

Dr. Valencia R. Wells, O.D.

Notice of Information Practices and Privacy Statement

Our Legal Duty

We are required by law to maintain the privacy of our health information, to provide you with this notice of its legal duties and privacy practices with respect to your health information, and to follow the terms of this Notice. We will not use or disclose medical information about you without your written authorization, except as described in this Notice. We reserve the right to change our practices and the terms of this Notice at any time, provided that the changes are permitted by law. Changes to our privacy practice or terms of this Notice effect all medical information we keep, including previously created or received before the changes. Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

Use and Disclosure of Your Medical Information

This section describes how your medical information may be disclosed. This section is representative, but not all inclusive.

- Treatment, Payment, and Health Care Operations – We may use medical information obtained from you in your treatment or services, to bill your insurance carrier if you have third party coverage, and to record and monitor the service provided to you.
- As and When Required by Law – We may use and disclose your health information to Public Health Officials, Law Enforcement, Health Oversight Activities (for audits, investigations, etc), Court Orders and Judicial and Administrative, Deceased Person Information, Worker Compensation programs, or for Specialized Government Functions (military personnel and veterans, national security, or correctional facilities).
- Disclose to Our Business Associates – There are some services provided by us through contracts with business associates. When these services are contracted for, we may disclose health information about you to our business associates so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, we require the business associate to appropriately safeguard the health information.
- Victims of Abuse, Neglect, or Domestic Violence – We may disclose your health information to a government authority, such as social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share you medical information if there is a serious threat to your health or safety or the health or safety of others.
- Appointment Reminders & Alternative and Additional Medical Services – We may contact you to provide appointment reminders, annual eye examination cards, and other information about treatment alternative or other health-related benefits and services that may be of interest to you as well as communicate with individuals involved in your care or payment for you care.

Marketing Communications. We must obtain your written authorization prior to using your health information to send you any marketing materials. We may communicate with you about products or services relating your treatment, care, or alternative treatments, or providers without authorization.

When We May Not Disclose Your Health Information

Except as described in this Notice of Privacy Practices, Valencia R. Wells, O.D. will not use or disclose your health information without your written authorization. If you do authorize Valencia R. Wells, O.D. to use or disclose you health information for another purpose, you may revoke your authorization in writing at any time. If your state law provides additional restrictions upon any of the foregoing uses and disclosures, we must follow your state law.

Your Individual Rights With Respect to Your Health Information

- You have the right to request additional restrictions on certain uses and disclosures of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in case of emergency).
- You have the right to inspect and copy you health information as long as Valencia R. Wells, O.D. maintains the health information. You must make your request in writing. You may ask the receptionist for the form needed to request access. There may be charges for copying, mailing, or other supplies necessary to grant your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed.
- You have the right to request that we amend your health information that is incorrect or incomplete. We may deny your request if we did not create the information you want changed or for certain other reasons. If denied we will provide you with a written explanation.
- You have the right to receive a list of all the times we or our business associates shared your medical information for purposes other than treatment, payment, and health care operations and other specified exceptions.
- You have the right to request that we communicate with you about your medical information by different means or to different locations. Your request that we communicate your medical information to you by different means or at different locations must be made in writing to our Privacy Officer.

Questions and Complaints

If you have questions or about this notice please ask to speak with our Privacy Officer. If you believe your privacy rights have been violated, you may speak with our Privacy Officer and submit a written complaint. You may submit a written complaint to the U.S. Department of Health and Human Services; we will provide you with the address to file your complaint.