

**Blink**  
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## HIPAA NOTICE OF PATIENT PRIVACY PRACTICES

We understand that medical information about you and your health is personal. We are committed to protecting your medical information. We are committed to protecting your medical information. While you are a patient at this practice, a record of the care and services you receive is created. This record is needed so this practice can provide you with quality care in addition to complying with certain legal requirements. This notice applies to any and all of the records of your care generated and maintained by this practice, Blink.

This notice is to inform you of the ways in which, this practice may use and disclose your medical information. This notice will also describe your rights as a patient and explain certain obligations we have regarding the use and disclosure of your medical information.

### **Our Responsibilities**, as required by law

- To maintain the privacy of your health information.
- Provide you with a description of the practice's privacy policy.
- Notify you following a breach of unsecured protected health information.

We will abide by these terms to the best of our ability.

### **Uses and Disclosures**

The following categories describe how we may use and disclose health information about you.

***As required by law.*** We may disclose information when required to do so by federal, state, or local law enforcement agencies.

***Law Enforcement:*** We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.

***Victims of Abuse, Neglect, or Domestic Violence:*** We may disclose health information about you if we have reason to think that you are a victim of abuse, neglect or domestic violence and you authorize the disclosure or if the law requires us to report regardless of whether you agree.

***Health Oversight Agencies:*** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Treatment:** We may use health information about you to provide you treatment or services. We may disclose health information about you to doctors within Blink and remaining staff members who are involved in taking care of you at the practice. We may also provide other healthcare providers and doctors with copies of various reports that should assist him or her in treating you once you have been seen at this practice.

**For Payment:** We may use and disclose health information about your treatment and services 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 exam 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.

**Health Care Operations:** Members of the medical staff and/or quality improvement team may use information in your health record 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 service. For example, we may combine health information about many patients to evaluate the need for new services or treatment. 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 health information:**

- 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;
- For population based activities relating to improving health or reducing health care costs;
- For conducting training programs or reviewing competence of health care professionals; and
- To a Medicaid eligibility database and the Children's health Insurance Program eligibility database, as applicable.

When disclosing information, primarily appointment reminders and billing/collections efforts, we may leave messages on your answering machine/voice mail.

**Individuals Involved in Your Care or Payment for Your Care and/or Notification Purposes:** The practice may release health information about you to a friend or family member who is involved in your medical care or who helps pay for your care or to notify, or assist in the notification of (including identifying or locating), a family member, your personal representative, or another person responsible for your care of your location and general condition.

**Future Communications:** We may communicate with you via newsletters, mail outs, or other means including electronic methods, regarding treatment options, health related information, or other activities our facility is participating in.

**Your Health Information Rights:**

Although your health record is the physical property of the practice 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. We may deny your request to inspect and copy in certain circumstances. If you are denied access to health information,

you may request that the denial be reviewed. Another licensed health care professional chosen by the 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 may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the facility. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support your request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the practice;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

***An Accounting of Disclosures:*** You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your health information for purposes other than treatment, payment, or healthcare operations where an authorization was not required.

***Request Restrictions:*** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are required to agree to your request **only** if 1) except as otherwise required by law, the disclosure is to your health plan and the purpose is related to payment or health care operations (and not treatment purposes), **and** 2) your information pertains solely to health care services for which you have paid in full. **For other requests, we are not required to agree.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

***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.

***Paper Copy of This Notice:*** You have the right to a paper copy of this notice. You may ask us to give us a copy of this notice at any time. Even if you have agreed to receive this through other means including but not limited to facsimile transmission.

***Revision of Privacy Practices:*** We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this notice currently in effect. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice on file in the office, and a copy will be available at each appointment upon request.

**Organized Health Care Arrangement:** This practice 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 protected health information in their offices to assist in the reviewing past treatment as it may affect treatment at the time.

**Electronic Communication:** Electronic communication included but not limited to telephone calls, text messages, emails, facsimile may be used to better facilitate your care. When disclosing information, primarily appointment reminders and billing/collections efforts, we may leave messages on your answering machine/voice mail. We may use electronic messages including text messages and emails to: inform patients that they are due for an eye exam, remind patient of a scheduled appointment, inform patient that glasses/contacts or other materials are in the office and available for pick up, inform patient that the practice has ongoing promotional offers, inform patient that they have an appointment at an office we have referred them to, wish the patient a “Happy Birthday”.

This practice aims and maintains a “paperless” practice. This means that most to all of our patients records and information are stored and used electronically. There are some exclusions that apply to electronic paper records. This includes but is not limited to prescriptions.

The practice has not described every kind of use or disclosure within each category. Rather, we have only provided typical examples. Although we do not expect to use or disclose every patient’s health information for each of the purposes described, all of the types of uses and disclosures that we can make without your written authorization are described below so you can understand how your information may be handled.

### **EHRs and Your Health Information**

EHRs are electronic versions of the paper charts in your doctor’s or other health care provider’s office. An EHR may include your medical history, notes, and other information about your health including your symptoms, diagnoses, medications, lab results, vital signs, immunizations, and reports from diagnostic tests such as x-rays.

Providers are working with other doctors, hospitals, and health plans to find way to share that information. The information in EHRs can be shared with other organizations involved in your care if the computer systems are set up to talk to each other. Information in these records should only be shared for purposes authorized by law or by you.

You have privacy rights whether your information is stored as a paper record or stored in an electronic form. The same federal laws that already protect your health information also apply to information in EHRs.

## **Benefits of Having EHRs**

Whether your health care provider is just beginning to switch from paper records to EHRs or is already using EHRs within the office, you will likely experience one or more of the following benefits:

**Improved Quality of Care.** As your doctors begin to use EHRs and set up ways to securely share your health information with other providers, it will make it easier for everyone to work together to make sure you are getting the care you need. For example:

- Information about your medications will be available in EHRs so that health care providers don't give you another medicine that might be harmful to you.
- EHR systems are backed up like most computer systems, so if you are in an area affected by a disaster, like a hurricane, your health information can be retrieved.
- EHRs can be available in an emergency. If you are in an accident and are unable to explain your health history, a hospital that has a system may be able to talk to your doctor's system. The hospital will get information about your medications, health issues, and tests, so decisions about your emergency care are faster and more informed.
- **More Efficient Care.** Doctors using EHRs may find it easier or faster to track your lab results and share progress with you. If your doctors' systems can share information, one doctor can see test results from another doctor, so the test doesn't always have to be repeated. Especially with x-rays and certain lab tests, this means you are at less risk from radiation and other side effects. When tests are not repeated unnecessarily, it also means you pay less for your health care in copayments and deductibles.
- **More Convenient Care.** EHRs can alert providers to contact you when it is time for certain screening tests. When doctors, pharmacies, labs, and other members of your health care team are able to share information, you may no longer have to fill out all the same forms over and over again, wait for paper records to be passed from one doctor to the other, or carry those records yourself.

## **Keeping Your Electronic Health Information Secure**

Most of us feel that our health information is private and should be protected. The federal government put in place the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule to ensure you have rights over your own health information, no matter what form it is in. The government also created the HIPAA Security Rule to require specific protections to safeguard your electronic health information. A few possible measures that can be built in to EHR systems may include:

“Access control” tools like passwords and PIN numbers, to help limit access to your information to authorized individuals.

“Encrypting” your stored information. That means your health information cannot be read or understood except by those using a system that can “decrypt” it with a “key”.

An “audit trail” feature, which records who accessed your information, what changes were made and when.

Finally, federal law requires doctors, hospitals, and other health care providers to notify you of a “breach”. The law also requires the health care provider to notify the Secretary of Health and Human Services. If a breach affects more than 500 residents of a state or jurisdiction, the health care provider must also notify prominent media outlets service the state or jurisdiction. This requirement helps patients know if something has gone wrong with the protection of their information and helps keep providers accountable for EHR protection.

**HIPAA Complaints**

You have the right to complain to Blink and to the Secretary of the U.S. Department of Health and Human Services if you believe that your privacy rights have been violated. If you have any complaints or concerns about our privacy practices, you may contact our Manager at (505) 247-3463 or write to Office Manager, 201 Slate Ave. NW, Albuquerque, NM 87102. You may also file a written complaint with Region VI, Office for Civil rights, U.S. Department of Health and Human Services, c/o OCR Regional manager, at 1301 Young Street, Suite 1169, Dallas, TX 75202 (e-mail: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)). From the time you become aware of your concerns, complaints to the Department of Health and Human Services must be sent within 180 days. **YOU WILL NOT BE RETALIATED AGAINST OR PENALIZED BY US FOR FILING A COMPLAINT.**

This Notice has been updated and amended on October 22, 2013.