

# NOTICE OF PRIVACY PRACTICES FOR LOW VISION CENTER OF CENTRAL NJ

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED

AND WHAT RIGHTS YOU HAVE REGARDING IT. PLEASE REVIEW IT CAREFULLY.

## TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

By law, we are allowed to use or disclose your protected health information (**PHI**) without your written consent for the purpose of treatment, payment or health care operations. Examples include scheduling appointments; examinations; prescribing corrective lenses, vision aids, or medications and providing prescription information to suppliers; referrals for other medical care; getting copies of past records; acquiring guarantor/insurance information; processing bills or claims; financial or billing audits; internal quality assurance; personnel decisions; credentialing; legal defense; business planning; and outside storage of our records.

## USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your PHI without your permission. Examples include reporting for public health purposes and oversight; FDA requirements; suspected abuse or neglect; threats to health or safety; subpoenas or court orders; relating to organ procurement; knowledge relating to a crime; worker's compensation disclosures; disclosures of de-identified information, 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 and disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your **PHI**. Any information that is disclosed will be limited to the minimum information required and will only be given to parties with the proper authorization to obtain this information.

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

## APPOINTMENT REMINDERS/ NOTIFICATIONS

We may call or write to notify you of routine examinations due, appointment confirmation, order status or services available at our office. Unless you tell us otherwise, we will mail you an appointment reminder on a post card and/or call you at the number you have given us. We may leave a message on your phone or with whoever answers your phone if you are not available.

## OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your PHI unless you sign a written "authorization form" the content of which is determined by federal law. You are not required to sign the authorization, however, if you do not, we cannot use or make the disclosure. The authorization may be revoked at any time by writing to the contact below. Previous disclosures are not affected.

## YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

All requests must be made in writing (address below) and will be responded to within the time allowed by law (usually 30 days).

- You may 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.
- You may ask us to communicate with you in a confidential way, such as using a specific phone number or address. We will accommodate these requests if they are reasonable. There may be a charge for any extra cost involved with the request.
- You may ask to see or to get photocopies of your **PHI**. You may have to pay for photocopies in advance. By law, there are a few limited situations in which we can refuse to permit access or copying. 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.
- You may ask us to amend **PHI** that you think is incorrect or incomplete. If we agree, we will amend the information and 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 file along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your **PHI**, we will include it anytime we disclose your **PHI**.
- You may request a list of our disclosures of your **PHI** within the past 6 years. 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.
- You can receive additional paper copies of this Notice of Privacy Practices upon request.

## OUR NOTICE OF PRIVACY PRACTICES (NPP)

By law, we must abide by the terms of this **NPP** until we change it. We reserve the right to change this notice at any time as allowed by law. If we change this notice, the new **NPP** will apply to any **PHI** that we already have as well any that we may generate in the future. If we change our **NPP**, we will post the new notice in our office, on our website and have copies available in our office.

## COMPLAINTS

If you think we have not properly respected the privacy of your PHI, you are free to complain without fear of retaliation. You may discuss your complaint with us in person, by phone or by sending a written complaint to our office or the U.S. Dept. of Health and Human Services, Office for Civil Rights.

## CONTACT INFORMATION:

For more information about our privacy practices you may call, write or visit our office. All requests concerning your PHI must be made in writing to:

Low Vision Center of Central NJ

2090 Route 27, Suite 105

North Brunswick, NJ 08902

Effective August 8, 2021