

## VAUGHN VISION NOTICE OF PRIVACY POLICIES

170 South Broadway  
Saratoga Springs, NY 12866  
(518)306-5290  
www.vaughnvision.com  
Effective January 1, 2011

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**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION CAN BE USED AND DISCLOSED, AS WELL AS HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE FOLLOWING CAREFULLY.**

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We are required by law to protect the privacy of your health information and to provide you this notice of our privacy practices. This notice describes how we protect your health information, and what rights you have regarding it.

**We are legally permitted to use or disclose your health information for the following purposes:**

- TREATMENT, PAYMENT, and HEALTH CARE OPERATIONS: We may use any information we obtain to provide you with prescription ophthalmic goods (i.e. prescription eyewear, contact lenses, etc.), submit claims to your insurance carrier, and record and monitor the service provided to you. We routinely use your health information inside our office for these purposes without any special permission. We also share your information with other health care providers, insurers, and administrative entities when necessary in order to provide appropriate treatment, to secure payment, or for any other reason necessary to our health care operations.

-AS or WHEN REQUIRED BY LAW: We may use or disclose your health information when required under the following circumstances:

- 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
- Disclosures to governmental authorities regarding victims of suspected abuse, neglect, or domestic violence.
- Uses and disclosures for health oversight activities, such as: the licensing of doctors, audits by Medicare or Medicaid, or for investigation of possible violations of health care law
- Disclosures for judicial or administrative proceedings, as well as for law enforcement purposes
- Disclosure to a medical examiner to identify a dead person or to determine the cause of death, to funeral directors to aid in burial, or to organizations that handle organ or tissue donation
- Uses or disclosures for health related research, subject to the approval of a privacy board
- Uses or disclosures to help 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 a member of the armed services
- Disclosures relating to workers' compensation purposes
- 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.

**Except as described above, we are not permitted to use or disclose your health information without written authorization.**

**Your Rights Regarding Your Health Information:**

You have the right to:

- Ask us to restrict our uses and disclosures for purposes of treatment (excluding emergency treatment), payment, or health care operations. We are not required to agree to your requests. To ask for a restriction, please submit a written request to the above address.
- Ask us to communicate with you in a confidential manner, such as by phoning you at work rather than home or mailing health information to a separately provided address. We will accommodate these requests if they are reasonable, but you will be billed for any extra expense we incur in doing so. Any requests for confidential communication must be submitted in writing.
- Request to see or receive copies of your health information. You will be able to review or receive copies of your health information within 30 days of your written request. If we deny your request, we will send you a written explanation.
- Ask us to amend your health information if you believe that it is incomplete or incorrect. If we agree with your request, we will amend your records within 60 days of the receipt of your written request. However, we are not required by law to change your health information. If we choose to deny your request we will provide you with information regarding the procedure for addressing any disagreement you may have with the denial of your request.
- Receive a list of the disclosures that we have made of your health information within the past six years upon your written request. You will receive this list within 60 days of your request.
- Receive additional paper copies of this privacy notice upon your written request.

**ACKNOWLEDGEMENT of RECEIPT and GENERAL CONSENT:**

I acknowledge that I received and reviewed a copy of Vaughn Vision Notice of Privacy Policies. I consent to the release of my health information for purposes of treatment, payment, and health care operations, and as authorized or required by law under the circumstances described in the Notice of Privacy Policies.

Patient Name: \_\_\_\_\_

Patient (or Guardian) Signature: \_\_\_\_\_

Date: \_\_\_\_\_