

**SUFFOLK COUNTY COMMUNITY COLLEGE
Ophthalmic Dispensing Clinic**

NOTICE OF PRIVACY PRACTICES

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. We are required by law to protect the privacy of your health information and to abide by the terms of this Notice. We are required to give you a copy of this Notice, which describes our privacy practices, our legal duties and your rights concerning your health information. A copy of our current notice will always be posted in our reception area. You will always be able to obtain your own copy by accessing our website at www3.sunysuffolk.edu/forms/NoticePrivacy.pdf, by calling our office at (631) 851-6282 or by asking for one at the time of your next visit.

When the Clinic May Use and Disclose Your Health Information

For treatment: We may use and disclose health information about you to facilitate treatment by health care providers. For example, we may disclose your health information to other healthcare professionals when we order eyeglasses, contact lenses or other vision devices for you.

For payment: We may use and disclose your health information to obtain payment for services we provide to you, including but not limited to determining your eligibility for benefits.

For health care operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include but are not limited to quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

To discuss treatment alternatives: We may use and disclose your health information to provide appointment reminders or to tell you about treatment alternatives or other health-related benefits and services that may be of interest to you.

As required by law: We may use and disclose information about you as required by law. For example, we may disclose information for judicial or administrative proceedings pursuant to legal authority or to report information related to victims of abuse, neglect or domestic violence.

For public health activities: Your health information may be used or disclosed for public health activities, such as assisting public health authorities or other legal authorities to prevent or control disease, injury or disability or for other health oversight activities.

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Decedents: Your health information may be disclosed to medical examiners to enable them to carry out their lawful duties, to funeral directors to aid in burial or to organ procurement organizations.

For law enforcement purposes: Your health information may be disclosed for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime or to provide information about a crime at our center.

For research: We may disclose your health information for research purposes.

For health and safety: We may disclose your health information to prevent a serious threat to health or safety.

For government functions: We may disclose your health information for specialized government functions such as protection of public officials or reporting to various branches of the armed services.

For workers' compensation: Your health information may be used or disclosed in order to comply with laws and regulations related to workers' compensation programs.

To business associates: We may disclose your health information to business associates who perform health care operations for us and who agree to keep your health information private.

Incidental disclosures: While we take reasonable steps to safeguard the privacy of your information, certain disclosures of your information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures. For example, during the course of a treatment session, other patients in the treatment area may see, or overhear discussion of, your protected health information.

Deidentified information: We may use or disclose your information if it has been deidentified where it cannot be used to identify you. This might occur for educational purposes.

Other uses: Other uses and disclosures will be made only with **your written authorization** except as we have described in this Notice, or as otherwise permitted by federal and state health information privacy laws. If you provide us with a written authorization, you may revoke the authorization at any time, except to the extent we have already relied upon it.

Your Rights to Access and Control Your Health Information

To inspect and copy records: You have the right to inspect and obtain a copy of any of your health information that may be used to make decisions about your and your treatment for as long as we maintain this information in our records.

To amend records: You have the right to request that your protected health information be amended. Your request must be in writing and you must explain why the information should

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be amended. We may deny the request if we did not create the information you want amended or for certain other reasons.

To an accounting of disclosures: You have the right to request an accounting of disclosures, which is a list with information about how we have shared your information with others. An accounting list, however, will not include disclosures we made to you, disclosures we made in order to provide you with treatment, obtain payment for that treatment, or conduct our normal business operations, disclosures we made to your family or friends involved in your care, disclosures made to federal officials for national security and intelligence activities, disclosures made to correctional institutions or law enforcement officers or disclosures made before April 14, 2003.

You have a right to one list within every 12 month period for free. We may charge you for the cost of providing any additional lists in that same 12 month period.

To request additional privacy protections: You have the right to request that we further restrict the way we use and disclose your health information. We are not required to agree to your request for a restriction. However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law. Once we have agreed to a restriction, you have the right to revoke the restriction at any time. In some cases, we will also have the right to revoke the restriction as long as we notify you before doing so; in other cases, we will need your permission before we can revoke the restriction.

To request confidential communications: You have the right to request that we communicate with you about your medical matters in a more confidential way, either by alternative means or at alternative locations. We will not ask you the reason for your request, and we will try to accommodate all reasonable requests.

To request someone act on your behalf: You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information about minors unless the minors are permitted by law to act on their own behalf.

To obtain a copy of this notice: You have the right to a paper copy of this notice. To request a copy, please call our office at (631) 851-6282. You may also obtain a copy of this notice from our website at www3.sunysuffolk.edu/forms/NoticePrivacy.pdf or by requesting a copy at your next visit.

To obtain a copy of revised notices: We may change our privacy practices from time to time. If we do, we will revise this notice so that you will have an accurate summary of our practices. The revised notice will apply to all of your health information and we will be required by law to abide by its terms. We will post any revised notice in our reception area. You will also be able to obtain your own copies by accessing our website at www3.sunysuffolk.edu/forms/NoticePrivacy.pdf, by calling our office at (631) 851-6282 or by

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asking for one at the time of your next visit. The effective date of the notice will always be located in the top left corner of this Notice.

To file a complaint: To file a complaint with us, please contact the Privacy Officer at (631) 451-4705. To file a complaint with the Department of Health and Human Services, you must file in writing (electronic or paper) within 180 days of when you knew or should have known of the problem. **You will not be retaliated against for filing a complaint.**

*For further information, please contact
the Privacy Officer at (631) 451-4705.*

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Acknowledgment of Receipt of Notice of Privacy Practices

By signing below, I acknowledge that I have been provided a copy of this Notice of Privacy Practices and have therefore been advised of how certain health information about me may be used and disclosed by the Ophthalmic Dispensing Clinic of Suffolk County Community College and how I may obtain access to and control this information.

Signature

Date

Print Name