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## NOTICE OF PRIVACY PRACTICES

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**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.**

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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; 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 collecting unpaid amounts (either ourselves or through a collection agency or attorney). "Health care operations" mean those administrative and managerial functions that we have to do in order to run our office. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; and outside storage of our records.

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 usually will not ask you for special written permission.

We will ask for special written permission to release your glasses or contact prescription to any outside party in accordance with South Dakota State Board Law SDCL 36-20-16, 36-7-1 and related rules.

### **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 of 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 public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal Food and Drug Administration 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;
- disclosures 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 to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else;
- disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- uses or disclosures for health related research;
- uses and disclosures to prevent a serious threat to health or safety;
- uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service;
- disclosures of de-identified information;
- disclosures relating to worker's compensation programs;
- disclosures of a "limited data set" for research, public health, or health care operations;
- incidental disclosures that are an unavoidable by-product 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 your family or 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 treatments or services available at our office that might help you. Unless you tell us otherwise, we will mail you an appointment reminder on a post card, and/or leave you a reminder message on your home answering machine or with someone who answers your phone if you are not home.

#### **OTHER USES AND DISCLOSURES**

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. Sometimes, we may initiate the authorization process if the use or disclosure 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 the use or disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing. Send them to the office contact person named at the beginning of this Notice.

#### **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 a restriction, send a written request to the office contact person at the address, fax or E Mail shown at the beginning of this Notice.
- 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 office contact person at the address, fax or E mail shown at the beginning of this Notice.
- ask to see or to get photocopies of your health information. By law, there are a 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 30 days of asking us (or sixty days 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 of the time for us to give you access or photocopies if we send you a written notice of the extension. If you want to review or get photocopies of your health information, send a written request to the office contact person at the address, fax or E mail shown at the beginning of this Notice.

- 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. 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 30 day extension of time to consider a request for amendment if we notify you in writing 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 office contact person at the address, fax or E mail shown at the beginning of this Notice.
- 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 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 office contact person at the address, fax or E mail shown at the beginning of this Notice.
- 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 office contact person at the address, fax or E mail shown at the beginning of this Notice.

#### **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 our Notice of Privacy Practices, we will post the new notice in our office, 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 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 office contact person at the address, fax or E mail shown at the beginning of this Notice. 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 the office contact person at the address or phone number shown at the beginning of this Notice.

Dear patients,

Thank you for coming and allowing us to help you with your eye care needs. If you haven't noticed lately, the government is changing the way health care operates, including eye care. They have many more requirements, and more on the way. Please help us fulfill these with your careful completion of your registration form and eye/health form, putting dashes through blanks that don't apply.

Insurance companies are also going through modifications and what they cover can be confusing, especially in eye care. Eye exams can be medical or routine or both. We must do our best to comply with Medicare's guidelines for consistent billing. We also need to cover costs for our time. Medical exams tend to be more involved in the examination, documentation, education, treatment, and sometimes referral process; so, cost more. If you have routine and/or medical insurance, please let us know. Davis, VSP, Eyemed are examples of routine vision care. Medicare, BCBS, and First Administrators are examples of medical vision care. Some insurance companies will cover either, like Tricare and Medicaid.

*What is routine?*

\*Checking glasses or contact lenses and adjusting the powers for clearer vision, no other complaints, and finding healthy eyes with the examination.

*What is medical?*

\*Complaints of anything irritating your eyes like dryness, grittiness, itching

\*New symptoms like floaters

\*Follow-up on an eye condition like glaucoma or cataracts

\*Checking for ocular signs of diabetes or a medication known to cause eye conditions

\*Finding a new condition like a retinal hole during the exam.

When you have an eye condition, the refraction (check for the glasses power) is separated out for billing. Some routine insurance companies (Davis) won't pay for this separately, so you will have to. Special procedures are also priced separately.

We appreciate your understanding. Please ask if you have questions.

## Exam Costs

**You are encouraged to ask about exam costs if you have any concerns.**

Determining exam prices takes into account many factors such as:

Whether the reason for coming is medical or routine

Medical: Cataracts, diabetes, eye dryness, itching, glaucoma, etc.

Routine: Glasses or contact lens checks. If a medical condition is found at a routine eye exam, it then becomes a medical exam.

Whether the patient is new (or has not been at the clinic for over three years) or established

The number of tests performed and any special testing

The complexity and number of eye and medical conditions

The complexity of treatment

Wellness exams may include the refraction. With medical exams, refractions are charged separately.

Prices are based on what insurance companies allow and our costs. For patients without insurance, we must charge you what we would charge an insurance company, but we allow a 20% discount when you pay for your exam on the day of service.

We may not know exactly what your charges will be until you are examined. Certain eye conditions warrant special testing to determine the best course of action. For instance, glaucoma suspects may need tests such as visual fields, measuring corneal thickness, and photos. Special procedures such as removing eyelashes or something from the eye are extra also. The prices start at \$42 for medical checks and \$72 for wellness exams (after discount if it applies). Refractions are \$24 (with discount). Please ask if you want more detailed pricing for each test.

Charges for **contact lens evaluations** can vary with the complexity and time involved in finding a suitable lens. Gas permeable, toric and bifocal contact lenses may take more time and may be charged more. Charges start at \$52 (after discount) which includes a solution/case kit, a 1-week follow-up visit if needed, and, most times, a trial pair. Extra follow-ups are \$10 per visit.

Please know what your insurance company covers. You are responsible for the balance. Some cover only medical (Medicare) and some cover routine. Some have restrictions on how often you can be seen. Some have co-pays and deductibles which may be different for the exam than for special tests. Some are discount plans. Military plans do not include contact lens exams.

Please ask if you have any questions. We appreciate your understanding that we are trying to comply with insurance regulations.

Thank you for coming. (3/4/13)