



**MAIN OFFICE**  
105 SUGAR CAMP CIRCLE, SUITE 200  
DAYTON, OHIO 45409  
937-222-EYES

**XENIA**  
1202 N. MONROE DRIVE  
XENIA, OHIO 45385  
937-376-8255

**SATELLITES-USE MAIN OFFICE ADDRESS**  
SPRINGBORO – SURECARE MED. CTR.  
TROY – STANFIELD RD.

Effective: April 14, 2003

## **NOTICE OF PRIVACY PRACTICES**

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**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.**

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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.

### **DISCLOSURE FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS**

The most common reason why we would use or disclose your health information without consent is for treatment, payment or health care operations. Examples of how we use or disclose information for these purposes are:

**1. Treatment.** Our practice will use your personal health information for the purpose of treatment. For instance, 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 medical care; corresponding with another health care provider participating in your care by mailing or faxing a dictated letter; or getting copies of your health information from another professional that you may have seen before us.

**2. Payment.** We will make uses and disclosures of your personal health information as necessary for the payment purposes. This would include 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).

**3. Health Care Operations.** We will use and disclose your personal health information as necessary, and as permitted by law, for our health care operations. This will include administrative and managerial functions that we have to do in order to run our practice; financial or billing audits; internal quality assurance; personnel decision; participation in managed care plans; defense of legal matters; business planning; and outside storage of our records.

### **OTHER USES AND DISCLOSURES**

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Such uses or disclosures are:

**1. State or Federal Law** mandates that certain health information be reported for purposes required by law.

**2. Public Health Risks.** Disclosures may be made for the purpose of reporting contagious diseases, and notices to and from the federal Food and Drug Administration regarding drugs or medical devices.

**3. Governmental Authorities.** Our practice may disclose information regarding victims of suspected abuse, neglect or domestic violence.

### **4. Judicial and Administrative Proceedings.**

Disclosures may be made in response to subpoenas or orders of courts or administrative agencies; crime; to provide information about a crime at our office; or to report a crime that happened somewhere else.

**5. Deceased Patients.** Disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations.

**6. Research.** Disclosures may be made for health related research.

**7. Serious Threat to Health or Safety.** Disclosures may be made to aid in your health and safety, or the health any safety of the public.

**8. Workers Compensation.** Disclosures may be made relating to worker's compensation programs.

**9. Business Associates.** Incidental disclosures may be made 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.

**10. Appointment Reminders.** Our practice may use and disclose your personal health information to inform you and remind you of an appointment.

### **11. Release of Information to Family/Friends.**

We do have the right to discuss with family members, other relatives, or a close personal friend, the confidential information directly relevant to such person's involvement with your care, for example: scheduling appointments for you, calling in medication refills for you, or calling regarding health problem or payment problems related to your health care. We extend professionalism, and only relate the pertinent information needed if we do need to communicate with a family member or close personal friend that may be helping you with your care.

### **DISCLOSURE REQUIRING AUTHORIZATION**

We will not make any other uses or disclosures of your health information unless you sign a written "Authorization Form".

## **RIGHTS THAT YOU HAVE**

### ***1. Restrictions on Use and Disclosure of Your Personal Health Information.***

You have the right to 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. To ask for a restriction, send a written request to the office at the address shown at the beginning of this Notice and direct it to the attention of the Privacy Officer.

***2. Access to Your Personal Health Information.*** You have the right to examine or to receive photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 30 days of asking us. A brief summary of your health information will be provided at no charge. Actual photocopies of your chart will be charged the rate of Ohio's Medical Records Law. Copy charges will need to be paid in advance of mailing. By law, we can have one 30-day extension of the time for us to give you access or photo copies if we send you a written notice of the extension. If you want to review or get photo copies of your health information, send a written request to the office at the address shown at the beginning of the Notice and direct it to the attention of the Privacy Officer.

### ***3. Amendments to Your Personal Health Information.***

You have the right to request us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know received 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 health information, along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have one 30-day

extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, send a written request, including your reasons for the amendment, to the office at the address at the beginning of the Notice attention to the Privacy Officer.

### ***4. Accounting for Disclosures of Your Personal Health Information.***

You have the right to receive a list of the disclosures that we have made of your health information within the past six years, and may not include dates before April 14, 2003. By law, the list will not include: disclosures for purposes of treatment, payment or health care operation; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. You are entitled to one such list per year at no additional charge. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30-day extension of time if we notify you of the extension in writing. If you want a list, send a written request to the office at the address shown at the beginning of this Notice, attention to the Privacy Officer.

***5. Right to Paper Copy of This Notice.*** You may request at any time, additional paper copies of this Notice of Privacy Practices upon request. If you want additional paper copies, send a written request to the office at the address shown at the beginning of this Notice, attention to the Privacy Officer.

### ***6. Request Confidential Communication.***

It is common practice for our office to communicate with our patients by phone or by mail. These types of communication may include a phone call or written notice regarding a routine appointment, messages concerning payment of your account, or to notify you of treatment or services available that may help you. We extend professionalism, and only relate the pertinent information needed if we do need to leave a message. Unless you specify otherwise, we will communicate with you by mail, post card, and/or leave you a message on your home answering machine or with someone who answers your phone if you are not home. If you want to ask for confidential communications, please make a written request to our

office at the address at the beginning of this Notice, attention to the Privacy Officer. We will accommodate these requests if they are reasonable.

***7. Request Restrictions.*** Our practice may release or disclose your personal health information to a friend or family member that is involved in your care, or who assists in taking care of you. If you would like to restrict such disclosures, please request in writing the information you wish to restrict, and to whom you want the limits to apply to. Requests should be made to our office at the address at the beginning of this Notice, attention to the Privacy Officer.

## **OUR NOTICE OF PRIVACY PRACTICES**

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change 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. If we change our Notice of Privacy Practices, we will post the new notice in our office, have copies available in our office, and post it on our Web site.

## **COMPLAINTS**

If you think that we have not properly respected the privacy of your health information, you are free to complain to our office, or the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to our office at the address at the beginning of this Notice, attention to the Privacy Officer.

## **FOR MORE INFORMATION**

For more information about our privacy practices, call or visit the office contact person at the address or phone number shown at the beginning of this Notice.