



NOTICE OF PRIVACY POLICY

This privacy policy is implemented for the purpose of complying with the Standards for the Privacy of Individually Identifiable Health Information. In particular, this policy documents how the Eye Site Center (ESC) will treat Protected Health Information (PHI) in compliance with Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulations, and will otherwise comply with such regulations. This Notice of Privacy Practices shall be provided to any person upon request.

PHI includes any information that is created or received by ESC in its role as a health care provider relating to past, present or future physical or mental health/condition of an individual, provision of health care, and/or future payment for the provision of health care and that identifies the individual or with respect to which there is a reasonable basis to believe that it could be used to identify the individual. PHI would include any information which relates to eyeglasses or the provision of eye care, from which one might reasonably identify the individual who is the subject of such eye care.

PERMITTED USES AND DISCLOSEURES

1. Disclosure to the Patient – May disclose PHI about a patient to that patient upon request of the patient.
2. Treatment Operations
 - a. Use within ESC – May use among its personnel as part of its treatment operations. Treatment operations include the provision, coordination, and management of the eye care services.
 - b. Disclosures made to Other Health Care Providers – May disclose PHI to other health care providers (e.g., Ophthalmologists, eye care professionals, labs) for their treatment activities.
3. As Part of Payment Operations – May disclose PHI to another health care professionals or vision plan in order to receive payment from such entity.
4. To Business Associates – May disclose PHI to a “Business Associate” if ESC obtains satisfactory assurances from the Business Associate that it will appropriately safeguard the information; such assurances include having the Business Associate sign an agreement with specified Business Associate contract provisions. The Business Associate functions which trigger this rule typically involve contractors who assist with claims processing or administration, data analysis, quality assurance, billing, legal, or accounting. **Importantly, “Business Associates” do not include employees, and even more importantly the requirement to have Business Associates sign Business Associate contract provisions do not apply where a Lab discloses PHI to a health care provider for treatment of the patient, or where ESC provides payment information to a vision plan.** For example, if ESC provides PHI to an eye care professional in connection with fulfilling an order or to a coating lab to enable the coating lab to provide coating services, ESC does not need to have the eye care professional or the coating lab sign Business Associate contract provisions. If ESC makes payment claims to a vision plan by electronic direct data entry or standard transaction entry to a third party clearinghouse, ESC does not need a business associate contract with the clearinghouse. If ESC uses a third party entity such as a remote order entry vendor website, or internet portal, to obtain PHI electronically from eye care professional customers, ESC does not need a business associate contract with the clearinghouse.

SAFEGUARDS

1. Training of all employees on the Notice of Privacy Policy, PHI, and HIPAA requirements.
2. Limitation of the number of employees having access to PHI to the minimum necessary.
3. Policy to prevent any unnecessary copying of PHI by limiting who are authorized to copy.
4. Storage, safekeeping, and disposal - when employees have completed use of PHI, it shall be placed and kept in an area to which only employees have access. When feasible, discarded information containing PHI shall be shredded or otherwise rendered unreadable.

RIGHTS OF PATIENTS TO REQUEST PRIVACY PROTECTION FOR PHI

Although we do not anticipate that we will receive requests from patients to restrict use of disclosure of PHI we shall permit patients to make such requests in writing. ESC is not required to agree to restrict its use of PHI beyond the restrictions imposed by the HIPAA Privacy Regulations, but it is the policy of ESC to give consideration to such requests, and to accommodate such requests where in the sole discretion of ESC it is reasonably feasible and not unduly burdensome to do so.

OUR NOTICE OF PRIVACY PRACTICES

By law, ESC must abide by the terms of this Notice of Privacy Policy 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.

I, the undersigned, give my permission to the Eye Site Center to use my healthcare information as necessary.

Signature _____

Date _____