

# David E. Palozej Eyecare Associates LLC

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## Notice of Privacy Practices

Effective date of this notice: 01-01-2014

***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.***

### **I. OUR RESPONSIBILITIES TO YOU**

David E. Palozej Eyecare Associates LLC is committed to preserving the privacy and confidentiality of your health information that is created and maintained at our office. We are required by law to: 1. Maintain the privacy of your health information and to provide you with Notice of our legal duties and Privacy Practices. 2. Comply with the terms of our Notice.

We reserve the right to change our Policy Practices at any time. You will not automatically receive a revised Notice. We will always post a copy of our effective Notice in our offices.

### **II. HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS**

- 1. For Treatment.** We may use and disclose your health information to provide you with treatment and services and to coordinate your continuing care. For example, a pharmacist will need certain information to fill a prescription written by one of our doctors. Also, we may disclose your health information to another doctor if you might be referred for additional care.
- 2. For Payment.** We may use and disclose your health information so that we can bill and receive payment for the treatment and related services you receive. For billing and payment purposes, we may disclose your health information to your payment source, including an insurance or managed care company, Medicare, Medicaid, or another third party payor. For example, we may contact your health plan to confirm your coverage or to request prior authorization for a proposed treatment or test.
- 3. For Health Care Operations.** We may use and disclose your health care information in order to perform the necessary administrative, educational, quality assurance, and other internal business functions of our office. For example, we may disclose your health information when we:
  - a. leave a message on your answering machine
  - b. leave a message at your place of employment
  - c. send appointment reminders to your home
  - d. call you by name when you are in our office

### III. SPECIAL SITUATIONS

We may use and disclose your health information in certain special situations. For these situations, you have the right to limit these uses and disclosures as provided for in Your Rights Regarding Your Health Information.

1. **Persons Involved In Your Care.** We may disclose your health information to a family member, close personal friend or other person you identify, including clergy, who is involved in your care. We may make such disclosures when: (a) we have your verbal agreement; (b) we make such disclosures and you do not object; or (c) we can infer from the circumstances that you would not object. These disclosures are limited to what is relevant to the person's involvement in your care.

### IV. OTHER USES AND DISCLOSURES WE MAY MAKE WITHOUT YOUR WRITTEN AUTHORIZATION

Under the Privacy Regulations the law allows or requires us to use or disclose your health information without your written permission. Not all of these situations will apply us; some may never happen in our office at all. These instances are as follows:

1. **As required by law.** We may disclose your health information when required by federal, state, or local law to do so.
2. **Public Health Activities.** We may disclose your health information to public health authorities that are authorized by law to receive and collect health information. A few examples might be contagious disease reporting, allergic reactions to medicines or suspected child abuse.
3. **Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law. Some of these may include audits of records, investigations of doctors, inspections of offices, or licensure actions.
4. **Judicial and Administrative Proceedings.** We may disclose your health information in response to a court or administrative order. For example, if you are involved in a lawsuit we may disclose your information in response to a subpoena, discovery request, or other lawful process.
5. **Law Enforcement.** We may disclose your health information in response to a request received from a law enforcement official to report criminal activity or to respond to a subpoena, court order, warrant, summons, or similar process.
6. **Coroners, Medical Examiners, or Funeral Directors.** We may disclose your health information to a coroner, medical examiner, funeral director and, if you are an organ donor, to an organization involved in the donation of organs and tissues.
7. **Research Purposes.** We may disclose your health information for research purposes, but only if the use and disclosure of your information has been reviewed and approved by a special Privacy Board or Institutional Review Board.
8. **To Avert a Serious Threat to Health or Safety.** We may disclose your health information when necessary to prevent a serious threat to your health, or the health of other individuals.
9. **Military and Veterans.** We may disclose your health information, if you are or have been a member of the armed forces, as required by military command authorities.
10. **National Security.** We may disclose your health information to authorized federal officials for purposes of intelligence, counterintelligence, or other security activities, as authorized by law.

- 11. Inmates.** We may disclose your health information if you are an inmate of a correctional institution or under the custody of a law enforcement official for certain purposes including your own health and safety as well as that of others.
- 12. Workers' Compensation.** We may disclose your health information as permitted by laws relating to workers' compensation programs. If you have been seen or treated for a work related illness or injury, that specific health information may be disclosed to your employer.
- 13. Mental Health or HIV Information.** We may disclose your private health information only as permitted or required by Connecticut state law.
- 14. Business Associates.** We may disclose your health information to our business associates, such as billing services, so that they can perform only the job we have asked them to do. To protect your health information, we require our business associates to enter into a written contract that requires them to appropriately safeguard your information.

## **V. YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR ALL OTHER USES OR DISCLOSURES OF YOUR HEALTH INFORMATION**

1. Except as described in this Notice, or as permitted by Connecticut or Federal law, we will not use or disclose your protected health information without your written Authorization.
2. A written Authorization will specify particular uses or disclosures that you choose to allow. The Authorization will describe the particular health information to be used and the purpose of the disclosure. When possible, the written Authorization will also specify the name of the person to whom we are disclosing the health information. The Authorization will also contain an expiration date or event.
3. You may revoke a written Authorization previously given by you at any time. This also must be done in writing. If you revoke your Authorization, we will no longer use or disclose your health information for the purposes specified in that Authorization except where we have already taken action or relied on that Authorization.

## **VI. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the following rights with respect to your protected health information. The following briefly describes how you may exercise these rights:

- 1. Right To Request Restrictions.** You have the right to request a restriction or limitation on the way we use or disclose your health information for treatment, payment or health care operations. However, we are not required to agree to the restriction. If we do agree, that agreement must be in writing and signed by both you and us. At that time, we will honor that restriction except in the event of an emergency.
- 2. Right To Request Confidential Communications.** You have the right to request that we communicate with you about your health matters in a certain manner or at a certain location. For example, you can request that we contact you only at a certain phone number. This request must be in writing and provide specific instructions on how you wish for us to contact you.
- 3. Right of Access to Personal Health Information.** You have the right to inspect and, upon written request, obtain a copy of your health information. We may deny your request to inspect or receive copies in certain limited circumstances. If you are denied access to your health information you have the right to request a review. All requirements, court costs and attorney's fees associated with a review are your responsibility.

- 4. Right to Request Amendment.** You have the right to request that we amend your health information if you feel that it is incorrect or incomplete. Your request must be in writing and must state the reason for the requested amendment. If we agree we will amend your health information within 30 days. We may deny your request, but if we do we will include your request for amendment as part of your permanent health information.
- 5. Right to an Accounting of Disclosures.** You have the right to request an “account” of certain disclosures of your health information. This is a listing of disclosures made by us, but does not include disclosures for treatment, payment and health care operations. The accounting will include the disclosure date; the name of the entity that received the information; a brief description of the information disclosed; and a brief statement of the purpose of the disclosure. The first “Accounting” provided within a 12 month period would be free.
- 6. Right to Obtain a Paper Copy of Notice.** You have the right to obtain a paper copy of this Notice. You can request the copy of this Notice at any time. In addition, you can obtain a copy of this Notice from our website at: [www.Palozejeyecare.com](http://www.Palozejeyecare.com).

## **VII. COMPLAINTS**

If you feel that we have violated your Privacy Rights, you may file a complaint in writing with our office and/or with the Office of Civil Rights in the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, DC., 20201. To file a complaint with our office, you should contact our Privacy Officer, Pat Ducharme at 860-870-4632. All complaints must be submitted in writing to 12 Goose Lane, Tolland, CT. 06084. We will not retaliate against you in any way for filing a complaint against David E. Palozej Eyecare Associates, LLC.