



SUNY COLLEGE OF OPTOMETRY
UNIVERSITY EYE CENTER®

WELCOME TO THE UNIVERSITY EYE CENTER

The State University of New York
UNIVERSITY EYE CENTER

33 W. 42nd Street, New York, NY 10036
877-570-5222 | www.UniversityEyeCenter.org

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Welcome

Welcome to the University Eye Center of the State University of New York College of Optometry. We are pleased that you have chosen us for your vision and eye care needs. This brochure contains information that may answer many of your questions including your rights and responsibilities, and how you can contact us if you have questions or need assistance with regard to your care.

Our Mission

The University Eye Center is committed to providing our patients with compassionate and professional care. Our goal is to provide you with exceptional care along with prompt, efficient service. Our mission is to advance visual health and patient care through leadership in education, research and service.

General Hours of Operation

Monday, Wednesday and Thursday: 8:30am – 7:30pm
Tuesday: 1:00pm – 7:30pm
Friday and Saturday: 8:30am – 4:00pm
* Clinic specific hours may vary.

University Eye Center (UEC) Website

Visit UniversityEyeCenter.org for information about news and events at the UEC, services we provide, sign up for our Patient Portal, request an appointment and obtain additional information to help you prepare for your appointment.

EyeConnect (Patient Portal)

EyeConnect is the University Eye Center's Patient Portal. It is a free, secure, confidential and convenient online system that allows you to request your medical records, including Eyeglass and Contact Lens prescriptions, send messages to your doctor, request appointments and medication refills, pay your bill and more. It is available 24/7 on your computer or smartphone. You may download the mobile app by visiting the Apple store or Google play and searching for NextMD. To enroll, simply inform the receptionist and you will be assisted in the enrollment process.



Patient Bill of Rights

As a patient of the University Eye Center in New York State, you have the right, consistent with law, to:

- (1) Receive service(s) without regard to age, race, color, sexual orientation, religion, marital status, sex, gender identity, national origin or sponsor;
- (2) Be treated with consideration, respect and dignity including privacy in treatment;
- (3) Be informed of the services available at the center;
- (4) Be informed of the provisions for off-hour emergency coverage;
- (5) Be informed of and receive an estimate of the charges for services, view a list of the health plans and the hospitals that the center participates with; eligibility for third-party reimbursements and, when applicable, the availability of free or reduced cost care;
- (6) Receive an itemized copy of his/her account statement, upon request;
- (7) Obtain from his/her health care practitioner, or the health care practitioner's delegate, complete and current information concerning his/her diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand;
- (8) Receive from his/her physician information necessary to give informed consent prior to the start of any nonemergency procedure or treatment or both. An informed consent shall include, as a minimum, the provision of information concerning the specific procedure or treatment or both, the reasonably foreseeable risks involved, and alternatives for care or treatment, if any, as a reasonable medical practitioner under similar circumstances would disclose in a manner permitting the patient to make a knowledgeable decision;
- (9) Refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of his/her action;
- (10) Refuse to participate in experimental research;
- (11) Voice grievances and recommend changes in policies and services to the center's staff, the operator and the New York State Department of Health without fear of reprisal;
- (12) Express complaints about the care and services provided and to have the center investigate such complaints. The center is responsible for providing the patient or his/her designee with a written response within 30 days if requested by the patient indicating the findings of the investigation. The center is also responsible for notifying the patient or his/her designee that if the patient is not satisfied by the center response, the patient may complain to the New York State Department of Health;
- (13) Privacy and confidentiality of all information and records pertaining to the patient's treatment;
- (14) Approve or refuse the release or disclosure of the contents of his/her medical record to any health-care practitioner and/or health-care facility except as required by law or third-party payment contract;
- (15) Access to his/her medical record per Section 18 of the Public Health Law, and Subpart 50-3. For additional information link to: http://www.health.ny.gov/publications/1449/section_1.htm#access;
- (16) Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors;
- (17) When applicable, make known your wishes in regard to anatomical gifts. Persons sixteen years of age or older may document their consent to donate their organs, eyes and/or tissues, upon their death, by enrolling in the NYS Donate Life Registry or by documenting their authorization for organ and/or tissue donation in writing in a number of ways (such as health care proxy, will, donor card, or other signed paper). The health care proxy is available from the center;
- (18) View a list of the health plans and the hospitals that the center participates with; and
- (19) Receive an estimate of the amount that you will be billed after services are rendered.



Suggestion/Grievance Procedures

The University Eye Center strives to provide the best care and service to its patients. However, if we should fall short of this goal we'd like you to know our procedures for addressing your concerns. All UEC personnel are required to promptly investigate and to attempt to resolve verbal concerns or dissatisfaction with any services provided by the UEC.

As we would like to resolve any concerns before you leave the UEC, issues involving the clinical care you received may be brought to the attention of your doctor, the chief of the service or the clinic manager on the day of your visit. Depending on the specific issue, other personnel may be brought in to provide resolution or clarification. Should you wish to relay your suggestions and/or concerns in writing, kindly address it to the attention of:

Clinical Administration-Rm. 1025, University Eye Center, 33 West 42nd Street, NY 10036.



Advance Directives

In New York State, if you become unable to make decisions for yourself, your spouse, parent or child cannot make certain critical health care decisions for you unless you have specifically authorized one of them to do so. Plan ahead and designate someone to make health care decisions for you if you are unable to make them for yourself. If you choose to complete an Advance Directive (e.g. Health Care Proxy) please be sure to provide us with a copy.

Registration/Patient Information

Please let us know if any of your information has changed since your last visit, such as:

- Name change (please bring proof)
- Change of address
- Change of email address
- New telephone number (home, work or mobile)
- Change of insurance for anyone covered under your plan

Please arrive 15 minutes before your scheduled appointment in order to complete the check-in process.

Insurance and Payment Policies

We would like to provide you with the best possible care and service. We want to help you receive your maximum allowable benefits and avoid any financial misunderstandings. For us to achieve these goals, it is your responsibility to understand your insurance coverage and our payment policies. As you are responsible for charges not covered by your insurance plan, we suggest that you verify your eligibility for services prior to your visit.

- Full payment for our services is due at the time the services are rendered. We “Accept Assignment” from the insurance plans in which we participate. “Accept Assignment” still requires you to pay all co-payments, coinsurances, deductibles and non-covered services. We accept cash, checks and Visa, MasterCard, Discover and debit cards.
- Refraction (the determination of your eyeglass prescription) may not be covered by your insurance. Many insurance carriers including Medicare SELECT do not cover this procedure. A refraction is a separate procedure that measures your ability to see and determine if you need new glasses or if you need a change in your current glasses. It is typically performed during both a routine exam as well as part of an evaluation and monitoring of a medical condition such as diabetes, cataracts, glaucoma, dry eye or macular degeneration.
- Contact lens fitting and/or evaluation are not part of a routine examination. Your insurance may not pay for this service. There may be a separate fee depending upon your individual insurance coverage.
- If your managed care plan requires a referral, you must obtain that referral prior to services being rendered. Otherwise, you will be responsible for payment. We request that you provide us with your complete insurance information upon scheduling your initial visit.

- Returned checks are subject to a \$20 fee. Balances owed after 90 days may incur a billing fee as well as an administrative fee until balances are paid in full. If your account goes into collection you are responsible for the original charges and any expenses this office or the collection agency incurs collecting them.
- All orders that are canceled within two business days will receive a full refund or credit on their account. Any cancellations made after two business days will result in a forfeit of the deposit.
- A 50 percent deposit is required on all materials including eyeglasses, contact lenses and low vision devices.

YOUR INSURANCE AND EYE CARE

There are two types of health insurance that will help pay for your eye care services and products. You may have both and we participate with many of these plans. The two types of insurance are as follows:

- 1. Vision care plans (such as VSP, Davis Vision and EyeMed)**
- 2. Medical insurance (such as Blue Cross/Blue Shield and Medicare)**

The UEC participates in the following insurance plans:

- | | | |
|----------------------------|------------------------------|-------------------------------------|
| • 1199 Natl Benefit Fund | • Elder Plan | • Medicare |
| • AARP Medicare | • Emblem Health (GHI/HIP) | • Metroplus |
| • Aetna | • Empire Blue Cross/Shield | • Montefiore CMO |
| • Affinity | • Empire Plan (NYS) | • Multiplan |
| • Americhoice Community | • Eyemed | (please check your individual Plan) |
| • Amerigroup Medicare | • EyeQuest | • No Fault |
| • AmidaCare | • Fidelis | • Oxford |
| • Archcare | • Guildnet | • POMCO |
| • Avesis | • GHI | • Senior Health Partners |
| • Catholic Guild | • HealthCare Partners | • Senior Whole Health |
| (Voucher Required) | • Healthfirst | • Spectera |
| • Centerlight | • HealthPlus Amerigroup BCBS | • Superior Vision (Block) |
| • Cigna | • Humana | • Tricare |
| • Commission for the Blind | • Independence Care System | • Touch Stone |
| (Voucher Required) | • Liberty Health Advantage | • UMR |
| • Coventry | • Magnacare | • United Healthcare |
| • Davis Vision | • March Vision | • Vesid (Authorization Required) |
| | • NYS Medicaid | • Vision Service Plan |

If you don't see your insurance plan listed, please call 212-938-4001 to verify if we participate with your plan.

Clinical Vision Research Center (CVRC)

The CVRC is the center for sponsored clinical research at the SUNY College of Optometry. Our doctors work together with private, industry and government sponsors to discover new and better treatments in eye and vision care. Patients of all types are needed to discover the best treatment options for everyone.

WHY VOLUNTEER?

There is no substitute for the people who participate in clinical research. Volunteers like you are the only way new treatments become available. There are many reasons why you should volunteer for a clinical study:

- You may be offered treatments that are not normally available.
- You could help develop new treatments for a condition that affects you, a loved one or a friend.
- Some studies provide treatment (eye exams, glasses, contact lenses) at no charge. Other studies reimburse you for your time.
- Many people participate because they want a future with better vision health for everyone.

HOW TO GET INVOLVED

While some studies only need patients with a specific eye or vision condition, others need healthy volunteers. You can learn more about our studies and the services of the Clinical Vision Research Center by visiting our office on the 8th floor of the University Eye Center or our website: www.sunyopt.edu/CVRC. You can also call 212-938-4052 or email the CVRC at clinicresearch@sunyopt.edu. Visit UniversityEyeCenter.org for information about news and events at the UEC, services we provide, sign up for our Patient Portal, request an appointment and obtain additional information to help you prepare for your appointment.

Frequently Asked Questions

What is the difference between a routine eye examination and a visit for medically necessary care?

Vision care plans typically only cover routine vision examinations along with eyeglasses and contact lenses. Your visit for routine eye care allows your eye doctor to evaluate your visual needs. The doctor can determine if there is a need to prescribe or change your prescription for vision correction. It also allows him/her to evaluate your eye health, to rule out the most common eye diseases and to determine if there is a need for further visits. Vision plans do not cover diagnosis, management or treatment of eye diseases.

What is vision insurance and how does it differ from medical insurance?

Today it is relatively common to have a vision benefit plan in addition to your medical insurance. This can lead to confusion about whether you should use your vision benefit or your medical insurance when you come to the UEC.

Vision insurance is usually a separate insurance provided by your employer or insurance company that covers routine eye care which includes refraction. Refraction is the portion of the examination which checks to see whether you need glasses or contact lenses. Your vision plan may or may not include payments towards eyeglasses or contact lenses. Vision benefits cannot be used to treat medical problems.

Medical insurance is used to diagnose and treat diseases. Your medical insurance should be used if you have any eye problems or diseases. Medical eye care covers visits and procedures your doctor performs to diagnose and to treat eye disease, such as glaucoma, dry eye, conjunctivitis and cataracts. It may or may not include determination of your eyeglass prescription.

You should use your vision benefit plan when you are not experiencing any ocular problems and only want a wellness exam or when you want to check if you need new glasses or contact lenses. Be sure to let us know the purpose of your visit when you schedule your appointment to lessen the chance of confusion as to whether the vision plan or the medical plan is the appropriate billing choice for the visit. If you have both types of insurance plans it may be necessary for us to bill some services to one plan and one to the other. We will bill your insurance plan for services if we are a participating provider for that plan. We will try to obtain advanced authorization of your insurance benefits so we can tell you what is covered. If some fees are not paid by your plan, we will bill you for any unpaid deductibles, co-pays or non-covered services as allowed by your insurance contract.

Does my medical insurance cover routine eye care?

Typically, major medical insurance or a managed care plan pays for procedures used to diagnose and treat eye disease. While the examination may provide you with a new eyeglass prescription, medical insurance rarely pays for routine care and refractions.

Does the UEC offer any assistance to the uninsured or underinsured?

The Optometric Center of New York, the foundation of the SUNY College of Optometry, provides limited funding to the UEC for this purpose. This funding enables the UEC to continue to provide fee reductions based on specific financial eligibility. Please call 212-938-4195 to receive more information.

Is a contact lens fit considered part of a routine eye exam?

A contact lens evaluation (fit) is not considered a part of a routine eye examination. Additional fees apply depending on your specific diagnosis and visual needs.

Does insurance cover refractions?

Many of the examinations and tests performed at the University Eye Center evaluate your eyes for possible disease. If a disease is found, examinations and tests allow us to manage your condition appropriately. A refraction is a test that measures your best possible vision. During the test, lenses are placed in front of your eyes and the patient is asked, “which is better—one or two.” A refraction is a separate procedure that measures your ability to see and determine if you need new glasses or if you need a change in your current glasses. It will also determine if you need bifocals. It is typically performed during both a routine exam as well as part of an evaluation and monitoring of a medical condition such as diabetes, cataracts, glaucoma, dry eye or macular degeneration.

Guidelines state that the office visit and the refraction are to be reported as two separate charges. Most medical insurance carriers do not cover charges for the refraction and there is a separate charge for this service. It is not an optional test but essential to fully evaluate your eyes and vision appropriately. The payment for the refraction must be made at the time of service along with your copay and any deductible amounts for the covered charges for your visit.

What is the difference between an optometrist, an ophthalmologist and an optician?

Optometrists, or Doctors of Optometry (OD), are independent and licensed primary health care professionals who specialize in eye and vision care. Optometrists examine, diagnose, treat and manage diseases, injuries and disorders of the visual system, the eye and associated structures as well as identify related systemic conditions affecting the eye.

Ophthalmologists are medical doctors (MDs or ODs) who are licensed to practice medicine and surgery. An ophthalmologist diagnoses and treats eye diseases and performs eye surgery in and around the eye.

Opticians are licensed health care professionals who adapt and fit lenses to correct deficiencies, deformities or abnormalities of the eyes based on a written prescription from a licensed physician or optometrist.

Does UEC accept prescriptions from another provider or retail location for eye glasses?

Yes, the UEC accepts prescriptions from other than UEC providers. If the prescription is over one year old (from the date written) you are advised that the prescription may not fully meet your visual needs due to the length of time that has passed from the original date of the prescription. Annual eye examinations are encouraged to ensure that the prescription fully meets your needs.

At what age can I bring my child in to have an eye examination?

Although children can be examined at any age, we typically recommend that children have their first eye examination at 6 months of age. It is important to identify children who may have any type of eye problem as early as possible.

Notice of Privacy Practices

(Updated 11/1/2018)

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.

SUNY College of Optometry, including the University Eye Center, is required by law to protect the privacy of health information that may reveal your identity and to provide you with our notice of our legal duties and privacy practices with respect to your health information. This notice describes the health information privacy practices of SUNY College of Optometry. Workforce members include all employees, optometry or other students, trainees, residents, volunteers and contracted personnel. It will be provided to patients on behalf of all SUNY College of Optometry and the UEC employees who are involved in your care and perform payment activities and/or business operations for you within the UEC. This notice also describes how we may use and disclose your health information and your rights to access and control your health information. A copy of our current notice will always be posted in our reception area. You will also be able to obtain a hard copy of this policy at the reception area, on our website site at www.UniversityEyeCenter.org or by calling us at 212-938-4001. If you have questions about any part of this notice or would like to discuss our privacy practices, please contact us at SUNY College of Optometry, ATTN: Clinical Administration, 33 West 42nd Street, New York, New York 10036 or by calling us 212-938-4001.

SUNY College of Optometry and the UEC has the right to use and disclose your health information for treatment, payment or operations once you have signed a consent form as required by New York State law. Once you sign this general written consent form, it will be in effect indefinitely until you revoke your general written consent. You may also initiate the transfer of your records to another person by completing an authorization form. You may revoke your general written consent at any time (in writing), except to the extent that we have already relied on it. For example, if we provide you with treatment before you revoke your general written consent, we may still share your health information with your insurance company in order to obtain payment for that treatment. To revoke your general written consent, please contact us at 33 West 42nd Street, New York, NY 10036 or at (212) 938-4030.

IMPORTANT WORDS USED IN THIS BOOKLET

We Means SUNY College of Optometry including the staff and doctors within the University Eye Center.

You Means the patient. If you are the parent of a child or legal guardian of a child or adult then “you” means the child’s or adult’s information.

Disclose: To share with those outside SUNY College of Optometry or the UEC.

Use: To share with those within SUNY College of Optometry.

Health Information: Any information we receive or create that could be used to identify you, your health condition, the health care services you receive, or payment for health care services you receive, whether in the past, present, or future.

PROTECTING THE PRIVACY OF YOUR HEALTH INFORMATION

We understand that the medical information contained in the medical record about you and your health is personal. We are committed to protecting the privacy of the health information we gather about you while providing health care services. When you check in, prior to receiving any health care services, we will ask you to sign a HIPAA consent permitting us to use and disclose your health information for the purposes of Treatment, Payment, and Health Care Operations. We are not allowed by law to refuse to treat you if you do not sign the HIPAA consent form.

WHERE IS YOUR HEALTH INFORMATION KEPT?

Health information collected from you is stored in a medical record. The medical record may be partly on paper and partly in computers. The record belongs to SUNY College of Optometry but the health information belongs to you. Your rights to access this information are reviewed later in this booklet.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

In some cases, the law allows us to use and disclose your health information with others without your authorization. Below is a description of how your health information may be used or disclosed. Although not every specific use or disclosure will be listed, the ways in which we are permitted to share your health information will fall within one of the following categories:

Treatment, Payment, and Health Care Operations

We may use and disclose your health information in order to treat your condition, obtain payment for treatment, and conduct our operations. Your health information may also be shared with other health care providers so that we may jointly perform certain payment activities and business operations. You will be asked to sign a general consent at your first visit to the UEC allowing us to use and disclose your health information for the purposes outlined below.

I. Treatment: We may use your health information to provide you with health care services and to coordinate your health care with other health care providers who need to be involved in your treatment. Your health information may be shared with doctors, nurses, students, technicians, and other members of the health care team who are involved in taking care of you. For example, our health care providers may share medical information about you in order to coordinate the different parts of your treatment such as prescriptions, lab work and x-rays, make referrals to other doctors outside of the UEC. We may also disclose your health information to manufacturers when we order eyeglasses, contact lenses, or low vision devices for you. Sometimes we may ask for copies of your health information from another professional that you may have seen before us.

II. Payment: We may use your information or share it with others so that we can bill and obtain payment for services we provided to you. For example, we may share your health information with your insurance company. This would be done to determine if your insurance company will cover the cost of your treatment or to obtain approval from your insurance company before you have treatment. This also applies to programs that provide benefits for work-related injuries such as worker's compensation.

III. Health Care Operations: We may use your health information or disclose it to others to conduct our business operations. For example, we may use your health information to evaluate our treatment and services or to educate our staff to improve the care they provide to you. Your health information may also be used to teach health care students and providers. We may also share your health information with other companies that perform services for us. If so, we will have written agreements with these companies to make sure that the privacy of your health information is protected.

IV. Communications: We may use your health information when we contact you for an appointment for health care services at the UEC. We may also contact you to follow-up on the care you have received, to discuss test results, or make referrals to other health care providers. We may contact you to provide appointment reminders for treatment or medical care. The reminder system is automated and messages with the necessary information pertaining to your appointment may be left on answering machines. You will have the opportunity to request that you do not receive automated appointment reminders.

V. Treatment Alternatives, Benefits and Services: We may use and disclose your health information in order to recommend possible treatment options, health-related benefits, or services that may be of interest to you.

VI. Fundraising Activities: We may use certain information (such as, name, address, telephone number, e-mail address, age, date of birth, gender, health insurance status, dates of service, department of service information, treating physician or outcome information) to contact you for the purpose of raising money for SUNY College of Optometry or to expand and improve the services and programs we provide to the community. These communications may come from the College itself or from its related charitable foundation, the Optometric Center of New York (OCNY). You may opt out of receiving fundraising solicitations at any time, and your decision to do so will have no impact on your treatment or payment for services.

DISCLOSURES TO OTHER INDIVIDUALS

We may share your health information with your personal representative, family member, friend, or others involved in your care without your written authorization, unless you object. If we are providing health care to you because of a medical emergency, we will allow you the opportunity to object as soon as you are stable.

- **Notification and Communication with Other Individuals:** We may disclose some of your health information to your appointed personal representative, family member, or friend who is involved in your care. We may also use your health information to notify or assist in notifying a family member, your personal representative, or another individual responsible for your care about your location, general condition, or in the event of your death.
- **Individuals Involved in Payment for Your Care:** We may disclose your health information related to treatment and services provided by us to an individual or health plan responsible for payment or maintenance of your health insurance.

PUBLIC NEED TO DISCLOSURE INFORMATION

We may disclose your health information to others in order to meet important public needs or other legal requirements. In some situations the disclosure may be required by law for specific purposes. We are not required to obtain your written authorization before using or disclosing your health information for the purposes outlined below:

- **Public Health Activities:** We may disclose your health information to authorized public health officials and agencies for the purpose of public health activities. These activities may include controlling or preventing disease, injury, or disability, reporting of births and deaths, reporting reactions to medications, products, or medical devices, or communicable disease reporting.
- **Abuse or Neglect:** We are required by law to disclose health information to a public health authority that is authorized to receive reports of suspected child abuse and/or neglect.
- **Health Oversight Activities:** We may disclose your health information to agencies authorized to perform health oversight activities. These activities may include audits, investigations, inspections and licensure. These activities are necessary to monitor the operation of the health care system, government benefit programs such as Medicaid and Medicare, and compliance with civil rights laws.
- **Lawsuits, Disputes, and Other Legal Matters:** We may disclose your health information if we are ordered to do so by a court that is handling a lawsuit or other dispute or if we are required to do so in response to other legal orders.
- **Law Enforcement:** We may disclose your health information to law enforcement officials to comply with a legal order or law we are required to follow. In certain circumstances we are required to disclose your health information to law enforcement agencies.
- **Product Monitoring, Repair and Recall.** We may disclose your health information to an agency or individual that is required by law to report problems or reactions to medical products. This information will be used to track, recall, repair or replace a defective or dangerous product or device or to monitor the performance of an approved product or device.
- **National Security and Intelligence Activities or Protective Services:** We may disclose your health information to authorized federal officials for intelligence or national security activities, to conduct special investigations, or to provide protective services to the President or other government officials.
- **Inmates and Correctional Institutions:** We may disclose your health information to correctional officers and law enforcement officials if necessary to provide you with health care, to protect your health and safety or the health and safety of others, to protect the safety and security of the correctional institution, or if we determine that you escaped from lawful custody.
- **Military and Veterans:** If you are in the armed forces, we may disclose your health information to appropriate military authorities for activities they determine are necessary to carry out their military mission. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.

RESEARCH

Part of the mission of SUNY College of Optometry and the UEC is the improvement of health care, in part, through research involving human subjects. You may be asked to participate in such research. If you decide to do so, you will sign a consent form for participation in the study. At that time, you will also be asked to provide your written authorization permitting the use or disclosure of your health information for the research activity. However, certain research activities can include your health information without your written authorization if the researcher is approved through a special review process where it is determined that the use or disclosure of your health information in the research activity poses minimal risk to your privacy. This is achieved, in part, by removing most, if not all, of the information that has the potential to identify you. In some instances, the researcher must sign an agreement that further protects your privacy. Examples of such circumstances include research using your health information to determine if you are a candidate for a research study, to determine whether there will be an adequate number of potential research candidates for a future study, or after your death. In any case, researchers are not permitted to use your name or identify you publicly.

OTHER USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

Special privacy protections may apply to certain categories of health information such as:

- HIV/AIDS related information,
- Alcohol and substance treatment information,
- Mental health information
- Genetic health information.

If your treatment involves any of these specialized services, you will be asked to sign an authorization permitting us to disclose this information. You have the right to revoke the authorization at any time. If you revoke the authorization we will not further use or disclose your health information for the purposes documented on the authorization.

SALE OF PROTECTED HEALTH INFORMATION (PHI) Your PHI cannot be sold to other entities without your prior authorization. Exceptions to this include disclosures for public health, research, treatment and payment purposes, sale of the practice, transfer of PHI to a Business Associate providing services, to you, etc. Authorizations will also be required for all treatment and healthcare operations where we receive financial remuneration from a third party whose product or service is being marketed.

YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION

The health information contained in your medical record belongs to you. You have been granted several rights by law that allow you to control the way we use your health information, share it with others, communicate with you about your health care and treatment, and maintain the accuracy of your health information. In certain circumstances we may deny your request. If we do, we will provide you with an explanation of our reason for denying the request and a complete description of your rights and the process for requesting a review of the denial.

YOUR RIGHT TO INSPECT AND RECEIVE A COPY OF YOUR RECORDS

You have the right to inspect and receive a copy of any of your health information that is used to make decisions about your care and treatment for as long as the health information is retained in our records (paper and electronic). This includes medical and billing records but does not include psychotherapy notes. If you request a copy of your health information, we will charge a fee per page and may charge additional fees for mailing or copying of the information. All fees must generally be paid before we will release the copies of your health information to you. In cases of demonstrated financial hardship we may waive the charges. We will respond to your request for inspection within 10 days. We will respond to your request for copies of your health information within 30 days. If we need additional time to respond to your request for copies, we will notify you in writing within the 30-day time frame to explain the reason for the delay. If we deny your request to inspect or obtain a copy of your complete health information, we will provide access to the remaining parts after excluding the information we cannot let you inspect or copy. We will accommodate reasonable requests and we will provide you with the ability to mail requested information to an alternate address.

YOUR RIGHT TO AMEND YOUR RECORDS

You have the right to request an amendment to your health information if you believe that the information we have about you is incomplete or incorrect. You have the right to request an amendment for as long as the information is kept in our records. Your request for an amendment must include a reason why you feel an amendment is necessary. We will respond to your request within 60 days. If we need additional time to respond we will notify you in writing within 60 days to explain the reason for the delay and when you can expect to have a final answer to your request. We may deny your request in certain circumstances, for example:

- The health information was not created by us
- The information is not part of the medical record which you would be permitted to inspect or copy
- We believe the health information is deemed to be complete and accurate
If you disagree with our denial you have the right to have certain information related to your requested amendment included in your records.

YOUR RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to request a list of disclosures we made of your health information and how we shared it with others. This list will not include all of the disclosures we made, such as:

- Disclosures we made to you
- Disclosures we made in order to provide you with treatment, obtain payment for treatment, or conduct our normal business operations
- Disclosures made to your personal representative, family, or friends involved in your care
- Disclosures made to federal officials for national security and intelligence activities
- Disclosures made as the result of your signed authorization
- Unavoidable or unintended disclosures that occur even with reasonable safeguards in place

Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. We will respond to your request within 60 days from the date of the request. If we cannot provide you with an accounting list within 60 days we will notify you with an explanation and the date when you can expect to receive the accounting list. We are required to provide you with an accounting list within 90 days from the date of your original request. The first list you request within the first 12-month period will be free. For additional lists, we may charge you for the costs of providing the lists. We will notify you of the cost involved so that you can choose whether to withdraw or modify your request. If you want to exercise any of the rights, as explained above, you must put your request in writing and direct it to:

University Eye Center
ATTN: Medical Records Department
SUNY College of Optometry
33 West 42nd Street
New York, New York 10036

BREACH NOTIFICATION

A breach refers to the acquisition, access, use or disclosure of unsecured PHI in violation of the Privacy Rule; exceptions by law if:

- PHI is secured or destroyed
- Unintentional, in good faith, with no further use (within your organization)
- Inadvertent and within job scope (within your organization)
- Info cannot be retained

YOUR RIGHT TO REQUEST ADDITIONAL PRIVACY PROTECTION

You have the right to request a restriction or limitation on the way we use and disclose your health information for treatment, payment for treatment, and the running of our normal business operations. You may request that no information be shared with an insurance plan if you pay in full out of pocket. You also have the right to request that we limit how we share your health information with family and friends involved in your care or the payment for your care.

Your request must include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) to whom you want the limits to apply. We are not required by law to agree to your request for restrictions, and in some cases the restriction or limitations you request may not be permitted by law or may not be feasible or possible to honor.

If we do agree to your request, we will be bound by our agreement unless your health information is needed to provide you with emergency care or comply with the law. Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under special circumstances we will also have the right to revoke the restriction as long as we notify you before doing so. In some cases we are required to obtain your permission before we can revoke the restriction.

YOUR RIGHT TO REQUEST CONFIDENTIAL COMMUNICATION

You have the right to request that we communicate with you about your health care or medical matters through a reasonable alternative way or at an alternative location. Your request must specify how and/ or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through this alter-native way or location. You do not need to tell us the reason for the request. We will not deny your request unless the alternative means or location poses a potential significant risk to the privacy of your health information or is otherwise not feasible. If you want to exercise your right to request additional privacy pro-tection or confidential communication, you must put your request in writing and direct it to the address listed on the front page.

YOUR RIGHT TO A PAPER COPY OF OUR NOTICE OF PRIVACY PRACTICE

You have the right to a paper copy of our current Notice of Privacy Practices at any time. A copy of our most current notice will always be posted in clinical areas and a copy for you to take will be read-ily available. You will be given a copy of our current notice the first time you come to the UEC for care. Any revised notices will be provid-ed to you at the first visit after the changes become effective. You will be asked to sign that you have received a copy of our notice. You will also be able to obtain your own copy from our website at www.UniversityEyeCenter.org, by asking a member of our staff, or by calling us at 212-938-4001. If we change our privacy practices we will revise our Notice of Privacy Practices. The revised notice will apply to all of your health informa-tion we currently have as well as all future information. The effective date of our most current Notice of Privacy Practices will be noted in the top right hand corner of the first page.

HOW TO FILE A COMPLAINT RELATED TO OUR PRIVACY PRACTICES OR NOTICE OF PRIVACY PRACTICES

If you believe your privacy rights have been violated, you may file a written complaint with us. Your complaint should describe the act that you believe was a violation of our Notice of Privacy Practices or the privacy of your health information. To file a complaint with us please contact: SUNY College of Optometry, Attn: Clinical Administration, 33 West 42nd Street, New York, New York 10036.

The law also grants you the right to file a privacy complaint directly with the Secretary of the Department of Health and Human Services. The complaint must be in writing, name the person or organization that is the subject of the complaint, and describe the acts or omissions that you believe violated your privacy. The complaint should be filed within 180 days of when you knew or should have known that a po-tential privacy violation occurred. In some cases the Secretary of the Department of Health and Human Services will waive the time limit if you explain good cause in your complaint. SUNY College of Optometry will take no action against you for filing a complaint. Send your written complaint to:

Secretary of the Department of Health and Human Services
John F. Kennedy Federal Building-Room 1875
Boston, Massachusetts 02203
Telephone number: 617-565-1340
Fax number: 617-565-3809
TDD: 617-565-1343

UNIVERSITY EYE CENTER WANTS TO HELP YOU STOP SMOKING.



The nicotine found in cigarettes is powerful and addictive. Quitting is hard, but don't give up – You can do it! Many people try two or three times before they quit for good. Each time you try to quit, the more likely you will be to succeed.

There are good reasons to stop smoking.

- You will live longer and live healthier.
- The people you live with, especially your children, will be healthier.
- You will have more energy and breathe easier.
- You will lower your risk of heart attack, stroke, or cancer.

Get rid of **all** cigarettes and ashtrays in your home, car, or workplace. Ask your family, friends, and coworkers for their support. Consider attending a smoking cessation program. There are many programs throughout the New York City metropolitan area; many may be covered by insurance, including Medicaid.

The **New York State Smokers' Quitline** provides individualized coaching and a free starter kit for eligible smokers who are trying to stop smoking. You can get information, resources, and tools to help you, a friend, or a family member stop smoking

Call 311 for more information about **Quit Smoking Clinics** throughout New York City, which provide supportive counseling and medication at little or no cost.

Need more information?

Our website UniversityEyeCenter.org contains a wide variety of information about the UEC and the services we provide.

In addition, the clinic managers in each of the clinical areas can assist you on the day of your visit if you have any questions and/or concerns.

Thank you for choosing the University Eye Center for your eye and vision care needs. As part of our continuous effort to improve the quality of our services, we'd like to hear about your experience at the UEC. Please take a few moments to complete our survey conveniently located at the reception desk or online at www.UniversityEyeCenter.org



SUNY COLLEGE OF OPTOMETRY
UNIVERSITY EYE CENTER®

33 W. 42nd Street, New York, NY 10036
877-570-5222 | www.UniversityEyeCenter.org