



## Notice of Privacy Practices

Effective Date: 05/14/2020

**This notice describes how medical information about you may be used and disclosed and how you can obtain access to this information; please review it carefully.**

**Overview:** The terms of this Notice of Privacy Practices ("Notice") apply to Eyes on Hayden, PLLC (DBA: Eyes on Hayden), its affiliates, and its employees. Eyes on Hayden will share protected health information of patients as necessary to carry out treatment, payment, and health care operations as permitted by law. We are required by law to maintain the privacy of our patients' protected health information and to provide patients with notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of this Notice for as long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make a new notice of privacy practices effective for all protected health information maintained by Eyes on Hayden. We are required to notify you in the event of a breach of your unsecured protected health information. We are also required to inform you that there may be a provision of state law that relates to the privacy of your health information that may be more stringent than a standard or requirement under the Federal Health Insurance Portability and Accountability Act ("HIPAA"). A copy of any revised Notice of Privacy Practices or information pertaining to a specific State law may be obtained by mailing a request to the Privacy Officer at the address below.

### **Definitions**

**Business Associate:** A person or entity that uses Protected Health Information to perform a service for Eyes on Hayden. These services include, but are not limited to:

- Billing
- Claim processing
- Data entry

**Health Care Operations:** Activities related to Eyes on Hayden operations, including but not limited to:

- Quality assessment and improvement
- Doctor performance evaluations
- Fraud and abuse detection
- Claim payment
- Claim audits
- Patient issue resolution

**Payment:** Eyes on Hayden collection of fees related to services preformed and products purchased.

**Protected Health Information:** Information relating to Eyes on Hayden patient's past, present or future health or condition, the provision of health care to an Eyes on Hayden patient, or payment for the

provision of health care to an Eyes on Hayden patient. Protected Health Information includes, but is not limited to:

- Patient name
- Social Security Number
- Service Date
- Diagnosis information
- Claim information
- Payment Information

**Treatment:** The provision, coordination or management of vision care and related services by one or more vision care providers.

## **Privacy Practices**

**How Eyes on Hayden Uses and Discloses Information About You:** Eyes on Hayden will only use and disclose your Protected Health Information without your authorization when necessary for:

- Coordination of your vision care treatment
- Disclosure to your insurance plan to the extent permitted by law
- Payment
- Health care operations, including email and text updates about office events and promotions
- As required by law (refer to 'Use or Disclosure Required or Permitted by Law' section)

**Disclosure to Eyes on Hayden Business Associates:** Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, outcomes data collection, legal services, billing etc. At times it may be necessary for us to provide your protected health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these associates to appropriately safeguard the privacy of your information.

**Use or Disclosure Requiring Authorization:** Eyes on Hayden will not use or disclose your Protected Health Information for purposes other than those described in this notice. If it becomes necessary to disclose any of your Protected Health Information for other reasons, Eyes on Hayden will request your written authorization.

**Revoking Authorization:** With written authorization, you may revoke it any time in writing, except to the extent that Eyes on Hayden has relied upon the authorization prior to it being revoked.

**Use or Disclosure Required or Permitted by Law:** Eyes on Hayden may use or disclose your Protected Health Information to the extent that the law requires the use or disclosure:

- Public Health: For public health activities or as required by the public health authority.
- Health Oversight: To a health oversight agency for activities such as audits, investigations and inspections. Oversight agencies include, but are not limited to, government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws
- Legal Proceedings: In response to an order of a court or administrative tribunal, in response to a subpoena, discover request or other lawful purposes.

- **Law Enforcement:** For law enforcement purposes including:
  - Legal process or as otherwise required by law
  - Limited information requests for identification and location
  - Use or disclosure related to a victim of a crime
  - Suspicion that death has occurred as a result of criminal conduct
  - In a medical emergency where it is likely that a crime has occurred
- **Criminal Activity:** As requested by law enforcement authorities, if the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

## **Your rights regarding your protected health information**

**Review Your Protected Health Information:** You have the right to inspect and obtain a copy of your Protected Health Information. Requests for access must be made in writing and signed by you or your legal representative.

**Amendments to Your Protected Health Information:** If you feel your Protected Health Information is incorrect, you have the right to request that it be amended.

**Request to Restrict Your Protected Health Information:** You can request restriction on the use and disclosure of your Protected Health Information. Eyes on Hayden is not required to agree to a requested restriction.

**Exchange of Confidential Information:** When necessary, Eyes on Hayden may mail Protected Health Information to your home. If you feel receiving a copy of your Protected Health Information at your home could compromise your safety, you may request in writing, an alternate communication method and/or location.

**Accounting of Disclosures:** If a disclosure of your Protected Health Information as made for a reason other than treatment, payment or health care operations, you have a right to receive an account of the disclosure.

**Receive a Copy:** You can view and print a copy of this 'Notice of Privacy Practices' at [www.eyesonhayden.com](http://www.eyesonhayden.com). You may also request an emailed copy or obtain a paper copy of this notice upon request.

**Right to Notice of Breach:** We take very seriously the confidentiality of our patients' information, and we are required by law to protect the privacy and security of your protected health information through appropriate safeguards. We will notify you in the event a breach occurs involving or potentially involving your unsecured health information and inform you of what steps you may need to take to protect yourself.

**Complaints:** If you believe your privacy rights have been violated, you can file a complaint in writing with the Eyes on Hayden Privacy Officer. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services at the below address or online at <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. There will be no retaliation for filing a complaint.

**Office for Civil Rights Department of HHS**

Jacob Javits Federal Building  
26 Federal Plaza - Suite 3312  
New York, NY 10278

Voice Phone: 212.264.3313

Fax: 212.264.3039

TDD: 212.264.2355

**Contact Information**

Contact Eyes on Hayden to request:

- Restrictions on the use or disclosure of your Protected Health Information
- Amendments to your Protected Health Information
- Revoking Authorizations
- Accounting of the use or disclosure of your Protected Health Information
- A copy of your Protected Health Information

If you have questions, need further assistance regarding, or would like to submit a request pursuant to this Notice, you may contact the Eyes on Hayden Privacy Officer by phone or at the following address:

**Eyes on Hayden**

8240 N Hayden Rd, B100  
Scottsdale, AZ 85258

Phone: 480.900.2020

Fax: 480.900.0966