



5445 Telegraph Road, St. Louis, Mo 63129  
314-200-3369

### **Notice of Privacy Practices**

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This notice describes how we protect your health information and what rights you have regarding it.

#### **Treatment, Payment, and Health Care Operations**

The most common reason why we use or disclose your health information is for treatment, payment, or health care operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you; testing or examining your eyes; prescribing glasses, contact lenses, or eye medications and faxing them to be filled; referring you to another doctor or clinic for eye care or low vision aids or services. Unless you object, we will also share relevant information with your family or friends helping you with your eye care.

#### **Uses and Disclosures for Other Reasons Without Permission**

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all these situations will apply to us; some may never come up at our office at all. Such uses or disclosures are: when a state or federal law mandates that certain health information be reported for a specific purpose; for health purposes, such as contagious disease reporting; disclosures to governmental authorities about victims of suspected abuse; uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid; disclosures of judicial and administrative proceedings, such as in response to subpoenas or orders of court or administrative agencies; disclosures for research public health, or health care operations; disclosures to those who perform health care operations for us and commit to respect your privacy.

We will not make any other uses or disclosures of your health information unless you sign a written "authorization form." The content of an authorization form is determined by federal law. If we initiate the process and ask you to sign an authorization form, you do not have to sign it and then we cannot make the use or disclosure.

#### **Appointment Reminders**

We may call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we will mail or email you an appointment reminder, and/or call you at a contact telephone number that you provide with us.

#### **Your Rights Regarding Your Health Information**

**The law gives you many rights regarding your health information. You can:**

- Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want.
- Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using email to your personal email address.
- As to see or get photocopies of your health information. By law, there are a few limited situations in which we can. You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation.
- Ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know got the wrong information and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your health information along with any rebuttal statement that we may write.
- Get 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). By law, the list will not include disclosures for purposes of treatment, payment, or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosure.

#### **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. 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 have copies available in our office, and post it on our Web Site.

#### **Complaints**

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or the U.S. Department of Health and Human Services, Office of Civil Right. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to our office. If you prefer, you can discuss your complaint in person or by phone.

#### **For More Information**

If you want more information about our privacy practices, call or visit our office at the address or phone number shown above.

#### **Acknowledgement of Receipt**

I acknowledge that I have received a copy of the Notice of Privacy Practice.

Patient Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_