provided that we disclose only the precise protected health information required, and only to the recipient required.
4. Disclosures to state, local or federal governmental public health authorities to prevent or control disease, injury, or disability.
5. Disclosures to local, state, or federal governmental agencies to report suspected child abuse or neglect.
6. Disclosures to individuals or organizations under the jurisdiction of the federal Food and Drug Administration (“FDA”), such as drug or medical device manufacturers, regarding the quality or safety of drugs or medical devices.
7. Disclosures to local, state, or federal governmental agencies in order to report suspected abuse, neglect, or domestic violence regarding adults, provided that we:
  - Get an informal agreement from the patient unless:
    - We are required by law to report our suspicions.
    - We are permitted, but not required by law to disclose the protected health information, **and** we believe that a report is necessary to prevent harm to our patient or other potential victims.
  - We tell the patient that we are making this disclosure, unless:
    - Telling the patient would put the patient at risk for serious harm, or
    - Someone else is acting on behalf of the patient and we think that this person is the abuser and that telling him or her would not be in the best interest of the patient.
8. Disclosures for health oversight audits, investigations, or disciplinary activities, provided that we only disclose to a federal, state or local governmental agency (or a private person or organization acting under contract with or grant of authority from the governmental agency) that is authorized by law to conduct oversight activities.
9. Disclosures in response to a court order, provided that we disclose only the precise protected health information ordered, and only to the person ordered.
10. Disclosures in response to a proper subpoena, provided that:

- We make sure that either we or the person seeking the subpoenaed information makes a reasonable effort to notify the patient in advance, and the patient has a chance to object to the court about the disclosure.
- We make sure that either we or the person seeking the subpoenaed information makes a reasonable effort to have the court issue a protective order.

11. Disclosures to police or other law enforcement officers regarding a crime that we think happened at our office, provided that we reasonably believe that the protected health information is evidence of a crime.

12. Disclosures to organizations involved in the procurement, banking, or transplantation of eyes in order to facilitate eye donation and transplantation.

13. Uses of protected health information to market or advertise our own health care products or services, or for any other marketing exception (see related policy on marketing, # 11A).

14. Disclosures to a researcher with a waiver of authorization from an IRB or privacy board; to a researcher using the protected health information only for purposes preparatory to research or to a researcher only using the protected health information of deceased patients, provided that the researcher gives us the assurances required by HIPAA (see related policy on research, #12A).

15. If at any time a proposed use or disclosure does not fit exactly into one of the exceptions to the need for an authorization described in paragraphs 1 through 14, we will obtain a signed patient authorization before making the use or disclosure.

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**FACILITY DIRECTORY**

Policy Number: 9A

Effective Date January 26, 2015

In order to comply with HIPAA's Privacy Rule, it is the policy of this office to give patients an opportunity to object to including their protected health information in our facility directory.

1. Our facility directory will consist of only the following information:

- patient name
- location within the facility
- general status information (procedure not started, procedure in progress, procedure completed).

2. If we receive a call from someone knowing the patient's name, we will disclose the directory information about the named patient to the caller, unless the patient has previously objected to such disclosure. We will not disclose more information than that specified in paragraph 1 to any caller.

3. [Insert name/title] is responsible for managing our facility directory and for providing patients the chance to object to being included or to having certain information disclosed.

4. At the time that a patient checks in to our facility, [insert name/title from paragraph 3] will orally advise the patient of our directory, the information that is ordinarily contained in it, and our disclosure policy. [insert name/title of person from paragraph 3] will ask the patient if he/she has any objection to being included in the directory. The patient is free to object to

- being included at all
- having particular elements of information included
- disclosing some or all of the information to certain callers.

5. If a patient objects, [insert name/title from paragraph 3] will note the objection [specify how and where it will be noted]. [Insert name/title from paragraph 3] will provide the note to all phone operators who might receive a call requesting directory information. All phone operators will abide by patient's objections regarding directory information.

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**PROVIDING INFORMATION TO FAMILY AND FRIENDS  
OF PATIENTS INVOLVED IN CARE**

Policy Number: 9B

Effective Date January 26, 2015

In order to comply with HIPAA's Privacy Rule, it is the policy of this office to give patients a chance to agree or object to providing protected health information to close family or friends who are helping with the patient's care.

1. If we feel that it is necessary or appropriate to inform a close family member or friend who is involved in a patient's care about certain protected health information relevant to their involvement, we will give the patient a chance to agree or object to such disclosure before we make it. If the patient is present or available when this need arises, we will do any of the following:

- Get an oral agreement from the patient that the disclosure is acceptable.
- Give the patient a chance to object to the disclosure.
- Infer from the circumstances that the patient does not object. For example, we can reasonably infer that the patient does not object if the family member or friend is in the examining room with the patient.

If the patient is not present or available when the need arises, we will use our best judgment about whether it is in the patient's best interest to disclose the information. An example might be when a family member or friend comes to our office to pick up eyewear that the patient previously ordered, as a convenience to the patient.

2. If we make a disclosure to a close family member or friend under the circumstances described in paragraph 1, we will only disclose information that is relevant to the family member or friend's involvement with the patient's care. Examples:

- If the patient's spouse will pick up ordered eyewear, we will provide the eyewear but not disclose any diagnoses or special features of the eyewear.
- If a son or daughter will assist a patient with eye drops, we will provide information about when and how the drops should be administered, but will not disclose the patient's diagnosis.

3. If someone claiming to be a family member or friend of the patient initiates contact with us seeking information, we will:

- Verify the identity of the caller and their relationship to the patient.
- Determine if they are involved in the patient's care.

Determine if the patient is available (by phone, email, or other communications method) to either agree or object to the disclosure. If so, we will give the patient the chance to agree or object. If the patient objects, we will not disclose any information to the caller. If the patient is not available by any reasonable means, we will use our best judgment to determine whether disclosure of information is in the patient's best interest.

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**NO AUTHORIZATION IS REQUIRED TO MAKE CERTAIN DISCLOSURES OF  
PROTECTED HEALTH INFORMATION**

Policy Number: 10A

Effective Date January 26, 2015

In order to comply with HIPAA's Privacy Rule, it is the policy of this office to obtain a signed patient authorization before making a use or disclosure of protected health information, except in those circumstances in which HIPAA does not require such an authorization. As stated in HIPAA, we will not obtain a signed patient authorization in the following circumstances:

1. Uses and disclosures for treatment, payment, or health care operations. This includes, among other activities:

- Providing care to patients in our office
- Seeking assistance from consultants
- Making referrals of patients for follow-up care
- Writing/sending, and filling prescriptions for drugs and eyewear or contact lenses
- Preparing and submitting claims and bills
- Receiving/posting payments, and collection efforts
- Managed care credentialing
- Professional licensure and specialty board credentialing
- Quality assurance
- Financial audits/management
- Training of professional and non-professional staff, including students
- Office management
- Fraud and abuse prevention activities
- Personnel activities

[Notwithstanding the lack of need for a signed patient authorization, in order to comply with applicable state law, we will obtain permission from our patients before we disclose protected health information for the following activities:

(specify those treatment, payment or health care operations  
for which your state law requires that you obtain  
patient permission before sharing information)]

2. Disclosures to business associates that have signed a business associate contract with us.

3. Disclosures that are required by our state law, provided that we disclose only the precise protected health information required, and only to the recipient required.

4. Disclosures to state, local or federal governmental public health authorities to prevent or control disease, injury, or disability.

5. Disclosures to local, state, or federal governmental agencies to report suspected child abuse or neglect.

6. Disclosures to individuals or organizations under the jurisdiction of the federal Food and Drug Administration (“FDA”), such as drug or medical device manufacturers, regarding the quality or safety of drugs or medical devices.

7. Disclosures to local, state, or federal governmental agencies in order to report suspected abuse, neglect, or domestic violence regarding adults, provided that we:

- Get an informal agreement from the patient unless:
  - We are required by law to report our suspicions.
  - We are permitted, but not required by law to disclose the protected health information, **and** we believe that a report is necessary to prevent harm to our patient or other potential victims.
- We tell the patient that we are making this disclosure, unless:
  - Telling the patient would put the patient at risk for serious harm, or
  - Someone else is acting on behalf of the patient and we think that this person is the abuser and that telling him or her would not be in the best interest of the patient.

8. Disclosures for health oversight audits, investigations, or disciplinary activities, provided that we only disclose to a federal, state or local governmental agency (or a private person or organization acting under contract with or grant of authority from the governmental agency) that is authorized by law to conduct oversight activities.

9. Disclosures in response to a court order, provided that we disclose only the precise protected health information ordered, and only to the person ordered.

10. Disclosures in response to a proper subpoena, provided that:

- We make sure that either we or the person seeking the subpoenaed information makes a reasonable effort to notify the patient in advance, and the patient has a chance to object to the court about the disclosure.
- We make sure that either we or the person seeking the subpoenaed information makes a reasonable effort to have the court issue a protective order.

[substitute state law requirements, if they are more stringent than these]

11. Disclosures to police or other law enforcement officers regarding a crime that we think happened at our office, provided that we reasonably believe that the protected health information is evidence of a crime.

12. Disclosures to organizations involved in the procurement, banking, or transplantation of eyes in order to facilitate eye donation and transplantation.

13. Uses of protected health information to market or advertise our own health care products or services, or for any other marketing exception (see related policy on marketing, # 11A).

14. Disclosures to a researcher with a waiver of authorization from an IRB or privacy board; to a researcher using the protected health information only for purposes preparatory to research or to a researcher only using the protected health information of deceased patients, provided that the researcher gives us the assurances required by HIPAA (see related policy on research, #12A).

15. If at any time a proposed use or disclosure does not fit exactly into one of the exceptions to the need for an authorization described in paragraphs 1 through 14, we will obtain a signed patient authorization before making the use or disclosure.

## **Edmonds & Associates, LLC**

dba Edmonds Eye Associates , Great Valley Eye Associates

### **MARKETING AND ADVERTISING**

Policy Number: 11A

Effective Date January 26, 2015

In order to comply with HIPAA's Privacy Rule, it is the policy of this office to require a signed patient authorization to use or disclose protected health information for marketing or advertising purposes, subject to the conditions and exceptions described in this policy.

1. Marketing means to make a communication that encourages the person receiving the communication to purchase a product or service.

2. We use protected health information in connection with a marketing communication if we review patient data bases or records to target the communication to specific recipients. We disclose protected health information in connection with a marketing communication if the content of the communication includes protected health information (photographs, testimonials, and the like).

3. If a marketing communication discloses protected health information, we will always get a signed patient authorization.

4. If we use protected health information in connection with a marketing communication, we will get a signed patient authorization, except for:

- Marketing communications about our own health care products or services.
- Communications made in the course of treatment, case management, or care coordination for an individual patient.
- Communications made during a face-to-face encounter with a patient.
- Communications consisting of distribution of promotional gifts of nominal value. We consider a gift to be of nominal value if the individual gift is worth less than \$10 per item, and if we distribute less than \$50 in gifts to any one patient per year.

Communications falling into these specified categories do not require a signed patient authorization.

5. Any marketing communication that does not require a signed patient authorization must be included in our accounting of disclosures available to a patient upon request.

6. When we need an authorization, we will include information about any money or other valuable thing that we get from someone else in connection with the communication.

7. Many marketing communications do not use or disclose protected health information. These communications are not affected by HIPAA's Privacy Rule. Examples of these communications are:

- general TV ads
- brochures mailed to "occupant" using a zip code data base

8. [Insert name/title] is responsible for obtaining signed patient authorizations for marketing, when they are required, and for making sure that the authorization discloses any money or thing of value that we get from someone else in connection with the marketing communication.

**Edmonds & Associates, LLC**

dba Edmonds Eye Associates , Great Valley Eye Associates

**DISCLOSURES FOR RESEARCH**

Policy Number: 12A

Effective Date January 26, 2015

In order to comply with HIPAA's Privacy Rule, it is the policy of this office to obtain a signed patient authorization before using or disclosing protected health information for research purposes, unless the research satisfies one of HIPAA's exceptions to the need for authorization. In accordance with HIPAA's exceptions:

1. We will not obtain a signed patient authorization if a researcher has obtained, and presents to us, a proper waiver of authorization from an Institutional Review Board ("IRB") or Privacy Board.

2. An IRB is an interdisciplinary group convened to oversee the protection of human subjects in research, pursuant to regulations of the federal Food and Drug Administration or the "common rule". A Privacy Board is an interdisciplinary group that has members from a variety of professions relevant to protecting privacy, has at least one member that is not connected with the researcher or the organization holding the protected health information, and does not allow anyone to participate in the review of research if that person has a conflict of interest.

3. In order to be a proper waiver, the following criteria must be satisfied:

- We must have documentation that the IRB or the Privacy Board determined that a waiver is appropriate because:
  - The use or disclosure of protected health information during the research poses no more than minimal risk to the privacy of the research participants;
  - The protected health information is necessary for the research;
  - As a practical matter, the research could not proceed without a waiver.
- We must have documentation of the IRB or the Privacy Board specification of what protected health information can be used or disclosed as part of the waiver.
- We must have documentation that the IRB or the Privacy Board made all its determinations according to proper procedures.
- The documentation must be signed by the chair of the IRB or Privacy Board. The documentation must include the name of the IRB or Privacy Board and the date of its approval of a waiver.

4. [Insert name/title] is responsible for obtaining proper IRB or Privacy Board waivers of authorization for research that we want to conduct without a signed patient

authorization. [Insert name/title] will consult with the IRB or Privacy Board to determine what information the IRB or Privacy Board wants in order to make its determinations. If an outside researcher wants to use protected health information about our patients, [insert name/title] is responsible for reviewing all documents that the researcher presents to us in support of a waiver of authorization, to verify their sufficiency.

5. [Insert name/title] is responsible for any ongoing communication with an IRB or Privacy Board that has granted a waiver of authorization, if any is needed.

6. We will rely upon the IRB or Privacy Board's statement of the protected health information that is subject to the waiver as being the minimum amount of protected health information that is necessary for the research.

7. We will not obtain a signed patient authorization if a researcher gives us specific assurances that:

- The researcher wants to review or disclose protected health information solely to prepare a research protocol or take other steps in preparation for research. These might include checking a data base to see if any patients are good candidates for the research.
- The researcher will not take any protected health information off-site from where it is held.
- The researcher needs the protected health information for research purposes.

8. [Insert name or title] is responsible for reviewing all assurances that an outside researcher may give us in support of a disclosure of protected health information. [Insert name or title] is also responsible for providing specific assurances whenever we want to obtain protected health information from someone else for activities preparatory to research.

9. We will not obtain a signed patient authorization if a researcher wants the protected health information in order to conduct research solely on deceased patients and provides specific assurances that:

- The researcher is asking for protected health information strictly to conduct research.
- The person identified in the protected health information is dead. The researcher should supply a death certificate.
- The researcher needs the PHI in order to perform research.

10. If an authorization is needed, [insert name or title] is responsible for obtaining it, if we want to conduct the research. [Insert name/title] is also responsible for reviewing all authorizations presented to us by outside researchers.

**Edmonds & Associates, LLC**

dba Edmonds Eye Associates , Great Valley Eye Associates

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**AUTHORIZATION FOR RELEASE OF IDENTIFYING HEALTH INFORMATION**

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I authorize the professional office of my optometrist named above to release health information identifying me [including if applicable, information about HIV infection or AIDS, information about substance abuse treatment, and information about mental health services] under the following terms and conditions:

The office often participates in research or marketing programs to advance the treatment or management of ocular or visual problems. To make these programs effective, we may need to identify you as having certain eye problems or conditions to make you eligible to participate in these programs. Once identified an informed you will have the opportunity to review the specific information and make a decision on your participation.

It is completely your decision whether or not to sign this authorization form. We cannot refuse to treat you if you choose not to sign this authorization.

If you sign this authorization, you can revoke it later. The only exception to your right to revoke is if we have already acted in reliance upon the authorization. If you want to revoke your authorization, send us a written or electronic note telling us that your authorization is revoked. Send this note to the office contact person listed at the top of this form.

When your health information is disclosed as provided in this authorization, the recipient often has no legal duty to protect its confidentiality. In many cases, the recipient may re-disclose the information as he/she wishes. Sometimes, state or federal law changes this possibility.

[For marketing authorizations, include, as applicable: We will receive direct or indirect remuneration from a third party for disclosing your identifiable health information in accordance with this authorization.]

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**I HAVE READ AND UNDERSTAND THIS FORM. I AM SIGNING IT VOLUNTARILY. I AUTHORIZE THE DISCLOSURE OF MY HEALTH INFORMATION AS DESCRIBED IN THIS FORM.**

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

If you are signing as a personal representative of the patient, describe your relationship to the patient and the source of your authority to sign this form:

Relationship to Patient \_\_\_\_\_ Print Name \_\_\_\_\_

Source of Authority \_\_\_\_\_

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**ACKNOWLEDGEMENT OF RECEIPT**

**I acknowledge that I received a copy of the office Notice of Privacy Practices.**

Patient name \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Edmonds & Associates, LLC**

dba Edmonds Eye Associates , Great Valley Eye Associates

**PERSONAL REPRESENTATIVES FOR PATIENTS**

Policy Number: 13B

Effective Date January 26, 2015

In order to comply with HIPAA's Privacy Rule, it is the policy of this office to allow properly authorized personal representatives to stand in the shoes of a patient in order to exercise all the rights that the patient could exercise regarding the use and disclosure of protected health information and to give any required permission for a use or disclosure of protected health information.

1. Adult patients and emancipated minors:
  - Adult patients are those over the age of [specify the age of majority in your state].
  - Emancipated minors are people under the age of [specify age of majority in your state] who have the legal right to be treated as an adult. This happens if [specify how a minor becomes emancipated under your state laws].
  - Generally, adults and emancipated minors personally handle all matters about their protected health information. Sometimes, however, they may be unable to do so because of mental incapacity. In this case, the following people can substitute for the adult or emancipated minor to sign all permissions and exercise all rights regarding protected health information:

[specify legally authorized representatives under your state law].
2. Unemancipated minors
  - An unemancipated minor is a person under the age of [specify the age of majority in your state].
  - Generally unemancipated minors are not able to handle any matters regarding their protected health information because the law presumes them to be incapacitated. The following people can handle signing all permissions and exercise all rights regarding an unemancipated minor's protected health information:
    - either parent. [Add any special rules in your state if the parents are divorced.]
    - a court appointed guardian
      - the following people who are considered to be "in loco parentis" –

[specify others authorized by your state law to act for an unemancipated minor].

3. Deceased patients

- The following people have the authority to sign permissions and exercise rights regarding the protected health information of deceased patients:

[specify those people with authority under your state law to act on behalf of a deceased patient, or the deceased patient's estate]

4. In a few instances, we will not work with the personal representatives listed above. This can happen in the following cases:

- We think that a person claiming to be a personal representative has or may have committed domestic violence, abuse, or neglect against the patient, and it is not in the patient's best interest to treat that person as the personal representative.
- We think that treating such person as the personal representative could endanger a patient, and it is not in the patient's best interest to treat that person as the personal representative.

5. Before we work with someone claiming to be a personal representative, we will check out their authority. This might include:

- checking identification
- looking at court or other documents
- consulting our attorney

If we are unsure of a person's authority to sign permissions or exercise rights regarding protected health information, we will not use or disclose that protected health information until any ambiguity is resolved.

**Edmonds & Associates, LLC**

dba Edmonds Eye Associates , Great Valley Eye Associates

**NOTICE OF PRIVACY PRACTICES**

Policy Number: 14A

Effective Date January 26, 2015

In order to comply with HIPAA's Privacy Rule, it is the policy of this office to:

1. Distribute a Notice of Privacy Practices ("NPP") to every patient at their first appointment, eyewear pickup, or similar encounter on or after April 14, 2003.

- The NPP to use is attached to this Policy. Only Dr. Edmonds has authority to change this NPP.
  - The office staff is responsible to distribute the NPP.
  - The staff must give the patient a copy of the NPP when requested by the patient.
  - The front desk staff must ask the patient to sign an acknowledgement of receipt of the NPP ("AOR"). The AOR to use is attached to this Policy. Put all signed AORs in the patient chart.
  - If the patient opts not to sign the AOR, the blank form will stay on file in that patient chart.
  - It is not necessary to give a NPP to a patient every time they come in after April 14, 2003 unless we change the NPP.
    - At every patient encounter, the staff will look in the patient chart to determine if the patient has previously signed an AOR.
    - If yes, it is not necessary to give that patient another NPP unless we have changed our NPP since the date of the AOR. Our most current NPP will always have an effective date on the front.
    - If no, then it is necessary to distribute a NPP and ask for signature on an AOR.
  - If our first encounter with a patient after April 14, 2003 is electronic, our electronic system will automatically send a NPP and ask for a signed AOR.
2. Post a copy of our NPP on the office bulletin board.
3. Keep a stock of copies of the NPP so that patients and visitors can take one, if they wish.
4. Redistribute our NPP as above whenever we change it.
5. We will use and disclose protected health information in a manner that is consistent with HIPAA and with our NPP. If we change our NPP, the revised NPP will apply to all protected health information that we have, not just protected health information that we generate or obtain after we have changed the NPP.

Effective date of notice: January 26, 2015

## **NOTICE OF PRIVACY PRACTICES**

**Edmonds & Associates, LLC**

dba Edmonds Eye Associates , Great Valley Eye Associates

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### **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.**

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We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This Notice describes how we protect your health information and what rights you have regarding it.

#### **TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**

The most common reason why we use or disclose your health information is for treatment, payment or health care operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you; testing or examining your eyes; prescribing glasses, contact lenses, or eye medications and faxing them to be filled; showing you low vision aids; referring you to another doctor or clinic for eye care or low vision aids or services; or getting copies of your health information from another professional that you may have seen before us. Examples of how we use or disclose your health information for payment purposes are: 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 or attorney). "Health care operations" mean those administrative and managerial functions that we have to do in order to run our office. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; and outside storage of our records.

We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside of our office for these reasons, we will ask you for special written permission.

#### **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 us; some may never come up at our office 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 governmental authorities about victims of suspected abuse, neglect or domestic violence;
- uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid; or 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 that handle organ or tissue donations;
- uses or disclosures for health related research;
- uses and disclosures to prevent a serious threat to health or 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 relating to worker's 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 or disclosures;
- disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information;
- [specify other uses and disclosures affected by state law].

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.

#### **APPOINTMENT REMINDERS**

We may call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write 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 post card, and/or leave you a reminder message on your home answering machine or with someone who answers your phone if you are not home.

#### **OTHER USES AND DISCLOSURES**

We 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 your 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 we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing. Send them to the office contact person named at the beginning of this Notice.

#### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

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

- ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to the office contact person at the address, fax or E Mail shown at the beginning of this Notice.
- ask us to communicate with you in a confidential way, such as by 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. If you want to ask for confidential communications, send a written request to the office contact person at the address, fax or E mail shown at the beginning of this Notice.
- ask to see or to 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 a copy of your health information within 30 days of asking us (or sixty days if the information is stored off-site). You may have to pay for 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 our 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 information, send a written request to the office contact person at the address, fax or E mail shown at the beginning of 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. We will send the corrected information to persons who we know got the wrong information, and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your health information along with any rebuttal

statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have one 30 day extension of time to consider a 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, including your reasons for the amendment, to the office contact person at the address, fax or E mail shown at the beginning of this Notice.

- get a list of the disclosures that we have made of your health information within the past six years (or a shorter period if you want). By law, the list will not include: disclosures for purposes of treatment, payment or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other 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 usually respond to your request within 60 days of receiving it, but by law we can have one 30 day extension of time if we notify you of the extension in writing. If you want a list, send a written request to the office contact person at the address, fax or E mail shown at the beginning of this Notice.
- get additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you got one electronically or in paper form already. If you want additional paper copies, send a written request to the office contact person at the address, fax or E mail shown at the beginning of this Notice.

#### **OUR NOTICE OF PRIVACY PRACTICES**

By law, we must abide by the terms of this Notice of Privacy Practices 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 that we already have as well as to such information that 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 Web site.

#### **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 for 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 office contact person at the address, fax or E mail shown at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone.

#### **FOR MORE INFORMATION**

If you want more information about our privacy practices, call or visit the office contact person at the address or phone number shown at the beginning of this Notice.

### **ACKNOWLEDGEMENT OF RECEIPT**

This form will be distributed to all patients of our practice. When you visit any of our office locations, you will be requested to sign an acknowledgement of receipt which will be kept on file in your clinic chart.