

## Our Privacy Responsibilities

Our responsibilities are to:

- Maintain the privacy of your health information.
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate your health information.

## Your Individual Rights

Although your health record is the physical property of Hoopes Vision Correction Center, the information belongs to you. You have the right to:

- Request restrictions on how we use and share your health information. We will consider all requests for restrictions carefully but are not required to agree to any restriction.
- Request that we use a specific telephone number or address to communicate with you.
- Inspect and receive a copy of your health information, including medical and billing records. Fees may apply. Under limited circumstances, we may deny you access to a portion of your health information, and you may request a review of the denial.
- Request corrections or additions to your health information.
- Request an accounting of certain disclosures of your health information made by us. The accounting does not include disclosures made for treatment, payment, and health care operations, and some disclosures required by law.
- Request to restrict disclosure to a health plan for which you paid out of pocket in full.
- Receive notification if there is a breach of your health information.

Our Promise To You,  
Our Patients

Your Information is  
Confidential

### Hoopes Vision

11820 S. State Street, #200  
Draper, Utah 84020  
(801) 568-0200  
Fax (801) 563-0200  
[www.hoopeshvision.com](http://www.hoopeshvision.com)

Rev. 8/11/2017



## *NOTICE OF PRIVACY PRACTICES*

*Effective: Sept.1, 2017*

**This notice describes how medical information about you may be used and disclosed and what your rights are in managing your health information.**

**Please review it carefully.**

**Your information is important and confidential. Our ethics and policies require that your information be held in strict confidence.**

## Our Promise to You

Hoopas Vision understands that your medical and health information is important to you. We follow strict federal and state laws that require us to maintain the confidentiality of your health information. We have instituted security measures to protect the privacy of your health information.

## The Use of Your Health Information

When you receive vision care from Hoopas Vision Correction Center, we may use or disclose your health care information for treatment, payment, or health care operations to third parties. These business associates must follow our privacy practices. Examples of how we use or disclose information include:

**Treatment-** We keep records of the services we provide you and may use the information for scheduling appointments, prescribing glasses, contact lenses, and medications and faxing them to be filled; referring you to another doctor; or getting copies of your health information from a previous health provider.

**Payment-** We may use or disclose your health information by asking you about your health or vision care insurance plans, or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency or attorney).

**Health Care Operations-** This means those administrative and managerial functions necessary to run our office. We may use your health information for financial or billing audits; internal quality assurance; 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 special permission. If we need to disclose your health information outside of our office for these reasons we usually will not ask you for special permission.

## Sharing Your Health Information

**There are limited situations when we are permitted or required to disclose health information without your signed authorization. These situations are:**

- For public health and safety purposes such as reporting communicable diseases, work-related illnesses, or other diseases and injuries permitted by law; reporting reactions to drugs, reporting suspected abuse, neglect or domestic violence or preventing or reducing a threat to anyone's health or safety.
- For health oversight activities such as investigations, audits, and inspections.
- For lawsuits and similar proceedings.
- When requested by law enforcement as required by law or court order.
- To coroners, medical examiners, and funeral directors.
- Incidental disclosures that are an unavoidable byproduct of permitted uses or disclosures.
- For research under strict federal guidelines.
- For Workers' Compensation or other similar programs if you are injured at work.
- For specialized government functions such as intelligence and national security.

All other uses and disclosures, not described in this notice, require your signed authorization. You may revoke your authorization at any time with a written statement.

## Other Services We Provide

**We may also use your health information to:**

- Share information with family or friends involved in your care or payment for your care when appropriate.
- Call, write or send an email to remind you of scheduled appointments, change an existing appointment or that it is time to make an appointment. We might also call, write or send an email to notify you of other treatments or services available at our office that might benefit you.
- Inform you about health services and products that may benefit you.

## More Information

For more information about the practices and rights described in this notice please contact our Privacy Officer.

## Other Uses and Disclosures

We will not make any other uses or disclosures of your health information unless you sign a written "authorization form".