

# BLONDIN SHEA EYE CARE LLC

## NOTICE OF PRIVACY PRACTICES

Torrington Office: 379 Prospect St, Torrington, CT 06790 | (860) 489-2781

Kent Office: 5 Kent Green Blvd, Kent, CT 06757 | (860) 592-0501

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**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.**

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Effective Date: January 1, 2024

### OUR DUTY TO SAFEGUARD YOUR HEALTH INFORMATION

Blondin Shea Eye Care LLC ("our practice") is committed to protecting the privacy of your health information. We are required by law to maintain the privacy of your protected health information ("PHI"), to provide you with this Notice of our legal duties and privacy practices, and to follow the terms of the Notice currently in effect. We are required to notify you in the event of a breach of your unsecured PHI.

### HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following describes the ways we may use and disclose your health information. Not every use or disclosure will be listed; however, all permitted uses and disclosures fall within one of the following categories:

**Treatment.** We may use and disclose your PHI to provide, coordinate, or manage your eye care and related services. For example, we may share information with other eye care professionals, physicians, or specialists involved in your care, or with optical labs that fill your prescription.

**Payment.** We may use and disclose your PHI to obtain payment for services we provide. For example, we may submit claims to your vision or medical insurance carrier and include information about your diagnosis and treatment.

**Health Care Operations.** We may use and disclose your PHI for our practice operations, such as quality assessment, staff training, credentialing, audits, and business management activities.

**Appointment Reminders.** We may contact you to remind you of upcoming appointments or to follow up on your care.

**As Required by Law.** We will disclose your PHI when required to do so by federal, state, or local law, including to public health authorities, health oversight agencies, and law enforcement in limited circumstances.

**Business Associates.** Some services are provided through contracts with business associates (e.g., billing services, IT vendors, optical labs). We require business associates to protect your PHI appropriately.

### USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

Other uses and disclosures of your PHI not described above will be made only with your written authorization, including most uses of psychotherapy notes, marketing purposes, and the sale of PHI. You may revoke an authorization in writing at any time, except to the extent we have already acted on it.

### YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights with respect to your PHI:

- **Right to Inspect and Copy.** You have the right to inspect and obtain a copy of your PHI that we maintain. We may charge a reasonable fee for copies. Requests must be made in writing.
- **Right to Request an Amendment.** You have the right to request that we amend PHI we maintain about you if you believe it is incorrect or incomplete. We may deny your request in certain circumstances.
- **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we have made of your PHI, other than for treatment, payment, or health care operations.
- **Right to Request Restrictions.** You have the right to request that we restrict the use or disclosure of your PHI. We are not required to agree to your request except in limited circumstances required by law.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about your health matters in a certain way or at a certain location (e.g., only at work or by mail).
- **Right to a Paper Copy of This Notice.** You have the right to obtain a paper copy of this Notice at any time upon request, even if you agreed to receive it electronically.
- **Right to be Notified of a Breach.** You have the right to be notified in the event of a breach of your unsecured PHI.

### OUR PRIVACY OFFICER

If you have questions about this Notice or wish to exercise any of your rights, please contact our Privacy Officer:

Privacy Officer, Blondin Shea Eye Care LLC  
 379 Prospect St, Torrington, CT 06790  
 Phone: (860) 489-2781

### HOW TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with our practice or with the U.S. Department of Health and Human Services Office for Civil Rights. To file a complaint with HHS, visit [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints) or call 1-800-368-1019. You will not be penalized or retaliated against for filing a complaint.

### CHANGES TO THIS NOTICE

We reserve the right to change this Notice and to make the revised Notice effective for PHI we already have about you as well as any PHI we receive in the future. We will post the current Notice in our office and on our website. You may request a copy of the current Notice at any time.

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## ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge that I have received and/or been offered a copy of the Notice of Privacy Practices of Blondin Shea Eye Care LLC, which describes how my protected health information may be used and disclosed, and how I can get access to this information.

**Patient Name (Print):** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Patient/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship to Patient (if guardian):** \_\_\_\_\_

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#### FOR OFFICE USE ONLY

Patient declined to sign — reason documented in chart     Unable to obtain — good faith effort documented     Previously signed on file

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_