

# 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.*

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**GENERAL RULE:** We respect our legal obligation to keep health information that identifies you protected. This Notice outlines the privacy practice of Indiana University School of Optometry (IUSO) and its affiliated clinics and how we may use your information. 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 authorization.

### WHAT ARE TREATMENT PAYMENT AND HEALTH CARE OPERATIONS?

**Treatment:** We use information for treatment purposes when, for example, we set up an appointment for you, when our doctor tests your eyes, when the doctor prescribes glasses, contact lenses or medication, or when our staff helps you order glasses or contact lenses. 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 to a laboratory to be fabricated, or when we provide a prescription to a pharmacist. 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 may use your health information in order to obtain payment for your treatment, including collecting your health or vision insurance information, sending you invoices, or processing payments. We may disclose your health information for payment purposes when, for example, bills or claims for payment are sent to your health or vision plan, or when we have a collection agency help us with past due accounts.

**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 (e.g. for quality assurance, financial operations, and training purposes). We may disclose information to doctors, technicians, optometric students and other personnel for review and learning purposes.

### HOW ELSE MAY IUSO USE OR DISCLOSE MY HEALTH INFORMATION?

In some limited situations, the law allows or requires us to use or disclose your health information in other ways. Not all of these situations will apply to us; some may never come up in our office.

**Others involved in your care or payment.** We may disclose information to family members or close friends who you have indicated are involved in your care or payment;

**Appointment Reminders:** We may contact you to remind you of scheduled appointments via phone, mail, email, or text message. You may specify how you will receive appointment reminders;

**Business Associates:** We contract with outside organizations, called business associates to perform some operational tasks on our behalf such as collection agencies or document storage. To protect your health information we require these business associates to appropriately safeguard your information;

**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 this research approval process.

IUSO 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. Additionally, 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.

**Fundraising:** IUSO may use your necessary protected health information to contact you in an effort to raise money for its operations (fundraising). We may disclose protected health information to a foundation related to IUSO so that it may contact you to raise money to support IUSO, unless you tell us not to contact you for this

purpose. If you do not want IUSO to contact you for fundraising then you may opt out by contacting the Privacy Officer at the address or phone number listed below.

**Marketing:** to inform you of possible treatment alternatives, benefits or services related to your health information. (You will have an opportunity to refuse to receive this information.) IUSO must obtain an authorization from you for certain uses and disclosures of your information for marketing.

**Workers Compensation:** We may release health information regarding benefits for work-related illnesses.

**Sale of PHI.** We must receive your authorization for any disclosure of your PHI which is a sale of PHI. Such authorization will state that the disclosure will result in remuneration to IUSO. IUSO will not sale your PHI without your permission;

**Lawsuits and disputes:** including responding to subpoenas, discovery requests, or court orders;

**Law enforcement:** 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;

**Health oversight activities:** such as audits, inspections, investigations, and licensure;

**Coroners, medical examiners, and funeral directors:** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties;

**As required by law:** when the law mandates certain health information be reported for a specific purpose;

**Organ and tissue donation:** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation;

**Public health activities:** including contagious disease reporting, investigation or surveillance; notices to and from the Food and Drug Administration regarding drugs or medical devices; or notifying government authorities about victims of suspected abuse, neglect or domestic violence;

**To prevent a serious threat to health or safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat;

**Government Functions:** such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; or for military purposes if you are a member of the armed forces;

## **YOUR AUTHORIZATION IS REQUIRED FOR 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; however we will be unable to take back any disclosures we have already made with your permission.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

The law gives you the following rights regarding your health information. To exercise these rights please submit a written request to the Privacy Officer at the address or fax below:

**Right to inspect and copy.** You have the right to inspect and copy your health information regarding decisions about your care. If you want to review or get photocopies of your health information, send a written request to the HIPAA privacy officer. We may charge a fee for copying, mailing and supplies. By law, there are a few limited situations in which your request may be denied. 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. IUSO will comply with the outcome of such review.

**Right to an Electronic Copy of Electronic Medical Records.** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

**Right to confidential communications:** You may ask us to communicate with you in a certain way, such as by phoning you at work rather than at home or sending mail to a different address. We will accommodate these requests if they are reasonable. You may request a confidential communication by sending a written request to the HIPAA privacy officer.

**Right to request a restriction:** You may 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 please send a written request to the IUSO Privacy Officer.

**Right to restrict disclosure to a third party payer:** If you pay in full for the services provided to you at IUSO, you can require that the information regarding the service not be disclosed to a third party payer. Such request must be made at the time of service and payment must be made in full at that time.

**Right to request amendment:** If you believe the health information we have about you is incorrect or incomplete, you may request an amendment on the form provided by IUSO, which requires certain specific information and submitted to the IUSO Privacy Officer. IUSO is not required to accept the amendment.

**Right to accounting of disclosures:** You may request 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. To request an accounting send a written request to the IUSO privacy officer.

**Right to a Copy of this Notice:** You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy. You may obtain an electronic copy of this notice at our website <http://www.optometry.iu.edu/>

**Right to be Notified After a Breach:** Should IUSO experience a breach of your protected health information which was unsecured, you will be provided with notice of this breach.

## **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 believe your privacy rights have been violated, you may file a complaint with IUSO or with 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.

## **FOR MORE INFORMATION**

If you have any questions about this Notice; if you wish to request restrictions on uses and disclosures for health care treatment, payment or operations; or if you wish to exercise your individual rights, please contact IUSO's Privacy Officer.

**IU School of Optometry Clinical Compliance Officer,  
800 E. Atwater Ave, Bloomington, IN 47405  
Phone: (812)-856-3624  
Fax: (812)-855-6116**