



Notice of Privacy Practices Effective January 1, 2025

This notice describes your rights regarding your medical information and informs you of how medical information about you may be used. Please review it carefully.

This notice applies to Eye Physicians of St. Louis Inc DBA STL Vision

By law, we are required to maintain privacy of your protected health information ("PHI"), to provide you with this Notice of our legal duties and privacy practices with respect to your PHI, and notify you if a breach occurs that may have compromised the privacy or security of your PHI. PHI is any information, including verbal, electronic and on paper, that is created or received by STL Vision pertaining to your health care and payment for your health care. When we use or disclose your PHI, we are required to abide by the terms of this Notice.

How We May Use and Disclose Your PHI

We may use and disclose your PHI without obtaining your authorization as described below. Below is a brief explanation of use or disclosure, but we do not list every use or disclosure in a category. For any purpose other than the ones listed in this Notice, we may use or share your PHI only when you give us your written authorization.

- **For Treatment:** We may use and disclose your PHI to provide you with health care services. We may share PHI about you with health care providers involved in your care. We may also disclose your PHI to other health care providers to provide you with various items and services, such as laboratory tests or medications and to make arrangements for home care services, rehabilitation services or other health care services you may need. We may contact you to provide appointment reminders, patient registration information, information about treatment alternatives or other health related benefits and services that may be of interest to you or to follow up on your care.
- **For Payment:** We may use and disclose your PHI for billing purposes. For example, we may share your PHI with your insurance company to receive payment for service or to authorize services.
- **For Health Care Operations:** We may use and disclose PHI about you for our health care operations which are various activities necessary to run our business, provide quality health care services and contact you when necessary. For example, we may share your PHI to evaluate our performance in caring for you and for quality improvement activities. We may disclose your PHI to students and other trainees for review and learning purposes.
- **Family Members and Friends Involved in Your Care:** We may share PHI about you with your friend, family member, personal representative, or any individual you identify who is involved in your care or is paying for some or all of your care. We may disclose PHI if we reasonably infer that you do not object to the disclosure. If you are unable to tell us your preference, for example, if you are not present or are unconscious, we may share your PHI that is directly relevant to the person's involvement with your care if we believe it is in your best interest.
- **For Research:** We may use or disclose your PHI for research purposes provided that we comply with applicable laws.
- **Public Health Activities:** We may disclose your PHI for public health activities to public health or other governmental authorities authorized by law to receive such information. This may include disclosing your medical information to report certain diseases, report child abuse or neglect, report information to the Food and Drug Administration if you experience an adverse reaction from a medication, to enable product recalls or disclosing PHI for public health surveillance, investigations or interventions.
- **Victims of Abuse, Neglect or Domestic Violence:** We may disclose your PHI to a governmental authority authorized by law to receive reports of abuse, neglect or domestic violence, if we reasonably believe that you are a victim of abuse, neglect or domestic violence, if the disclosure is required or authorized by law.
- **Health Oversight Activities:** We may use and disclose your PHI to a health oversight agency that oversees the health care system so they can monitor, investigate, inspect, discipline or license those who work in health care and engage in other health care oversight activities.



- **Judicial and Administrative Proceedings:**We may use and disclose your PHI in the course of judicial or administrative proceedings in response to a legal order, subpoena, discovery request or other lawful process, subject to applicable procedural requirements.
- **Law Enforcement Officials:**We may disclose your PHI to the police or other law enforcement officials to report or prevent a crime or as otherwise required or permitted by law.
- **Decedents:**We may disclose PHI to coroners, medical examiners and funeral directors when an individual dies so that they can carry out their duties or for identification of a deceased person or determining cause of death.
- **Health or Safety Threat:**We may use or disclose your PHI to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- **Workers Compensation:**We may use and disclose your PHI as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs providing benefits for work-related injuries or illnesses.
- **Specialized Government Functions:**We may use and disclose PHI for special government functions such as military, national security and presidential protective services.
- **Correctional Institutions:**If you are in the custody of law enforcement or a correctional institution, we may disclose your PHI to the law enforcement official or the correctional institution as necessary for the health and safety of you or others, provision of health care to you or certain operations of the correctional institution.
- **Business Associates:**We may disclose your PHI to third party business associates, which are vendors that perform various services for STL Vision. For example, we may disclose your PHI to a vendor that provides billing or collection services for us. We require our business associates to safeguard your PHI.
- **As Required by Law:**We may disclose your PHI to the Secretary of the Department of Health and Human Services and as otherwise required by Federal or state law.

Revoking Your Authorization

If you give us written authorization to use and share your PHI, you can take back your authorization at any time, as long as you tell us in writing. If you take back your authorization, we will stop using or sharing your PHI, but we will not be able to take back any PHI that we have already shared. To revoke any previously provided authorization you must submit a written request for revocation.

Your Rights Regarding Your PHI

- **Right to Request Restrictions:**You have the right to ask us not to use or disclose your PHI for purposes of treatment, payment or health care operations or to individuals who are involved in your care. To request a restriction, you must submit your request in writing. In your request, you must tell us what PHI you want us not to use or disclose and to whom you want the restriction to apply (for example, disclosures to a certain family member). We are not required to agree to your request, and we will notify you if we don't agree. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that PHI for the purpose of payment or our operations with your health insurer, and we will agree to such request unless a law requires us to share that information. If we agree to your request, we will comply with the restriction unless the information is needed to provide emergency treatment to you. Even if we agree to your request, we may still disclose your PHI to the Secretary of the Department of Health and Human Services and for certain other purposes described in this Notice for which disclosure is permitted without your authorization. We may end a restriction to which we previously agreed if we inform you that we plan to do so.
- **Right to Request Confidential Communication:**You have the right to request PHI in a certain form or at a specific location. For example, you can request that we only contact you at a certain phone number or only send mail to a certain address. Your request must be in writing. In your request, you must tell us how or where you wish to be contacted and to what address we may send bills for services provided to you. We will not ask you about the reason for your request. We will agree to reasonable requests. If we agree to your



request, we will honor your request until you tell us in writing that you have changed your mind and no longer want the confidential communication.

- **Right to Inspect and Receive a Copy of Your PHI:** You have the right to review your PHI and to receive a paper or electronic copy of your PHI. You may request that we send a copy of your PHI to a third party. Your request must be in writing and must be submitted to our Health Information Management Department. We may charge a reasonable cost based fee for the cost of providing you with copies. We may deny your request to access and receive a copy of your PHI in certain limited circumstances. If we deny your request, we will explain the reasons to you and in most cases you may have the denial reviewed.
- **Right to Request a Change to Your PHI:** You have a right to request that your PHI be corrected if you believe that it contains a mistake or is missing information. Your request must be in writing. You must tell us the reasons for the change in writing. We can deny your request if: (1) it is not in writing or does not include a reason for the change; (2) the information you want to change was not created by STL Vision; (3) the information is not part of the medical record; (4) the information is not part of the information that you are permitted to inspect or copy; or (5) the information contained in the record is accurate and complete. If we accept your request, we will inform you about our acceptance and make the appropriate corrections. If we deny your request, we will inform you and give you a chance to submit to us a written statement disagreeing with the denial.
- **Right to Notice of a Breach:** You have the right to receive notice if a breach occurs that may have compromised the privacy or security of your PHI.
- **Right to an Accounting of Disclosures:** You have the right to request a list of the times we have shared your PHI for six years prior to the date of your request, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures. To request this list, you must submit your request in writing. Your request must state a time period for which you want to receive this information. We will provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within twelve months. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.
- **Right to Choose Someone to Act for You:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI. We will verify that the person has this authority and can act for you before we take any action.
- **Right to Receive a Paper Copy of this Notice:** You have the right to a paper copy of this Notice.

You have recourse if you feel that your protections have been violated by our office. You have the right to file a formal, written complaint with the office and with the Department of Health and Human Services, Office of Civil Rights without fear of retaliation.

Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I have received a copy of this office's Notice of Privacy Practices.

Patient Name: _____

Signature: _____ Date: _____

We will not discuss your protected health information (PHI) with anyone other than yourself unless you authorize us to do so. Please list below the name(s) of the individual(s) you authorize our office to discuss care with. Your PHI may be disclosed to the individual(s) listed below until you notify us otherwise in writing. Please provide their contact information.
