

WJC LTD

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.

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the claims submitted for payment under your medical plan. This notice applies to all of the medical records we maintain.

This notice is required by regulations (the privacy rule) established under the Health Insurance Portability and Accounting Act (HIPAA)- This Notice will tell you about the ways in which we may use and disclose medical record information about you. It describes our obligations and your rights regarding the use and disclosure of medical information.

We are required by law to:

- 1) Make sure that medical information that identifies you is kept private.
- 2) Give you this notice of our legal duties and privacy practices with respect to your medical information.
- 3) Follow the terms of this notice that is currently in effect.

How we may use and disclose Medical Information about you.

- 1) **For payment** of services and treatment you receive from your Optometrist under your medical pin
- 2) **For health care operations.** These disclosures are necessary to provide quality care to any subscriber and covered beneficiaries.
- 3) **As required by law.** We will disclose medical information about you when required to do so by state or federal law.
- 4) **Military and Veterans** If you are a member of the armed forces, we may release information about you as required by military command authorities.
- 5) **Health risks.** To prevent or control disease, to report reactions to medications, to notify people of product recalls, to notify the appropriate government authority if we believe the patient has been the victim of abuse, neglect or domestic violence.
- 6) **Law Enforcement.** We may release medical information if asked to do so by court order, warrant or similar process; about criminal conduct on our premises; in emergency circumstances to report a crime; to a coroner or medical examiner; or to identify Or locate a missing person.

Your Rights:

- 1) **Right to inspect and copy.** You have the right to inspect and copy medical information that may be used to make decisions about your plan benefits. To do this you must submit your request in writing to WJC Ltd at this address. We may charge a fee for copying, postage or any other supplies associated with your request. We may deny your request in limited circumstances.
- 2) **Right to Amend.** If you feel that the medical information we have about you is incorrect or incomplete, you may ask to amend the information as long as it is kept by WJC Ltd. This request must be made in writing and submitted to WJC Ltd along with a reason for your request. We may deny your request if the information is not kept by WJC Ltd or was not created by WJC Ltd or is not a part of the information which you would be permitted to inspect and copy or if the information is confirmed to be accurate.
- 3) **Right to Accounting Disclosure** For reimbursement from insurance or flex spending benefits. The requested period may not be for longer than six years and may not go back before April 14, 2003.
- 4) **Right to Request Restrictions:** You may request to restrict medical information we use or disclose about you for payment or healthcare operations. For example you could request that we not disclose information about a surgery you have had. We are not required to agree with your request.
- 5) **Right to Request Confidential Communications.** You have the right to ask that we communicate with you about your medical matters in a certain way, example by phone or the mail or e-mail. We will accommodate all reasonable requests.
- 6) **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this notice.
- 7) **Disclosures you authorize.** Other disclosures of medical information not covered by this notice or the laws that apply will be made only by your written permission. We will be unable to take back any disclosures we have already made with your permission.

____Date_____

Signature__