

Notice of Privacy Practices



PeposeVision
INSTITUTE

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

Last Updated: January 9, 2025

Our Commitment to Your Privacy

At Pepose Vision Institute, we are dedicated to safeguarding the privacy and confidentiality of your medical information. This Notice outlines how we handle and protect your records and explains your rights regarding the information we maintain.

We are required by law to:

- make sure that medical information that identifies you is kept private.
- give you this Notice of our legal duties and privacy practices concerning your medical information.
- notify you if there is a breach of your unsecured medical information; and
- follow the terms of the Notice currently in effect.

Who Will Follow This Notice

This Notice outlines the privacy practices of all healthcare professionals at Pepose Vision Institute who are authorized to access or document information in your medical records. This includes all providers, staff across departments, trainees, volunteers, and other personnel involved in your care.

How We Use and Share Your Medical Information

We may use and disclose your medical information as listed below. Not every possible use or disclosure will be listed. However, all the ways we may use and disclose information falls into these areas.

- **For Treatment:** We may use or share your medical records to provide care and plan/manage treatment. For example, we may share your information with doctors, nurses, technicians, or specialists involved in your treatment, whether they are within or outside of our facilities who are involved in your medical care.
- **For Payment:** We may use or share your information to bill for services and process payments. For example, we might share details with your insurance company to ensure coverage for a treatment or determine any out-of-pocket costs.
- **For Healthcare Operations:** We may use or disclose your medical information for administrative and operational purposes, such as evaluating the quality of care we provide or improving our services. We may also share your information with other organizations you are affiliated with (e.g., health plans) for their operational activities, including quality assessments or compliance monitoring.

Other Uses or Disclosure

For certain personal or health information, you can tell us your choices about what we share and how we share it. If you have a clear preference for how we share your information in the situations, please inform us. You can make amendments your choices at any time.

- **Appointment Reminders and Health-Related Information:** We may use your medical information to remind you of appointments or provide information about treatment options or services that could benefit your health.
- **Involvement in Your Care:** With your permission, we may share your medical information with family, close friends, or others involved in your care or payment. If you are unable to consent, such as in emergencies, we will use our judgment to determine if sharing this information is in your best interest.
- **For Marketing Purposes:** We will not use or disclose your information for marketing purposes without your prior written authorization. You have the right to revoke your authorization at any time by notifying us in writing.
- **For Research:** In certain circumstances, your information may be used for research purposes. For example, a study might compare outcomes of different treatments. Research projects undergo strict approval processes to ensure your privacy.

Special Situations for Disclosing Your Information that Do Not Require Your Authorization

As Required by Law

We will share your medical information when required by federal, state, or local law.

To Prevent Serious Threats

We may use or disclose your medical information to prevent a serious threat to your health or safety or the safety of others. Any disclosures will be made only to someone who may be able to help prevent the threat of harm, including law enforcement.

Other Specific Situations

Your medical information may also be disclosed in situations related to:

- **Public Health and Safety:** We may disclose your medical information for public health activities. This may include disclosing information regarding the prevention or spread of disease; injury or disability; product recalls; birth or deaths; report victims of abuse, neglect, or domestic violence.
- **Organ Donation:** We may disclose your medical information to organizations that facilitate organ, eye, or tissue donation.
- **Military and Veterans:** We may disclose your medical information for if you are an armed forces member as required by military command.
- **Workers' Compensation:** We may disclose your medical information in order to comply with laws related to work-related injuries.
- **Legal Proceedings:** We may disclose your medical information in response to court orders or subpoenas.
- **Law Enforcement:** We may disclose your medical information if asked to do so by law enforcement to assist in criminal investigations or identifying individuals.
- **Coroners, Medical Examiners, and Funeral Directors:** We may disclose medical information consistent with applicable law to a coroner, medical examiner, or a funeral director to the extent necessary to assist them carry out their duties.
- **National Security:** We may disclose medical information to assist authorized federal agencies.

Your Medical Information Rights

You have the following rights relating to your protected medical information we maintain about you:

- **Right to Inspect and Receive Copy:** You have the right to inspect and copy your medical information used to make decisions about your care, with certain exceptions. We have up to 30 days to make your information available and may charge a reasonable, cost-based fee.

We may deny your requests in certain circumstances. If we deny your request, you have the right to have the denial reviewed by a licensed healthcare professional designated by us who was not directed involved in the denial of your request. We will comply with the outcome of this review.

- **Right to Request Restrictions:** You have the right to ask us to limit how your medical information is used or shared for treatment, payment, or healthcare operations. Additionally, you may request restrictions on the information we share with someone involved in your care or its payment, such as a family member or friend.

To request a restriction, you must submit your request in writing to our office. While we are not obligated to agree to all requests, we are required to honor restrictions on sharing information with a health plan if the information relates solely to a service or item you have fully paid for out-of-pocket. If we agree to your request, we will adhere to it unless the information is necessary for emergency care.

- **Right to Request Amendment to Your Health Information:** You have a right to request that your health information may be amended if you believe that it is incorrect or incomplete. To ask for a change in your records, you must submit your request in writing. There must be a reason that supports your request.
- **Right to Request Information in Certain Form and Location:** You have the right to request that your health information be communicated in a certain way or a certain location. For example, you may request we only contact you via e-mail or at work. To ask for a change in communication, you must tell us how and/or where you want to receive information. We will accommodate reasonable requests.
- **Right to an Accounting of Disclosures:** You have the right to receive an accounting of disclosure of medical information that we have made with some exceptions. You have the right to receive one (1) free accounting every twelve (12) months. If you request more than one (1) accounting in any twelve (12) month period, we may charge you a reasonable fee for the costs of providing that list.
- **Right to a Paper Copy of This Notice:** Federal law gives all patients the right to a paper copy of this Notice at any time. If you have agreed to receive this notice in another form, you can still request a paper copy of this Notice.

Changes to This Notice

We reserve the right to change or modify the information contained in this Notice. Any changes that we make will comply with the appropriate federal, state, or other laws. Pepose Vision Institute will provide its patients with the most recent copy of this Notice and post this version at our facilities. You can also call or write the Privacy Officer to obtain the most recent version of this notice.

Questions or Complaints

If you have questions about this notice or believe your privacy rights have been violated, please contact:

**Privacy Officer
Pepose Vision Institute
1815 Clarkson Road
Chesterfield, MO 63017**

You may also file a complaint with the U.S. Department of Health and Human Services.

You will not face penalties for filing a complaint.