



**Notice of Privacy Practices**  
**Effective March 26, 2013 the (HIPAA/HITECH)**  
**Final Omnibus Rule adopted modifications, which**  
**require certain additional statements in this**  
**document regarding uses and disclosures that**  
**require authorization.**

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Effective Date: 14 April 2003  
Revised: 2013

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

**PLEASE REVIEW IT CAREFULLY.**

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This notice applies to all of the records of your care that is considered Protected Health Information generated by Friends for Sight (FFS), whether made by employees, its agents, or your personal doctor. “Protected Health Information” or “PHI” consists of individually identifiable health information, which may include demographic information we collect from you, or create or receive by a health care provider, a health plan, your employer, or a healthcare clearinghouse and that relates to (i) your past, present, or future physical or mental health or condition; (ii) the provision of health care to you; or (iii) the past, present or future payment for the provision of health care to you.

Updated 8/2013

**Our Responsibilities**

We are required by law to maintain the privacy of your PHI and provide you a description of our privacy practices. We will abide by the terms of this notice.

**Uses and Disclosures**

**How we may use and disclose Health Information about you.**

The following categories describe examples of the way we use and disclose your PHI

**For Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

We may also provide a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you’re discharged from this facility.

**For Payment:** We may use and disclose your PHI to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information about your surgery so they will pay us or reimburse you for the treatment. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.

**For Health Care Operations:** Members of the medical staff and/or quality improvement team may use your PHI to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. For example, we may combine health information about many patients to evaluate the need for new services or treatment.

We may disclose information to doctors, nurses, and other students for educational purposes. We may combine health information we have with that of other facilities to see where we can make improvements. We may remove information that identifies you from this set of health information to protect your privacy.

We may also use and disclose your PHI:

- To business associates we have contracted with to perform agreed upon services;
- To remind you that you have an appointment for medical care;
- To assess your satisfaction with our services;
- To tell you about possible treatment alternatives;
- To tell you about health-related benefits or services that we offer;
- For population based activities relating to improving health or reducing health care costs; and
- For conducting training programs or reviewing competence of health care professionals.

When disclosing information, primarily appointment reminders and billing/collections efforts, we may leave messages on your answering machine/voice mail (no PHI will be disclosed).

**Business Associates:** There are some services provided in our organization through contracts with business associates. Examples include certain laboratory tests, legal services and accounting services. When these services are contracted, we may disclose your PHI to our business associates so that they can perform the job we’ve asked them to do. In certain circumstances, such as laboratory tests, they may bill you or your third-party payer for services rendered. To protect your PHI, however, we require the business associate to appropriately safeguard your information.

**Individuals Involved in Your Care or Payment for Your Care:** We may release PHI about you to a friend or family member who is involved in your medical care or who helps pay for your care. In addition, we may disclose PHI about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Research:** We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI has approved their research and granted a waiver of the authorization requirement.

**Future Communication:** We may communicate to you via newsletters, mail or other means regarding treatment options, health related information, disease-management programs, wellness programs, or other community based initiatives or activities our facility is participating in.

**Organized Health Care Arrangement:** This facility and its medical staff members have organized and are presenting you this document as a joint notice. Information will be shared as necessary to carry out treatment, payment and health care operations. Physicians and caregivers may have access to PHI in their offices to assist in reviewing past treatment as it may affect treatment at the time.

**Affiliated Covered Entity:** Caregivers at other facilities may have access to PHI at their locations to assist in reviewing past treatment information as it may affect treatment at this time.

**As required by law,** we may also use and disclose your PHI for the following types of entities, including but not limited to:

- Food and Drug Administration
- Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
- Correctional Institutions
- Workers Compensation Agents
- Organ and Tissue Donation Organizations
- Military Command Authorities
- Health Oversight Agencies
- Funeral Directors, Coroners and Medical Directors
- National Security and Intelligence Agencies
- Protective Services for the President and Others.

**Law Enforcement/Legal Proceedings:** We may disclose your PHI for law enforcement purposes as required by law or in response to a valid subpoena.

**State-Specific Requirements:** Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs. Some states have separate privacy laws that may apply additional legal requirements. If the state privacy laws offer more privacy protection than federal privacy laws, the state law preempts the federal law.

**Authorization:** The following uses and disclosures of PHI will be made only with your written authorization:

- Uses and disclosures for marketing purposes;
- Uses and disclosures that constitute the sale of PHI;

Other uses and disclosures not described in this Notice. You may also revoke any written authorization granted for these uses and disclosures. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization.

## Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, you have the right to:

- **Inspect and Copy:** You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. Usually this includes medical and billing records, but does not include psychotherapy notes. You have the right to receive electronic copies of your health information if it is maintained in an electronic format. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed.

Another licensed health care professional chosen by our facility will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Amend:** If you feel that health information we have about you is incorrect or incomplete, you have the right to request an amendment to your protected health information. You have the right to request an amendment for as long as the information is kept by or for the facility. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
- **As Accounting of Disclosures:** You have the right to request an accounting of disclosures within the last six years. This is a list of certain disclosures we make of your PHI for purposes other than treatment, payment or health care operations where an authorization was not required.
- **Request Restrictions:** You have the right to request a restriction or limitation on your PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on your PHI we disclose about you to someone who is involved in your care, such as a family member or a friend.
- **We are not required to agree with most request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.
- **Out of Pocket Payments:** If you paid out-of-pocket in full for a specific item or service, you have the right to ask that your PHI, with respect to that item or service, not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

## COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Compliance Officer of your complaint. We will not retaliate against you for filing a complaint. All complaints must be submitted in writing.

• **Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you at work instead of your home. The facility will grant reasonable requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services rendered by the facility and related correspondence regarding payment for services. Please realize, we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.

**Get Notice of a Security Breach:** We will notify you if your unsecured protected health information has been breached.

- **Fundraising Communications:** You have the right to opt out of fundraising communications from us.
- **A Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

## CHANGES TO THIS NOTICE

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted and include the effective date.