

Clarus Vision Clinic

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

We understand your health information is personal to you and we at Clarus Vision Clinic are committed to protecting this information about you. This Notice of Privacy Practices (or "Notice") describes how our office will use and disclose personal health information and data we receive or create related to your health care.

Our Responsibilities

Clarus Vision Clinic is required by law to maintain the privacy of your Personal health information and give you this Notice describing our legal responsibilities and privacy practices. We are also required to accommodate reasonable requests you make to communicate personal health information by alternative means or alternative locations. Anytime we use or disclose your personal health information, we must follow the terms of this Notice.

How We Use and Disclose Your Personal Health Information

Clarus Vision Clinic will not use or disclose your health information without your authorization, except in the following situations:

- **Treatment:** We will use and disclose your personal health information while providing, coordinating or managing your health care. For example, information obtained by a physician or another member of the Clarus Vision Clinic team will be recorded in your medical record and used to determine the course of treatment that works best for you. Your physician will put in your record his expectations of the members of our team. Members of the Clarus Vision Clinic will then record the actions they took and their observations. In that way, your physician will know how you are responding to treatment. We may also provide other healthcare providers with your information to assist him or her in treating you.
- **Payment:** We will use and disclose your personal medical information to obtain or provide compensation or reimbursement for providing your health care. For example, we may send a bill to your health insurance plan. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used. As another example, we may disclose information about you to your health plan so the health plan may determine your eligibility for payment for certain benefits.
- **Health Care Operations:** We will use and disclose your health information to deal with certain administrative aspects of your medical care and to manage our business more efficiently. For example, members of our medical staff may use or disclose your personal health information to perform risk assessments and other administrative tasks to monitor the quality of care Clarus Vision Clinic provides.
- **Business Associates:** There are some services provided in our organization through contracts with business associates. In such situations, we may disclose your personal health information to our business associates so they can perform the job we have asked them to do. In accordance with Applicable Law, we require all business associates to appropriately safeguard your information.
- **Notification of Family:** We may use or disclose your personal health information to notify a family member, personal representative or another person responsible for

your care, provided you have the opportunity to agree or object to the disclosure. If you are unable to agree or object, we may disclose this information as necessary, if we determine it is in your best interest based upon our professional judgment. In all cases, we will only disclose the health information that is directly relevant to that person's involvement with your medical care.

- **Research:** Consistent with applicable law, we may disclose information to researchers when their research has been approved by an institutional review board that reviewed the research proposal and established protocols to ensure the privacy of your health information.
- **Marketing:** For market activities, we will obtain your written authorization prior to sending any information about you, unless we are not required by law to do so.
- **Public Health Activities:** We may disclose your personal health information for public health activities to a public health authority authorized by law to collect or receive information for the purpose of controlling disease, injury or disability. We may also disclose your health information to a public authority authorized to receive reports of child abuse or neglect or to report information about products or services under the jurisdiction of the United States Food and Drug Administration (FDA). Additionally, we may disclose your health information to a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease and to your employer for certain work related illness or injuries.
- **Health and Safety:** We may disclose your personal health information to prevent or lessen a serious threat to a person's or the public's health and safety. In all cases, disclosures will only be made in accordance with applicable laws and standards of ethical conduct.
- **Victims of Abuse, Neglect or Domestic Violence:** We may disclose your personal health information to appropriate governmental agencies, such as adult protective services or social service agencies, if we reasonably believe you are a victim of abuse, neglect or domestic violence.
- **Health Oversight:** In order to oversee the health care system, government benefits programs entities subject to governmental regulation and civil rights laws for which health information is necessary to determine compliance, we may disclose your health information for oversight activities authorized by law, such as audits and civil, administrative or criminal investigations.
- **Judicial and Administrative Proceedings:** We may disclose your personal health information in the course of any judicial or administrative hearing in response to an order of a court or administrative tribunal, or in response to a subpoena, discovery request or other lawful process where we receive satisfactory assurance appropriate precautions have been taken. In all cases, we will take reasonable steps to protect the confidentiality of your health information.
- **Law Enforcement:** We may disclose your personal health information for a law enforcement purpose to law enforcement officials in compliance with and as limited by applicable law.
- **Specialized Government Functions:** Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations and for government programs providing public benefits.
- **Coroners, Medical Examiners and Funeral Directors:** Consistent with applicable law, we may disclose health

information to funeral directors, coroners and medical examiners to assist them in carrying out their duties.

- **Organ Procurement:** As allowed by law, we may disclose personal health information to organ procurement organizations for organ, eye or tissue donation purposes.
- **Workers Compensation:** We may disclose personal health information when authorized and necessary comply with laws relating to workers compensation or similar programs.
- **Required by Law:** We may use or disclose your personal health information to the extent we are required by law to do so. The use or disclosure will be made in full compliance with the applicable law governing the disclosure.
- **Other Uses:** We may also use and disclose your personal health information for the following purposes:
 - To contact you to confirm an appointment for treatment;
 - To describe or recommend treatment alternatives to you;
 - To furnish information about health-related benefits and services that may be of interest to you; and
 - To send a recall notice

Prohibition on Other Uses or Disclosures

Clarus Vision Clinic may not make other use or disclosure of your personal health information without your written authorization except for the above stated disclosures. Once given, you may revoke the authorization by writing the Privacy Officer at the address listed below. Understandably, we are unable to take back any disclosure we have already made with your permission.

Your Rights

You have many rights concerning the confidentiality of your personal health information. **You have the right to:**

- **Receive a Copy of This Notice.** Upon request, you have the right to receive a paper copy of this Notice. You may receive a copy of this Notice by mail, in our office or via Email. This Notice will also be publicly displayed in our office.
- **Receive Further Information.** You have the right to contact our Privacy Officer at the address or telephone number listed below, if you require additional information about our privacy practices, your privacy rights or disagree about the decision Clarus Vision Clinic made about your personal health information, or if you believe your privacy rights have been violated. The Privacy Officer will provide you with the information you need to file a complaint.

Inspect and Copy Your Personal Health Information. Upon written request, you have the right to access and obtain a copy of your personal health information maintained by Clarus Vision Clinic. You must submit your request to the address below. If you request a copy of your personal health information, we may charge you a fee for the cost of copying, mailing or other supplies. In certain circumstances, we may deny your request to inspect or copy your health information. If you are denied access to your health information, you may request the denial be reviewed. Another member of the Clarus Vision Clinic team will then review your request and the denial. The person conducting the review will not be the person who denied your original request. We will comply with the outcome of the review.

- **Amend Your Personal Health Information.** You have the right to request we amend your personal health information if you feel this information is incorrect or incomplete. To request an amendment, you must write to us at the address below. You must also give us a reason to support your request. We

may deny your request to amend your health information for the following reasons:

- If it is not in writing;
- Does not provide a reason to support the request;
- If the information was not created by us;
- If it is not part of the information you would be permitted to inspect or copy, or
- If it is accurate and complete.

- **Request an Accounting of Disclosures.** You have the right to request in writing an accounting of certain disclosures made by us of your personal health information. For each disclosure, the accounting will include the date the information that was disclosed, to whom, the address of the person or entity that received the disclosure (if known) and brief statement of the reason for the disclosure. Your request must state a time period, no longer than six years and may not include dates prior to July 6, 2010.

- **Request Confidentiality in Certain Communications.** You have the right to request to receive your health information by alternative means of communication or at alternative locations. We will accommodate any such reasonable written request made on your behalf. The request must be sent to the address below.

- **File a Complaint.** If you believe your privacy rights have been violated, you have the right to file a complaint with us. You file your complaint with the Privacy Officer at (801) 892-8222 or the address listed below. You may also submit a complaint to the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint. All requests to restrict use of your personal health information for treatment, payment and health care operations, to inspect and copy health information, to amend your health information, to receive an accounting of disclosures of health information or confidentiality in certain communications must be made in writing to the contact person listed below. You may receive all request forms from the office.

Contact Person

For all questions, requests or further information related to the privacy of your health information is:

Clarus Vision Clinic
6344 S. 900 E.
Salt Lake City, Utah 84121
Phone: (801) 892-8222
Fax: (801) 904-3436

Changes to This Notice

We reserve the right to change our privacy practices and to apply the revised practices to health information about you we already have. Any revision to our privacy practices will be described in a revised Notice that will be posted prominently in our facility.

Notice Effective Date: August, 20 2010

