

VISION SOURCE Mandan

Dr. Terry D. Schmidt, Dr. Brittany G. Schauer, & Dr. Wayne D. Aberle
107 6th Ave. NW • Mandan, ND 58554 • (701) 663-0313 • Fax (701) 663-1604

Notice of Privacy Details

We understand that medical information about you and your health is personal and we are committed to protecting privacy while providing quality care. The Notice of Privacy Practices applies to all records generated in our office.

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. "Health care operations" mean those administrative and managerial functions that we do in order to run our office.

TREATMENT. We may disclose your health information to other health care providers in order to coordinate your care. We will disclose the necessary information needed to fill your prescription and provide for your eye health care.

PAYMENT. We will disclose the necessary health information in order for us to submit your insurance claim. We may disclose information necessary to bill and collect payment for treatment and services provided to you.

HEALTH CARE OPERATIONS. We may disclose your health information in order to operate our office. For example, we may release information to our accountants or attorneys in order to ensure we are complying with laws that affect us.

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 may never come up at our office at all. Such uses or disclosures are:

- When a disclosure is required by federal, state or local law, judicial or administrative proceedings or law enforcement. For example, we make disclosure when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence.
- For public health purposes, such as contagious disease reporting, investigation or surveillance, and notices to and from the Federal Food and Drug Administration regarding drugs or medical devices.
- 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.
- 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 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 compensations programs.
- Appointment reminders and eyewear is ready notification. We will use the necessary information to contact you regarding appointments and notification when your eyewear or contact lenses are in. We will leave messages on your home and/or work answering service or with the individual who answers your phone you have provided us with.

Unless you object, we will also share relevant information about your care with your family or friends who are helping you with your eye care. Ex: Active duty military personnel who are shipped overseas, elderly, physically or mentally disables persons and/or anyone who may need a family member or friend to assist them with decision regarding the health of their eyes.

We will discuss a minor's eye health with the parents or designated guardians. We will discuss a patient's eyewear with a spouse, if the need arises, to explain the use of the eyewear or the eyewear benefits. If you choose to bring a family member or friend with you into the examination room, we will discuss your health information with that person present.

OTHER USES AND DISCLOSURES

In any other situation, we will ask for your written authorization before using or disclosing any of your health information. If you do sign an authorization, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing.

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 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 contact person at the address, fax or email shown at the beginning of this Notice.
- Ask us to communicate with you in a confidential way. 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 our office at the address at the beginning of this Notice.
- Ask to see or to get photocopies of your health information. 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 you want to review or get photocopies of your health information, send a written request to our office address at the beginning of this Notice.
- The right to correct or update your health information. If you believe that there is a mistake in your health information or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason in writing.
- You have a right to a list of the disclosures that we have made of your health information within the past six years. By law, the list will not include: disclosures for purpose of treatment, payment or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. We will usually respond to your request within 60 days of receiving it. If you want a list, send a written request to our office to the address at the beginning of this Notice.

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 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.

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 at 1-303-844-2024. 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 shown at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone.