

## **NOTICE OF PRIVACY PRACTICES -- VISION TO LEARN**

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. As Legal representative/parent of a minor patient, when reading this notice, please understand that the term "you" represents the minor patient. Vision To Learn ("VTL") provides optometric services to you and in doing so, may act as a Covered Entity for the purposes of compliance with the Health Insurance Portability and Accountability Act ("HIPAA"). VTL, its employees, and workforce members who are involved in providing and coordinating health care are all bound to follow the terms of this Notice of Privacy Practices ("Notice").

The most common way VTL will use your information is for treatment, payment, and health care operations.

- Treatment. Your PHI may be used and disclosed to provide treatment and other services to you--for example, to discuss and treat your injury or illness or condition with other providers.
- Payment. Your PHI may be used and disclosed to obtain payment for services provided to you--for example, disclosures to claim and obtain payment from your health insurer. We may send a bill to you or to a third-party payer, such as a health insurer.
- Health Care Operations. Your PHI may be used and disclosed for health care operations. For example, PHI may be used to evaluate the quality of optometrists. In addition, PHI may be shared with business associates who perform treatment, payment, and health care operations services on behalf of VTL.

For certain information, you can tell us your choices about what we share. If you are not able to tell us your preference because you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share when needed to lessen a serious and imminent threat to health and safety. If you have a clear preference for how we share in the situations noted below, please tell us.

- Share information with your family, close friends, or others involved in payment.
- Share information in a disaster relief situation.
- Contact you for fundraising efforts.
- We will never market or sell your personal information.

We are allowed or required to share your PHI in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

- Help with public safety issues such as preventing disease or reporting abuse
- Health research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral
- Address law enforcement and other government requests
- Respond to lawsuits and legal actions
- Conduct outreach, enrollment, care coordination, and case management
- Appeal a Medicaid decision
- Share with our contractors and agents who help administer our program
- Comply with special laws to the extent they are stricter than this Notice

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Your Rights

- You can ask us not to use or share certain health information for treatment, payment, or our operations, but we are not required to agree to your request, and we may say “no” if it would affect your care.
- You have the right to ask to see or get a copy of your health and claims records and other health information within 30 days of the request. Contact Dr. Amanda Hikin at [amanda@visiontolearn.org](mailto:amanda@visiontolearn.org) to obtain a copy of your records.
- You have the right to ask us to correct your health claims and records. We may say no but we must tell you why in writing within 60 days.
- You can request confidential communication or for us to contact you in a specific way.
- You can ask us for a list of the times we shared your health information withing the prior 6 years, one per year for free.
- You can ask for a paper copy of this notice at any time.
- You can choose someone to act for you and to make choices about your health information.

## Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.  
Effective Date: June 24, 2022

**For Further Information or Complaints.** If you desire further information about your privacy rights, are concerned that your privacy rights have been violated or disagree with a decision made about access to your PHI, you may contact Vision To Learn’s National Managing Optometrist Dr. Amanda Hikin at [amanda@visiontolearn.org](mailto:amanda@visiontolearn.org). You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). Vision To Learn will not retaliate against you if you file a complaint.

## VISION TO LEARN – CALIFORNIA CONTACT

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