**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE OF PRIVACY IS EFFECTIVE MARCH 1, 2016. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The Society for the Blind and Visually Impaired is committed to preserving the privacy of your health information as required by state and federal law. The Health Insurance Portability and Accountability Act set standards for how your health information may be used and disclosed. This Notice is provided to you and under the Act. We will use and disclose your health information as described in this Notice. You have the right to a paper copy of this Notice and may request a paper copy at any time.

Our obligation extends to using or disclosing information in your Medical Record that identifies, or could be used to identify you. Our legal obligations do not apply to uses and disclosures of that information if there is no reasonable basis to believe that the information could be used to identify you.

**HOW ST. LOUIS SOCIETY for the BLIND and VISUALLY IMPAIRED MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

The Society for the Blind and Visually Impaired may use and disclose your health information for the following purposes without your express consent or authorization. We will obtain your express written authorization before using or disclosing your information for any other purpose. You may revoke such authorization, in writing, at any time the extent The Society for the Blind and Visually Impaired has not relied on it.

**Treatment.** We may use your health information to provide you with medical treatment. We may disclose information to doctors, nurses, technicians, medical students, or other personnel involved in your care. We also may disclose information to persons outside The Society for the Blind and Visually Impaired involved in your treatments, such as other health care providers, family members, and friends.

For example, your physician may need information about your eye health as a part of his examination of you.

We may use and disclose health information to discuss with you treatment options or health-related benefits or services or to provide you with promotional gifts of nominal value. We may use and disclose your health information to remind you of upcoming appointments. Unless you direct us otherwise, we may leave messages on your telephone answering machine identifying The Society for the Blind and Visually Impaired and asking for you to return our call. We will not disclose any health information to any person other than you except to leave a message for you to return the call.

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**Payment.** We may use and disclose your health information as necessary to collect payment for services we provide to you. We also may provide information to other health care providers to assist them in obtaining payment for services they provide to you. For example, we may use health information to submit a bill to your insurance company or other payer.

**Health Care Operations.** We may use and disclose your health information for our internal operations. These uses and disclosures are necessary for our day-to-day operations and to make sure patients receive quality care. We may disclose health information about you to another health care provider or health plan with which you also have had a relationship for purposes of that provider’s plan internal operations. For example, we may use your health information to review our services and to evaluate the performance of our staff in caring for you.

**Business Associate.** The Society for the Blind and Visually Impaired provides some services through contracts or arrangements with business associates. We require our business associates to appropriately safeguard your information.

Creation of de-identified health information. We may use your health information to create de-identified health information. This means that all data items that would help identify you are removed or modified.

**Employer.** The Society for the Blind and Visually Impaired may disclose your health information to your employer (in which case we will give you notice of the disclosure) if we have been retained by your employer to provide health care to you and : 1) the purpose of the disclosure is to evaluate whether you have a work-related illness or injury; 2) the information disclosed consists of findings about a work-related illness or injury; 3) the employer needs the information disclosed in order to comply with its obligations under the Occupational Safety and Health Act or state law having a similar purpose to record such illnesses or injury.

**Health Oversight Agencies**. The Society for the Blind and Visually Impaired may disclose your health information to a health oversight agency authorized to conduct audits and investigations related to the integrity of the health care system, government benefit programs such as Medicare and Medicaid, and compliance with governmental regulatory programs and civil rights laws affecting the delivery of health care.

**Decedents.** At the time of your death, The Society for the Blind and Visually Impaired may disclose your health information to a medical examiner for purposes of identification, determination of cause of death, or enabling those officials to perform other duties authorized by law.

**Organ Donations.** The Society for the Blind and Visually Impaired may disclose your health information to organizations engaged in facilitating organ, eye, or tissue donation and transplantation.

**Worker’s Compensation.** The Society for the Blind and Visually Impaired may close disclose your health information to the extent the disclosure is authorized by, and necessary to comply with the laws relating to worker’s compensation.

**Fundraising.**  The Society for the Blind and Visually Impaired is always hopeful that those to whom we provide services will find it in their hearts to contribute to our health care efforts. Accordingly, The Society for the Blind and Visually Impaired may contact you regarding fund raising activities that will directly benefit us.

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**Uses and disclosures required by law.** We will use and /or disclose your health information when required by law to do so.

**Disclosures for public health activities.**  We may disclose your health information to a government agency authorized (a) to collect data for the purpose of preventing or controlling disease, injury, or disability; or (b) to receive reports of child abuse or neglect. We also may disclose such information to a person who may have been exposed to a communicable disease if permitted by law.

**Disclosures about victims of abuse, neglect, or domestic violence.** The Society for the Blind and Visually Impaired may disclose your health information to a government authority if we reasonably believe you are a victim of abuse, neglect, or domestic violence.

**Disclosure for judicial and administrative proceedings.** Your protected health information may be disclosed in response to a court order or in response to a subpoena, discovery, or other lawful process if certain legal requirements are satisfied.

**Disclosures for law enforcement purposes.** We may disclose your health information to a law enforcement official as required by law or in compliance with a court order, court-ordered warrant, subpoena, or summons issued by a judicial officer; a grand jury subpoena; or an administrative request related to a legitimate law enforcement inquiry.

**Disclosures regarding victims of a crime.** In response to a law enforcement official’s request, we may disclose information about you with your approval. We may also disclose information in an emergency situation or if you are incapacitated if it appears you were the victim of a crime.

**Disclosures to avert a serious threat to health or safety.** We may disclose information to prevent or lessen a serious threat to the health and safety of a person or the public or as necessary for law enforcement authorities to identify or apprehend and individual.

**Disclosures for specialized government functions**. We may disclose your protected health information as required to comply with governmental requirements for national security reasons or for protection of certain governmental personnel or foreign dignitaries.

**Research.** Under certain circumstances, we may use and disclose your protected health information for research purposes, subject to the requirements of applicable law. For example, a research project may involve comparing the rehabilitation progress of all patients with a specific diagnosis. In most cases, we must obtain your authorization to use or disclose your protected health information to conduct research. In some cases, we may use or disclose your protected health information to conduct research without your authorization, but only subject to a special approval process that balances research need with a patient’s needs for privacy. We may use or disclose your protected health information without authorization to perform research about deceased persons. We may also use it to identify and contact you regarding whether you are willing to participate in or authorize the use of your protected health information and other activities in preparation for research. We may use or disclose without your authorization a portion of your protected health information that includes only a limited amount of identifying information for research.

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**YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

**Right to Inspect and Copy.** You have the right to inspect and copy health information maintained by The Society of the Blind and Visually Impaired. To do so, you must complete a specific form providing information needed to process your request. You must give this form to the Privacy Officer. If you request copies, we may charge a reasonable fee. We may deny you access in certain limited circumstances. If we deny access, you may request review of that decision by a third party and we will comply with the outcome of the review.

**Right to Request Amendment**. If you believe your records contain inaccurate or incomplete information, you may ask us to amend the information. To request an amendment, you must complete a specific form providing information we need to process your request, including the reason that supports your request.

**Right to an Accounting of Disclosures.** You have the right to request a list of disclosures of your health information we have made, with certain exceptions defined by law. To request this list, you must complete a specific form providing information we need to process your request.

**Right to Request Restrictions.** You have the right to request a restriction on our uses and disclosures of your health information for treatment, payment, or health care operations. You must complete a specific form providing information we need to process your request. The Society for the Blind Privacy Officer is the only person who has the authority to approve such a request.

**Rights to Request Alternative Methods of Communication**. You have the right to request that we communicate with you in a certain way or at a certain location. You must complete a specific form providing information needed to process your request. The Society for the Blind and Visually Impaired Privacy Officer is the only person who has the authority to act on such a request. We will not ask for the reason for your request, and we will accommodate all reasonable request.

**COMPLAINTS**

If you believe your rights with respect to health information have been violated, you may file a complaint with St. Louis Society for the Blind and Visually Impaired. To file a complaint with the Society please contact Privacy Officer, 314-968-9000, 8770 Manchester Road, St. Louis, MO 63144. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

St. Louis Society for the Blind and Visually Impaired reserves the right to change the terms of this Notice and to make the revised Notice effective with respect to all protected health information regardless of when the information was created. Any revised notices will be published on our website, [www.slsbvi.org](http://www.slsbvi.org), and will be posted at our office located at 8770 Manchester Rd., St. Louis, MO 63144. Additionally a paper or electronic copy of any revised notice will be made available to you upon your request.

If you need assistance, or wish to exercise your Privacy Rights or have questions about this Notice, contact the St. Louis Society for the Blind and Visually Impaired Privacy Officer.

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