



**PrivaPlan Template Notice of Privacy Practices**

11. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purpose.
12. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.
13. Organ donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
14. Research. We may disclose your health information researchers conducting research that has been approved by an Institutional Review Board or the privacy board.
15. Public Safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
16. Specialized government functions. We may disclose your health information for military national security, prisoner and government benefits (only for health plans) purposes.
17. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.
18. Marketing. We may contact you to provide appointment reminders or to give you information about other treatments or health-related benefits and services that may be of interest to you.
19. Fund-raising. We may contact you to participate in fund-raising activities for Korrekt Optical and Daniel Griffitt, O.D.
20. Change of Ownership. In the event that the practice is sold or merged with another organization, your health information/record will become the property of the new owner.

**II. When the practice May Not Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, the practice will not use or disclose your health information without your written authorization. If you do authorize the practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

**III. Your Health Information Rights**

1. You have the right to request restrictions on certain uses and disclosures of your health information. The practice is not required to agree to the restriction that you requested.
2. You have the right to receive your health information through a reasonable alternative means or at an alternative location within 30 days of the written request.
3. You have the right to inspect and copy your health information.
4. You have the right to request that the practice amend your health information that is incorrect or incomplete. The practice is not required to change your health information and will provide you with information about the practice's denial and how you can disagree with the denial.
5. You have the right to receive an accounting of disclosures of your health information made by the practice, except that the practice does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3. (health care operations), 4 (information provided to you), 5 (directory listings) and 16 (certain government functions) of section I of this Notice of Privacy Practices.

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6. You have the right to a paper copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact.

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**IV. Changes to this Notice of Privacy Practices**

The practice reserves the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, the practice is required by law to comply with this Notice.

**V. Complaints**

Complaints about this Notice of Privacy Practices or how the practice handles your health information should be directed to:

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