Indiana University School of Optometry
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.

GENERAL RULE

We respect our legal obligation to keep health information that identifies you protected. We are obligated by law to give you notice of our privacy practices. Generally, we may use your health information in our office or disclose it outside of our office without your written permission for the purpose of treatment, payment, or other health care operations. For most other types of disclosures, we are required to obtain your permission. In some limited situations described below, the law allows or requires us to disclose your health information without your written authorization.

STANDARD USES OR DISCLOSURES

Your protected health information may be used and disclosed by IUSO, our employees and others involved in your care for the purpose of providing health care services to you. Your protected health information may be disclosed to pay your health care bills and to support IUSO’s operations.

Treatment: We use information for treatment purposes when, for example, we set up an appointment for you, when our student or doctor tests your eyes, when the doctor prescribes glasses, contact lenses or medication, when our staff helps you select and order glasses or contact lenses, and when we show you low vision aids. We may disclose your health information outside of our office for treatment purposes if, for example, we refer you to another doctor or clinic for further care, if we send a prescription for glasses or contacts to a laboratory to be fabricated, when we provide a prescription for medication to a pharmacist, or when we phone to let you know that your glasses or contact lenses are ready to be picked up. Sometimes we may ask for copies of your health information from another professional that you may have seen before us to allow us to treat you more efficiently.

Payment: We use your health information for payment purposes when, for example, our staff asks you about health or vision care plans that you may belong to, or about other sources of payment for our services, when we prepare bills to send to you or your health or vision care plan, when we process payment by credit card, and when we try to collect unpaid amounts due. We may disclose your health information outside of our office for payment purposes when, for example, bills or claims for payment are mailed, faxed, or sent by computer to you or your health or vision plan, or when we occasionally have to ask a collection agency or attorney to help us with unpaid amounts due.

Operations: We use and disclose your health information for health care operations in a number of ways. Health care operations refer to those administrative and managerial functions that we have to do in order to run our office. We may use or disclose your health information, for example, for financial or billing audits, for internal quality assurance, for personnel decisions, to enable our doctors to participate in managed care plans, for the defense of legal matters, to develop business plans, and for outside storage of our records. We may disclose information to doctors, nurses, technicians, optometric students and other personnel for review and learning purposes.

In addition, there may be instances where IUSO will share your protected health information with members of our Organized Health Care Arrangement as allowed under HIPAA regulations and as necessary to carry out treatment, payment or health care operations. These members include patient care settings affiliated with this practice, and all medical staff, employees, volunteers, trainees, students and other personnel providing services as employed by IUSO.

Copies of this policy are available online at: www.opt.indiana.edu/
USES AND DISCLOSURES WITHOUT CONSENT OR AUTHORIZATION
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 may never come up at our office at all. 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 Food and 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 Medicaid; 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 to 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 evaluation and health of members of the foreign service;
- disclosures relating to worker's compensation programs;
- Disclosures to business associate who perform health care operations for us and who agree to keep your health information private.

APPOINTMENT REMINDERS
We may call or send you a postcard or email you to remind you of scheduled appointments. You may ask not to be contacted by email by checking the opt out on our Patient Demographic form. We may also call to notify you of other treatments or services available at our office that might help you.

RESEARCH
All research projects are subject to a special approval process that evaluates a proposed project and its use of medical information, trying to balance the potential benefits of research with patients’ needs for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through the research approval process.

We may release information about you to researchers preparing to conduct a research project who need to know how many patients have a specific health problem.

A research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. In that situation, you would not be identified or contacted, but your medical information may be used but kept confidential.

We may release information about you to researchers who are members of IUSO’s workforce to allow them to identify potential subjects for approved research studies. If you are identified a member of the research team will contact you to see if you are interested in the study. At that time, you would be contacted with more information, and you would have the right to authorize continued contact or refuse further contact.
Indiana University School of Optometry
Notice of Privacy Practices

FUNDRAISING
We may use your demographic information to contact you in an effort to raise money for IUSO. Any fundraising letter you receive from us will provide you with instructions on how to opt out of any future fundraising efforts. We will not use your diagnosis to fundraise unless you authorize us to do so in writing.

OTHER DISCLOSURES
We will not make any other uses or disclosures of your health information unless you sign a written authorization form. You do not have to sign such a form. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION
The law gives you many rights regarding your health information. You can:

• ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health 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 HIPAA privacy officer at the address, e-mail or fax shown at the end of this notice.

• ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using E mail to your personal E Mail address. We will accommodate these requests if they are reasonable, and if you pay us for any extra cost. If you want to ask for confidential communications, send a written request to the HIPAA privacy officer at the address, e-mail or fax shown at the end of this Notice.

• ask to see or to get 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. You may have to pay for photocopies in advance. 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 required. By law, we can have one 30-day extension of the time for us to give you access or photocopies if we send you a written notice of the extension. If you want to review or get photocopies of your health information, send a written request to the HIPAA privacy officer at the address, e-mail or fax shown at the end of this Notice or ask verbally in the clinic to review your record or receive a copy of it.

• ask 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 HIPAA privacy officer at the address, e-mail or fax shown at the end of this Notice.

• get a list of the disclosures that we have made of your health information within the past six years (or a shorter period if you want), except disclosures for purposes of treatment, payment or health care operations and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. 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 HIPAA privacy officer at the address, e-mail or fax shown at the end of this Notice.

• get additional paper copies of this Notice of Privacy Practices upon request, no matter whether you received one electronically or in paper form already. If you want additional paper copies, send a written notice to the
Indiana University School of Optometry
Notice of Privacy Practices

HIPAA privacy officer at the address, e-mail or fax shown at the end of this Notice or simply verbally request one in the clinic.

OUR NOTICE OF PRIVACY PRACTICES
By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time in compliance with and 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 Website.

COMPLAINTS
If you think that we have not properly respected the privacy of your health information, you are free to complain to us or to 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 the HIPAA privacy officer at the address, e-mail or fax shown at the end of this Notice. If you prefer, you can discuss your complaint in person or by phone.

FOR MORE INFORMATION
If you want more information about our privacy practices, call, write or visit our HIPAA privacy officer at the address or phone number shown at the end of this Notice.

Director of Compliance and Privacy for
Indiana University School of Optometry

April Haag
Phone: (812)-855-3402
Fax: (812)-855-8664

Copies of this policy are available online at: www.opt.indiana.edu/