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Sean R. Fericks, HIPAA Practices Contact

## 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 respect our legal obligation to keep your health information private. We are obligated by law to give you notice of our privacy practices. This Notice describes how we protect your health information and what rights you have regarding it.

### TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reason we use or disclose your health information is for treatment, payment, or health care operations. Examples of situation in which we disclose information for treatment purposes are: setting up an appointment for you; examining your eyes; prescribing glasses, contact lenses, or eye medications and transmitting them to be filled; referring you to another provider for eye care; sharing information necessary to the coordination of your care with another provider; or getting copies of your health information from another professional that you have seen before us. Example situations in which we disclose your health information for payment purposes are: asking you about your health or vision care plans; preparing and sending bills or claims; and collecting unpaid amounts. "Health care operations" mean those administrative and managerial functions that we do in order to run our office. Example situations in which we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; and outside storage of records.

### USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Some such uses or disclosures are: when a state or federal law mandates that certain health information be reported for a specific purpose; for public health purposes; notices to and from the federal Food and Drug Administration regarding drugs or medical devices; disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence; uses and disclosures for health oversight activities; audits by Medicare or Medicaid; investigation of possible violations of health care laws; disclosures for judicial and administrative proceedings; disclosures for law enforcement purposes; to provide information about a crime at our office; or to report a crime that happened somewhere else; disclosure to a medical examiner to identify a dead person or to determine the cause of death; uses or disclosures for health related research; uses and disclosures to prevent a serious threat to health or safety; uses or disclosures for specialized government functions; for lawful national intelligence activities; for the evaluation and health of members of the foreign service; disclosures relating to worker's compensation programs; disclosures of a "limited data set" for research, public health, or health care operations; incidental disclosures that are an unavoidable by-product of permitted uses or disclosures; disclosures to business associates who perform health care operations for us and who commit to respect the privacy of your health information.

### APPOINTMENT REMINDERS

We may call, write, e-mail, or text to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call, write, e-mail, or text to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we will text and email you your appointment reminder, or leave you a reminder message on your home answering machine or with someone who answers your phone if you are not home.

## OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your health information unless you sign a written "authorization form." If we ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing. Send them to the office contact person named at the beginning of this Notice.

## YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information. You can: ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment) and payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to the office contact person shown at the beginning of this Notice. Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using e-mail to your personal email address. We will accommodate these requests if they are reasonable, and if you pay us for any extra cost incurred. If you want to ask for confidential communications, send a written request to the office contact person shown at the beginning of this Notice. Ask to see or to acquire photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 5 days of asking us (or sixty days if the information is stored off-site). If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one 30 day extension of the time for us to give you access or photocopies if we send you a written notice of the extension. If you want to review or get photocopies of your health information, send a written request to the office contact person shown at the beginning of this Notice. Ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days of your request. If we do not agree, you can write a statement of your position, and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have one 30 day extension of time to consider a request for amendment if we notify you in writing of the extension. If you wish for us to amend your health information, send a written request, including your reasons for the amendment, to the office contact person shown at the beginning of this Notice. You may request a list of disclosures of your personal health information. By law, the list will not include: disclosures for purposes of treatment, payment or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. You are entitled to one such list per year without charge. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30 day extension of time if we notify you of the extension in writing. Send written requests to the office contact person shown at the beginning of this Notice.

## OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office and have copies available in our office.

## COMPLAINTS

If you believe that we have not properly respected the privacy of your health information, you may address the matter with us or the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you wish to address us, send a written request to the office contact person shown at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone.

## FOR MORE INFORMATION

If you require more information about our privacy practices, call or visit the office contact person shown at the beginning of this Notice.