

Family Vision Center, LLC

775 Main Street • Stratford, CT 06615

101 Boston Ave • Bridgeport, CT 06610

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

We will use and disclose elements of your protected health information (PHI) in the following ways:

Without your signed authorization

- Treatment
- Payment
- Health care operations
- When release is required or permitted by law, including in judicial settings and to health oversight regulatory agencies and law enforcement.
- To outside companies that assist in operating our health services, including but not limited to, accounting, auditing and other services provided by these "business associates."
- In emergency situations, public health activities and health oversight or to avert serious health/safety situations or report abuse or neglect.
- To medical examiners, coroners or funeral directors to aid in identifying you or to help them in performing their duties.
- To organ, tissue and other donations organization, upon or proximate to your death, if we have no indication on hand about your donation preferences (or a positive indication).
- To a family Member, relative or other involved in your health care or payment thereof, unless you object, which you have the right to do.
- To contact you about appointment reminders, treatment alternatives and other health related benefits and services.
- In fundraising for the practice. If you wish to opt out of these fundraising contacts, or opt back in if you have opted out, you must call or email us at (203) 377-2020 or help@famvision.com
- To your health plan sponsor

Other uses, disclosures

All other uses and disclosure by us will require written authorization in addition to any other permission you provide. For example, we need written authorization before we sell your PMI or in most instances, market a third party's services to you, if we're receiving payment for the marketing.

Patients rights concerning PHI

- **Restrictions.** To request restricted access to all or part of your PHI, written authorization is required. We are not required to grant your request unless the restriction is to not tell your insurance company

about a treatment and you, or someone on your behalf, has paid in-full out of pocket for that treatment we will share PHI only as allowed by law.

- **Confidential communications.** To receive correspondence of confidential information by alternate means or location, written authorization is required. Our Officer will release what is allowed or required by law.
- **Access.** To inspect or receive copies of your protected health information, written request is required. Our compliance officer will release all that is allowed by law.
- **Breach notification.** To be notified in the event that we or one of our business associates discovers a breach of unsecured PHI involving your health information, our compliance officer will contact all agencies as required by law.
- **Revocation of an authorization.** To revoke an authorization you've provided, written authorization is required. Contact our compliance officer to revoke authorization.
- **Amendments.** To request changes be made to your PHI, written request is required. We are not required to grant your request.
- **Accounting.** To receive an accounting of the disclosures by us of your PHI in the six years prior to your request, written authorization is required. We protect your PHI by using secure files, user authorization, encryption, firewall technology and the use of detection software.
- **This notice.** Get updates or reissue of this notice at your request.
- **Complaints.** To complain to us or the U.S. Department of Health and Human Services if you feel your privacy rights have been violated contact our compliance officer or the OCR agency Washington D.C. The law forbids us from taking retaliatory action against you if you complain.
- **Other duties.** We are required by law to maintain the privacy of your PHI. We must abide by the terms of this notice or any update of this notice.

For more information about our privacy practices, please contact:

*Kathy Raucci Compliance Officer,
775 Main Street, Stratford, CT 06615
(203) 377-2020 ext. 113*

This Notice is Effective September 23, 2013.

I acknowledge receipt of this notice.

Sign: _____ Date: _____

Print name of Patient: _____

If you are signing as the patient's representative:

Print your name: _____

Describe your authority: _____