



Notice of Privacy Practices

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. This privacy notice is provided by Abell Eyes Refractive Solutions.

The Health Insurance Portability and Accountability Act (HIPAA) is federal law. We are required by HIPAA to provide you with this notice. This notice describes our privacy practices, legal duties, and your rights concerning your protected information. This notice will remain in effect unless and until we publish and post a new notice.

1. **Our commitment to your privacy:**

As a health care provider, we collect certain information from you. We are committed to protecting the confidential nature of your medical information to the fullest extent of the law. In addition to various laws governing your privacy, we have our own privacy policies and procedures in place. These are designed to protect your information.

2. **Our legal duties:**

We are required by applicable federal and state laws to keep certain information about you private. We treat your medical and demographic information that we collect as part of providing your coverage, as "Protected Information". It is our policy to maintain the privacy of protected information in accordance with HIPAA, except to the extent that applicable state law provides greater privacy protections. This Notice of Privacy Practices was drafted to be consistent with the HIPAA privacy regulation. The HIPAA Privacy Regulations generally do not take precedence over state privacy or other applicable laws that that provide individuals greater privacy protections. We reserve the right to change the terms of this notice. Anyone may request a copy of our notice at any time. For more information, please contact our privacy officer.

3. **Our primary uses and disclosure of your protected information:**

We may use and disclose your protected information without your specific authorization for the purposes of treatment, payment and health care operations. When using and disclosing your protected information in our billing and collection and operation activities, we may only request, use, and disclose the minimum amount necessary to complete the activity. We may contract business associated (third parties) to assist us with this process and we will require those parties to agree in writing to our policy.

- **Treatment Activities.** Activities performed by a health care provider related to the provision, coordination, treatment, or management.
- **Payment Activities.** These include activities such as determining eligibility or coverage, utilization review, billing, claims, scheduling and collection activities. We may also disclose protected information to health care providers or health plans for their payment or to coordinate benefits.
- **Operations Activities.** We may use or disclose your protected privacy information to contact/remind you of an appointment. We will also have you sign-in by name and call you by name from the waiting area when you present for an appointment/activity.

4. Other uses and disclosures of your protected information:

We must disclose your protected information to you. A written notice is required. You may also give us authorization to use your protected information to anyone. If you give us authorization, you may revoke it at any time. A written revocation is required. Without your written authorization, we may not use or disclose your protected information for any reason except as described in this notice. The following is a description of other possible ways we may and are permitted by law to use and/or disclose your protected information without our specific authorization. This is not an exhaustive list:

- **Family and Friends.** If you are unavailable to agree, we may disclose your protected information to a family member/friend/other person when the situation indicates that disclosure would be in your best interest. This includes a medical emergency or disaster relief. If you are available and agree, we may disclose your protected information to the extent necessary to help with your health care or with payment for your health care.
- **Public Health and Safety.** As permitted by state law and to the extent necessary we may disclose information to avert a serious and imminent threat to your health or safety of others. We may disclose your protected information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.
- **Legal Process/Proceedings/Law Enforcement/Military/National Security/State or Federal Agencies/Workers Comp.** We may use or disclose your information as requires by law. We may disclose your information in response to court order, subpoena, or other lawful process in accord with HIPAA administrative requirements. We may disclose your information as specified by the HIPAA privacy regulation to federal or state agencies to report adverse events, defects et al. or to comply with oversight requests/audits/inspections.

5. Individual rights:

- **Access.** You have the right to inspect and obtain copies of your protected information or as long as your information is maintained in our record set. Your right of access to protected information does not extend to certain information. This includes psychotherapy notes or information compiled unreasonable anticipation of, or for use in a civil, criminal or administrative proceeding. We reserve the right to charge a reasonable fee for copies of protected information that we provide. Any request to access your protected information must be in writing. You may obtain a form from the front desk or contact the privacy officer. We will respond within 60 days of receiving your request. If all or any part of the request is denied, you will receive a detailed response and any appeal rights that you may have.
- **Amendment.** You have the right to request that we amend your protected information that we keep in our record set if you believe it is inaccurate. A request for amendment must be submitted in writing and will be acknowledged in accord with the same policy as outlined above in the ACCESS section.
- **Disclosure Accounting.** You have the right to request and receive disclosures of your protected information. We are not required under the HIPAA privacy regulation to provide you with an accounting of certain types of disclosures: Any prior to April 14, 2003, or disclosures for treatment, payment or operations activities, disclosures to you or related to your authorization, to persons involved in your care, for disaster relief, national security, or intelligence, or ones that are noted as incidental to permitted use/disclosure. To request a copy of disclosure accounting, you must submit a written request and we will respond within 60 days. A reasonable charge will be assessed for this request. **Restriction Request-** You have the right to request that we restrict use or disclosure of your Protected information. We are not required to agree to such request for a restriction. A written request must be submitted.

6. Contacting us or the Department of Health and Human Services:

You may submit a written request or complaint to our privacy officer or you notify the Department of Health and Human Services if you believe your privacy rights have been violated.

Amedco Kentucky, PLLC dba Abell Eyes
Corporate Office
2720 Old Rosebud Road, Suite 110
Lexington, KY 40509