

NOTICE OF PRIVACY PRACTICES  
PENDLETON FAMILY OPTOMETRY, P.C.

Megan N. Jones, O.D.  
120 East State Street  
Pendleton, IN 46064  
(765) 778-7524

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**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU  
MAY BE USED AND DISCLOSED AND HOW YOU OBTAIN 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 prior to services at our office; and, at your request, sending/faxing your records to enable you to receive services/materials from another provider.

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] [We usually will not] ask you for special written permission.

[We will ask for special written permission in the following situations:\_\_\_\_\_.]

**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 situations may not arise. 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 & 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 other insurance companies; 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 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 disclosures of de-identified information;
- Disclosures relating to worker’s compensation programs;
- Disclosures of a “limited date 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;
- Other:\_\_\_\_\_

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

### **APPOINTMENT REMINDERS:**

We may call or send written notification of an upcoming appointment, or to remind you that it is time to schedule your routine appointment. We may also call or send written notices to you of other treatments or services available at our office. Unless you notify us otherwise, we will notify you in the form of a post card and/or phone call of an upcoming appointment which may include leaving you a message on your answering machine if you are unavailable.

### **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. Instances of this practice would include your request for your records to be sent elsewhere, or for the purpose of our office obtaining your records on your behalf. Signing the authorization form is not mandatory. If you do choose to sign the authorization form, you may revoke it at any time by notifying us in writing.

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

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

- Request our office to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. Our office will abide by your request for any such restrictions, however, you must notify us in writing with specific information listed as not to disclose.
- Request our office to communicate with you in a confidential way, such as by contacting you at your place of employment rather than home, by mailing health information to a different address, or by using email. If you would request confidential communications, it must be submitted in writing to our office.
- Requesting photocopies of your health information: You must notify us in writing in order to review your health information or receive copies of your records. We must comply within 30 days of your written notification, 60 days if records are stored off-site. If your request is denied, we will notify you in writing with an explanation of the denial and instructions on obtaining an impartial review of our denial, if one is legally available. If you wish to review or obtain copies of your health information, you must notify us in writing.
- Amend your health information: If you believe your health information is incorrect or incomplete, you may request, in writing, the reason for your request for the amendment/completion. If approved, our office will abide by the request within 60 days of the notice. If the request is approved, we will notify all appropriate parties of the amendment/completion. If your request is denied, you may submit a written notice stating reason/reasons why you believe your health information is incorrect/incomplete. This request will be kept with your health information. Your written notice will be included in any future requests for your records as part of your health information. Under current law, our office is allowed one 30-day extension for consideration of your request for amendment if we properly notify you in writing.
- Request list of disclosures that we have made of your health information for the past six years. By law, this 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 disclosures. You are entitled to one such list per year without charge. If you request an additional list, you may be charged for each request. Our response will be within 60 days of your request, unless an additional 30 day extension is required, at which time you will be notified by mail.
- Request additional paper copies of this Notice of Privacy Practices. If you require additional copies, notify our office in writing.

ALL REQUESTS MUST BE IN WRITING AND SUBMITTED TO OUR FACILITY AT THE ADDRESS SHOWN ON THE TOP OF THIS NOTICE.

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

By law, our office must abide by the terms of this Notice of Privacy Practices. We reserve the right to amend this notice at any time as allowed by law. If this notice is amended, the updated Privacy Practices will apply to past, present and future health information documents. Newly amended privacy practices will be posted in our office and copies will be available.

### **COMPLAINTS:**

If you feel that we have been negligent in respect to the privacy of your health information, you may contact our office and/or the U.S. Department of Health and Human Services, Office of Civil Rights. There is no retaliation when complaints are reported. You may submit your complaint either by writing, or by discussing in person or by phone.

**If you would like additional information regarding our Notice of Privacy Practices, please contact our office at the address on the top of this form.**

**TELEHEALTH: If circumstances require a telehealth visit, all measures to protect patient privacy will be followed.**  
Effective 4-14-2003/Revised 04/28/2020