

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.**

PRIVACY POLICY

Wyoming Eye Associates, LLC understands that your medical and health information is personal. Protecting your health information is important. We follow strict federal and state laws that require us to maintain the confidentiality of your health information.

HOW WE USE YOUR HEALTH INFORMATION

When you receive care from Wyoming Eye Associates, LLC we may use your health information for treating you, billing for services, and conducting our normal business known as health care operations. Examples of how we use your information include:

TREATMENT

We keep records of the care and services provided to you. Health care providers use these records to deliver quality care to meet your needs. For example, your doctor may share your health information with a specialist who will assist in your treatment. Some health records, including some confidential communications with a mental health professional and some substance abuse records, may have additional restrictions on the use and disclosure under state and federal laws.

PAYMENT

We keep billing records that include payment information and documentation of the services provided to you. Your information may be used to obtain payment from you, your insurance company, or other third party. We may also contact your insurance company to verify coverage for your care or to notify them of upcoming services that may need prior notice or approval. For example, we may disclose information about the services provided to you to claim and obtain payment from your insurance company.

HEALTH CARE OPERATIONS

We use health information to improve the quality of care, train staff, provide customer service, manage costs, conduct required business duties, and make plans to better serve our community. For example, we may use your health information to evaluate the quality of treatment and services provided by our doctors, ophthalmic technicians, and other health care workers.

OTHER USES OF YOUR HEALTH INFORMATION

We may also use your health information to:

- Recommend treatment alternatives;
- Tell you about health services and products that may benefit you; Share information with family or friends involved in your care or payment for your care, when appropriate;
- Share information with third parties who assist us with treatment, payment, and health care operations. Our business associates must protect your information by following our privacy practices;
- Remind you of an appointment.

MORE INFORMATION

For more information about the practices and rights described in this notice please contact our staff at the phone number and address at the bottom of this notice.

SHARING YOUR HEALTH INFORMATION

There are limited situations when we are permitted or required to disclose health information without your signed authorization. These situations are:

- For public health purposes such as reporting communicable diseases, work-related illnesses, or other diseases and injuries permitted by law; reporting births and deaths; and reporting reactions to drugs and problems with medical devices;
- To protect victims of abuse, neglect, or domestic violence;
- For health oversight activities such as investigations, audits, and inspections;
- For law enforcement purposes;
- For lawsuits and similar proceedings;
- When otherwise required by law;
- When requested by law enforcement as required by law or court order;
- To coroners, medical examiners, and funeral directors;
- For organ and tissue donations;
- For research under strict federal guidelines;
- To reduce or prevent a serious threat to public health and safety;

- For worker's compensation or other similar programs if you are injured at work; and
- For specialized government functions such as intelligence and national security.

All other uses and disclosures, not described in this notice, require your signed authorization. You may revoke your authorization at any time with a written statement (with limited exceptions as provided by federal regulations.)

YOUR INDIVIDUAL RIGHTS

You have a right to:

- Request restrictions on how we use and share your health information. We will consider all requests for restrictions carefully but are not required to agree to any restrictions;
- Request that we use a specific telephone number or address to communicate with you;
- * Request to inspect and copy your health information, including medical and billing records. Fees may apply. Under limited circumstances, we may deny you access to a portion of your health information and you may request a review of the denial;
- * Request corrections or additions to your health information;
- * Request an accounting of certain disclosures of your health information made by us. The accounting does not include disclosures made for treatment, payment, and health care operations and some disclosures required by law. Your request must state the period of time desired for the accounting, which must be within the six years prior to your request. The first accounting is free but a fee will apply if more than one request is made in a 12-month period; and
- Request a paper copy of this notice even if you agree to receive it electronically.

Requests marked with a star (*) must be made in writing. Contact Wyoming Eye Associates, LLC for the appropriate form for your request.

OUR PRIVACY RESPONSIBILITIES

Wyoming Eye Associates, LLC is required by law to:

- Maintain the privacy of your health information;
- Provide this notice that describes the ways we may use and share your health information;

- Follow the terms of the notice currently in effect. We reserve the right to make changes to this notice at any time and make the new privacy practices effective for all information we maintain. Current notices will be posted in Wyoming Eye Associates, LLC facilities. You may also request a copy of any notice from our staff.

OUR ORGANIZATION

This notice describes the privacy practices of Wyoming Eye Associates, LLC as well as the employees and volunteers at the following Offices owned and operated by Wyoming Eye Associates, LLC:

- 4400 East 2nd Street, Casper, WY 82609

CONTACT US

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your health information, contact: Wyoming Eye Associates, LLC at 4400 East 2nd St, Casper, WY 82609. Phone: (307) 237-0998.

We will investigate all complaints and will not retaliate against you for filing a complaint. You may also file a written complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services.