



Metropolitan Vision
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Notice of Privacy Practices - This notice describes how medical information about you may be used, disclosed, and how you can get access to this information.

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 OPTIONS

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; showing you low vision aids; referring you to another doctor or clinic for eye care or low vision aids or services; or getting copies of your health information from another professional that you may have seen before us. Examples of how we use or disclose your health information for payment purposes are: asking you about your health or vision care plans, or other sources of payment; preparing and sending bills or claims; and collections for unpaid amounts (either ourselves or through a collection agency or attorney). "Health care operations" means those administrative and managerial functions that we do in order to run our office. Examples of how we use or disclose your information for health care operations are: financial or billing audits; internal quality insurance; personal decisions; participation in managed care plans; defense of legal matters; and business planning.

We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside of our office for these reasons, we ask you for special written permission.

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your 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 specific purpose
- for public health purposes, such as contagious disease reporting, investigation of surveillance; notice to and from the federal FDA regarding drugs or medical devices
- disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence
- uses and disclosures for health oversight activities, such as for the licensing of doctors, for audits by Medicare or Medicaid, or for investigation of possible violations of health care laws
- disclosure for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies
- disclosures for law enforcement purposes, such as providing information about someone who is or is suspected to be a victim of crime; providing information about a crime at our office; or reporting a crime that happened somewhere else
- disclosure to a medical examiner to identify a deceased person or to determine the cause of death; or to a funeral director to aid in burial; or to organize that handle organ or tissue donation
- uses of disclosures for health-related research

- uses of disclosures for specialized government functions, such as for protection of the Present of high-ranking government officials; for lawful national intelligence activities; for military purposes; or for evaluation and health of members of the foreign services
- disclosures of de-identified information
- disclosures relating to workers compensation program
- disclosures of a "limited data set" for research, public health, or health care operations
- incidental disclosures that are unavoidable by-products of permitted uses or disclosures
- disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information

Unless you object, we will also share relevant information about your care with family and friends who are helping you with your eye care

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 treatment or services available at our office that might help you.

OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your health information unless you give a written authorization form. The content of an "authorized form" is determined by federal law. Sometimes, we may initiate the authorization process if the use of the disclose is our idea. Sometimes, you may initiate the process if it's your idea for us to send your information to someone else. Typically, in this situation you will give us a properly completed authorization form, or you can use one of ours.

If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make use of the disclosure, if you do sign one, you may revoke it at any time unless we have already acted in compliance upon it. Revocations must be in writing.

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. To ask for restriction, send a written request to the listed address.
- 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 E-mail to your personal E-mail address. We will accommodate these requests if they are reasonable, and if you pay us for any extra cost. If you want to ask for confidential communications, send a written request to the listed address.
- Ask to see or get photocopies of your health information. By law, there are few limited situations in which we can refuse to permit access or copying. For the most part however, you will be able to review or have a copy of your health information within 40 days of asking us (or 60 if the information is stored off-site). You may have to pay for photocopies in advance. 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 available. By law, we can have one 30-day extension. If you want to review or get photocopies of your health information, send a written request to the listed address.
- 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 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 with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of

your health information. By law, we can have one day extension of time to consider a request for amendment if we notify you of the extension. If you want to ask us to amend your health information, send a written request, including your reasons for the amendment, to the listed address.

- 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 operation; disclosure with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30-day extension of time if we notify you of the extension in writing. If you want a list, send a written request to the listed address.
- Get additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you got one electronically or in paper form already. If you want additional paper copies, send a written request to the listed address.

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 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 out Notice of Privacy Practices, we will post the new notice in our office and have copies available in our office.

COMPLAINTS

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or to 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 listed address.

FOR MORE INFORMATION

If you want more information about our privacy practices, call or visit the office where services are rendered.