

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 .

The Koffler Vision Group is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at The Koffler Vision Group, please contact: Ms. Sue McMillan, Koffler Vision Group, 120 N. Eagle Creek Drive, #431, Lexington, KY 40509, 859-263-4631.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Effective Date of This Notice: April 14, 2003

I. How The Koffler Vision Group may Use or Disclose Your Health Information

The Koffler Vision Group collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of The Koffler Vision Group, but the information in the medical record belongs to you. The Koffler Vision Group protects the privacy of your health information. The chart area where records are kept has limited access at all times. The law permits The Koffler Vision Group to use or disclose your health information for the following purposes:

1. Treatment. We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.
2. Payment. Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.
3. Information provided to you.
4. Notification and communication with family: We may disclose your health information to notify or assist in notifying a family member, your personal representative or another

person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

5. Required by law. As required by law, we may use and disclose your health information.
6. Public health. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
7. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
8. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding.
9. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
10. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.
11. Organ donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
12. Research. We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board or The Koffler Vision Group's privacy board.
13. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
14. Specialized government functions. We may disclose your health information for military, national security, prisoner and government benefits (only for health plans) purposes. (Note that disclosures for government benefits purposes are limited to health plans only .)
15. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.

II. When The Koffler Vision Group May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, The Koffler Vision Group will not use or disclose your health information without your written authorization. If you do

authorize The Koffler Vision Group to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information. The Koffler Vision Group is not required to agree to the restriction that you requested.
2. You have the right to inspect and copy your health information.
3. You have a right to request that The Koffler Vision Group amend your health information that is incorrect or incomplete. The Koffler Vision Group is not required to change your health information and will provide you with information about The Koffler Vision Group's denial and how you can disagree with the denial.
4. You have a right to receive an accounting of disclosures of your health information made by The Koffler Vision Group, except that The Koffler Vision Group does not have to account for the disclosures described in (treatment), (payment), (health care operations), (information provided to you), and (certain government functions) of Section I of this Notice of Privacy Practices.
5. **You have a right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us**, upon request, even if you have agreed to accept this notice alternatively, i.e., electronically.

You may have the right to have our physician amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

6. You have a right to a paper copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact Ms. Sue McMillan, Koffler Vision Group, 120 N. Eagle Creek Drive, #431, Lexington, KY, 859-263-4631.

IV. Changes to this Notice of Privacy Practices

The Koffler Vision Group reserves the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, The Koffler Vision Group is required by law to comply with This Notice.

V. Complaints

Complaints about this Notice of Privacy Practices or how The Koffler Vision Group handles your health information should be directed to: Ms. Sue McMillan, 120 N. Eagle Creek Drive, #431, Lexington, KY 40509, 859-263-4631.

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. **We will not retaliate against you for filling a complaint.**

This notice was published and becomes effective on/or before **April 14, 2003.**

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201