

**CENTER FOR THE VISUALLY
IMPAIRED**

**FLORENCE MAXWELL LOW VISION
CLINIC**

**NOTICE OF HIPAA- COMPLIANT
PRIVACY PRACTICES**

Effective Date: 06/01/2003

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.

If you have any questions about this notice, please ask to the low vision clinic's program director.

This notice describes our clinic's services and that of:

- Any staff member authorized to enter information into your medical file**
- All areas of the Maxwell Low Vision Clinic**
- All employees of the Maxwell Low Vision Clinic**
- All areas of the Center for the Visually Impaired**
- All employees of the Center for the Visually Impaired**
- In addition, those entities that may share medical information with each other for treatment, payment, or other related services described in this notice**

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record file of the care and services you receive at this agency. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by our doctors, professional, and support staff.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights

and certain obligations we have regarding the use and disclosure of medical information.

Law requires us to:

- Make sure that medical information that identifies you is kept private;**
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and**
- Follow the terms of the notice currently in effect**

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose medical information or

treatment information. We will give an example for each category defined.

Uses and Disclosures related to Services Provided

- 1. Your referring eye doctor-- we send a report to your referring eye doctor when we have completed services, detailing the low vision or rehabilitation services we provided you.**
- 2. Your rehabilitation counselor-- we send monthly reports of services we provided you to your referring rehabilitation counselor who authorized your attendance at our center, if you are an active client of the Vocational Rehabilitation Program with the Georgia Department of Labor.**

- 3. Older Blind Program (Georgia Department of Labor)-- if you were served under Project Independence-- Older Blind Program-- we must send a monthly report to them to account for services provided to you. We provide them with your name, hours of service rendered, devices purchased with these funds on your behalf, any special services rendered, and a secure case number we assign you. They do not receive any other identifying information (i.e. SSN, address, etc.).**
- 4. Low Vision Elderly-- if you were served under this funding program administered by the Georgia Department of Human Resources, we must send a**

monthly report to them to account for services provided to you. We provide them with your name, hours of service rendered, the cost of devices purchased with these funds on your behalf. They do not receive any other identifying information (address, telephone number, etc.).

- 5. Fulton County Board of Commissioners – funding provided in part by the Fulton County Board of Commissioners under the guidance of the Health and Human Services Agency’s Grant Programs. CVI is required to send quarterly reports on the number of people served (age, level of household income, county of residence).**

6. Center for the Visually Impaired staff-- team members for your service plan who are staff members will have access to your file and your medical information in order to best contribute to your service plan and to be aware of your eye condition and other health problems.

Other Uses and Disclosures

7. Research-- we participate in a research project with Mississippi State University which helps us evaluate the quality of the services that we offer. Only data identifying services provided to you, cause of vision loss, and outcomes of services are

disclosed. WE DO NOT EVER ASSOCIATE THAT INFORMATION WITH YOU DIRECTLY BY NAME, ADDRESS, SOCIAL SECURITY NUMBER, OR ANY OTHER IDENTIFYING FACTOR. We may, from time to time, participate in similar research with other researchers or institutions. We will maintain the same level of confidentiality whenever we participate in any research projects.

- 8. Statistical Data-- each year we provide statistics detailing whom we serve, as well as when and where services are provided. None of this data ever identifies you as an individual, except when required by an entity in order to receive funds for providing**

service. In those cases, name, address, telephone number, and/or type of service rendered, and funds expended may be reported. We report such data to our Board of Trustees, the public, the United Way, and to other funding sources.

9. Payment-- we may use and disclose medical information about you to Medicare B or insurance companies associated with your care and reimbursement of services provided directly to you.

10. As Required by Government Agencies-- we may provide medical information about you to the Social Security Administration or Workers Compensation Board in response

to requests for such information when it is related to certifying your eligibility for benefits, but only when they (the Social Security Administration or Workers Compensation Board) provide us with a copy of your request that we release such information to them, signed by you.

- 11. Agencies with which you may wish to register for services-- we may share your medical information with agencies such as MARTA, CCT, or other transportation services; Georgia Library for Accessible Services (GLASS, Library for the Blind--Talking Book Program); Georgia Cares (for help with medication**

costs), and Telephone Directory Assistance (411 calls).

12. Appointment reminders-- we may use your personal information to contact you regarding upcoming appointments you have with us for treatment or training.

13. As required by law-- we may release medical information about you if required to do so in relation to lawsuits, disputes in response to a court or administrative order, or a health oversight agency for activities authorized by law.

**YOUR RIGHTS REGARDING YOUR
MEDICAL INFORMATION**

You have the following rights regarding the medical information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy medical information produced by our agency and maintained in your file, including service activities and billing information. This does not include psychotherapy or professional counselors' notes. To inspect or copy medical information about you, contact Director, CVI Client Services, at 404 875 9011. Photocopies will cost 10 cents per page.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask to amend the information.

You have the right to request an amendment for as long as the information is kept by us; this does not include information which we may have received from other sources, such as referring physicians and other rehabilitation providers.

Right to an Accounting of Disclosures. You have the right to request we disclose to you any information we disclosed to others.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or services, including restrictions on sharing information with family members.

Changes to this Notice. We reserve the right to revise or change this notice in the future and will post any such changes in our office. Revised notices will be available each time you come in for services.

COMPLAINTS

If you believe your privacy rights have been violated you may file a complaint with us or the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, please contact the Center for the Visually Impaired. All complaints must be in writing.