



**Notice of Privacy Practices  
for Protected Health Information**

***Effective Date: January 1, 2012***

**NOTICE:**

*In accordance with the Health Insurance Portability and Accountability Act (HIPAA) 1996, the Rexburg Vision Center is required upon request to provide a Notice of Privacy Practices. This notice is also clearly displayed in our office and is available on our website: [www.rexburgvision.com](http://www.rexburgvision.com). This document replaces and supersedes all previous Notices of Privacy Practices for the Rexburg Vision Center created before the effective date shown above. The Rexburg Vision Center reserves the right to make changes to the Notice of Privacy Practices at any time without prior notice. Changes to the privacy practices will be posted in the previously mentioned locations.*

**CONTENT:**

The Privacy Rule provides that an individual (also referred to as “you” “your”, or “the patient”) has a right to adequate notice of how the Rexburg Vision Center (also referred to as “we”, “us”, “our”, or “the company”) may use and disclose protected health information about you as well as your rights and our obligations with respect to that information. We are required to provide a notice in plain language that describes:

- How we may use and disclose protected health information about you.
- Your rights with respect to the information and how you may exercise these rights, including how you may complain to the company.
- Our legal duties with respect to the information, including a statement that we are required by law to maintain the privacy of the protected health information.
- Who you can contact for further information about our privacy policies.

**DISTRIBUTION:**

This notice is available in the following formats:

- Printed form
- Website: [www.rexburgvision.com](http://www.rexburgvision.com)
- E-mail (upon request)
- Display on location

## **RELEASE OF INFORMATION**

The Rexburg Vision Center is required by federal law to maintain the privacy of your personal and health-related information. In some situations, disclosure of all or part of your record is necessary in order to provide you with certain services or products, conduct business in general, and process insurance claims. These situations are outlined below.

- We may disclose all or part of your medical record and/or financial ledger including information regarding alcohol or drug abuse, psychiatric illnesses, communicable diseases, or HIV to any person, agency, or health care provider 1) which is or may become liable or under contract to the Rexburg Vision Center for reimbursement of products or services, 2) who will be assuming care of the patient.
- We may disclose all or part of your information pursuant to State or Federal law, statute, or regulation. Information requested by law enforcement or an attorney for investigation purposes will only be surrendered upon court order unless you sign an authorization allowing your information to be released specifically to these entities.
- The Rexburg Vision Center is required by law to comply with government or private agencies that request your health-related information for auditing purposes.
- We may disclose any personal or health-related information required by your insurance carrier to secure benefits for payment of services and products.
- We will disclose all or part of your personal or health-related information to doctors, surgeons, specialists, surgical centers, or others who will be performing ocular surgery, evaluations, therapy, consultations, or other procedures.
- We will disclose your personal information to an attorney or collection agency if your account becomes delinquent.
- We will disclose part of your health information to affiliated laboratories, warehouses, or other companies that are responsible for fulfillment of prescription eyewear or contact lenses.
- The Rexburg Vision Center will not release any personal or health-related information to any person, entity, or agency that 1) is not affiliated with you, 2) is not under contract to provide continued patient care, 3) is not under contract to secure payment (insurance and otherwise), 4) does not have your written permission or does not possess Power of Attorney.
- The Rexburg Vision Center will also not release your personal or health-related information to any non-affiliated place of business for order fulfillment of eyewear or contact lenses without your written authorization. These include, but are not limited to: other optometrists, other practitioners or eyecare specialists, franchises (or “chain” stores), internet sources, or any other place of business.
- Occasionally, the Rexburg Vision Center may use part of your personal information for marketing purposes only. You will be given the opportunity to opt out of this service.

## **YOUR RIGHTS**

You have the right to refuse the disclosure of your information to any outside person, entity, or agency with the exception of 1) cases pursuant to State or Federal law, statute or regulation, 2) cases pursuant to audits by the government or private agencies, 3) requests by court order, 4) information sent to laboratories, warehouses, or other companies that are responsible for the fulfillment of prescription eyewear or contact lenses, 5) health information regarding pre-operative and post-operative ocular surgery or other procedures, 6) information sent to an attorney or collection agency if your account becomes delinquent.

The Rexburg Vision Center processes your insurance claim for you as a courtesy service. We are not required by any State or Federal law, statute, or regulation to provide this service. Should you refuse to have your personal or health information released to your insurance carrier, then it will be your sole responsibility to submit your own insurance claim in order to secure reimbursement for provided services and products. You will be provided with all the necessary documentation in order to process your own claim and you will then be financially responsible for all charges posted to your account.

## **GRIEVANCES**

If you feel like your personal or health-related information has been mishandled, you are entitled to file a complaint with us. You will need to formulate a report of the incident which includes date and time, names of both parties, witnesses (if any), and a detailed description of the infraction. The grievance process will then proceed as follows:

### ***Formal Complaint***

Our office manager will sit down with you to go over your report. The office manager will then decide the appropriate course of action to take after consulting the doctors. You will be informed by detailed letter of the resolution within seven days. You will then need to respond in writing of your approval. The case will then be considered closed.

### ***Escalation of Complaint***

If the complaint has not been resolved to your satisfaction, the office manager will again meet with you to go over any discrepancies in the resolution. If an equitable solution can be decided upon, both parties will sign an addendum to the original resolution. The case will then be considered closed.

### ***Deposition of Complaint***

If an equitable solution cannot be decided upon, then a deposition will be held with you, any witnesses to the event, the doctors, and the employee(s) responsible for the infraction. An attorney for either party may also be present. Detailed notes or a recording of the meeting will be kept. An equitable solution will be decided upon and both parties will sign an addendum to the original resolution. The decision will be considered final by both parties and there will be no further grievance process with our office.

### ***Further Recourse***

At this point, if you feel that your complaint has not been fully resolved and warrants further investigation, it is your right to contact the Department of Health and Welfare Services: Office For Civil Rights and fill out a Health Information Privacy Complaint Form. The form can be found online at [www.hhs.gov](http://www.hhs.gov) or at your local Department of Health and Welfare Services. They will then inform you of the grievance process.

## **YOUR OBLIGATIONS**

You are likewise bound by law to keep personal and health-related information private. It is not within your right to discuss personal matters concerning other people for which you do not have direct responsibility. The doctors and staff are not at liberty to discuss information that does not concern you. Should you accidentally come in contact with sensitive information about another person, it is unlawful for you to discuss, copy, or distribute it. You should report the problem to a member of the staff immediately.

If you deliberately infiltrate office equipment or files in order to obtain sensitive information about you or others, you will be prosecuted to the fullest extent of the law. You will also be responsible for all court and attorney fees. Unauthorized access of office equipment and medical files is a serious offense that carries extensive fines and criminal repercussions. All health records for you or your dependents are available upon request.

## **REXBURG VISION CENTER CONTACT INFORMATION**

President: Dr. H. Scott Mortensen, O.D.  
Partner: Darren W. Hatch, O.D.  
Partner: Damon S. Mortensen, O.D.  
Office Manager: Marilyn Vest

Office Location:  
49 East 1<sup>st</sup> South  
Rexburg, ID 83440

Mailing Address:  
P.O. Box 577  
Rexburg, ID 83440

Phone: 208-356-4444  
Fax: 208-356-4445

E-mail: [office@rexburgvision.com](mailto:office@rexburgvision.com)  
Website: [www.rexburgvision.com](http://www.rexburgvision.com)