



**VITAL TEARS**  
**NOTICE OF PRIVACY PRACTICES**  
**Effective Date: December 1, 2018**

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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.**

### **About Us**

In this Notice, we use terms like “we,” “us” or “our” to refer to Vital Tears, its physicians, employees, staff, and other personnel. All of the sites and locations of Vital Tears follow the terms of this Notice and may share health information with each other for treatment, payment, or health care operations purposes as described in this Notice.

### **Purpose of this Notice**

This Notice describes how we may use and disclose your health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. This notice also outlines our legal duties for protecting the privacy of your health information and explains your rights to have your health information protected. We will create a record of the services we provide you, and this record will include your health information. We need to maintain this information to ensure that you receive quality care and to meet certain legal requirements related to providing you care. We understand that your health information is personal, and we are committed to protecting your privacy and ensuring that your health information is not used inappropriately.

### **Your Rights**

**When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.**

- ❖ **Get a copy of your medical record**
  - You can ask to see or get an electronic or paper copy of the health information that we have about you. You will have to submit this request in writing. Ask us how to do this.
  - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
  
- ❖ **Ask us to correct your medical record**
  - You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
  - We may say “no” to your request, but we’ll tell you why in writing within 60 days.
  
- ❖ **Request confidential communications**
  - You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
  - We will say “yes” to all reasonable requests.

❖ **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

❖ **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for 6 years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

❖ **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

❖ **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

❖ **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us at:

**Michelle Haider**  
**Vital Tears Privacy Officer**  
[mhaider@saving-sight.org](mailto:mhaider@saving-sight.org)  
**10560 N. Ambassador Dr. Suite 210**  
**Kansas City, MO 64153**  
**(816) 255-1387**

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>.
- We will not retaliate against you for filing a complaint.

### Your Choices

**For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.**

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.

- Share information in a disaster relief situation.

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes.
- Sale of your information.

In the case of fundraising:

- We may use your demographic information, such as name, address and phone number, and the dates you received services from us, to contact you in an effort to raise money for charitable purposes. We may also disclose this information to a foundation related to the practice so that the foundation may contact you to raise money for the foundation. **If you do not want us to contact you for fundraising activities, please notify the Vital Tears Privacy Officer (see contact information above).**

## Our Uses and Disclosures

### **How do we typically use or share your health information?**

- ❖ We typically use or share your health information in the following ways:

**For Treatment:** We may use your health information to provide you with medical treatment or services. For example, your health information will be disclosed to the lab technicians who will be taking your blood specimen. We may disclose your health information to a specialty provider for the purpose of a consultation. We may also disclose your health information to your physician or another health care provider to be sure those parties have all the information necessary to treat you.

**For Payment:** We may use and disclose your health information to others so they will pay us or reimburse you for your treatment. For example, a bill may be sent to you, your insurance company, or a third-party payer. The bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

**For Health Care Operations:** We may use and disclose your health information in order to support our business activities. For example, we may use your health information for quality assessment and improvement activities, credentialing/accreditation, and for other essential activities.

We may disclose your health information to a third party that performs services, such as billing and collection, on our behalf. In these cases, we will enter into a written agreement with the third party to ensure they protect the privacy of your health information.

**For Coordination of your Order:** We may use and disclose your health information in order to contact you to coordinate your order delivery and/or any related treatment or health care services.

### **How else can we use or share your health information?**

- ❖ We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).
  
- ❖ **Help with public health and safety issues**  
We may use and disclose your health information for public health activities, including the following:
  - To prevent or control disease, injury, or disability.
  - To report suspected abuse, neglect, or domestic violence.
  - To report adverse reactions to medications.
  - To assist with product recalls.
  - To prevent or reduce serious threat to anyone’s health or safety.
  
- ❖ **Do research**  
We can use or share your information for health research.
  
- ❖ **Comply with the law**  
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
  
- ❖ **Address workers’ compensation, law enforcement, and other government requests**  
We can use or share health information about you:
  - For workers’ compensation claims.
  - For law enforcement purposes or with a law enforcement official.
  - With health oversight agencies for activities authorized by law.
  - For special government functions such as military, national security, and presidential protective services.
  
- ❖ **Respond to lawsuits and legal actions**  
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Our Responsibilities**

- ❖ We are required by law to maintain the privacy and security of your protected health information.
- ❖ We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- ❖ We must follow the duties and privacy practices described in this notice and give you a copy.
- ❖ We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Changes to this Notice**

We reserve the right to change the terms of this Notice at any time. We reserve the right to make the new Notice provisions effective for all health information we currently maintain, as well as any health

information we receive in the future. If we make material or important changes to our privacy practices, we will promptly revise our Notice. We will post a copy of the current Notice in the Vital Tears offices. Each version of the Notice will have an effective date listed on the first page. Updates to this Notice are also available at our web site, ***[www.vitaltears.org](http://www.vitaltears.org)***.