

# Pine Creek Vision Clinic

## HIPAA Privacy and Security Policy

Effective Date: August 25, 2025

### 1. Purpose

This policy ensures Pine Creek Vision Clinic complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regarding the privacy and security of Protected Health Information (PHI).

### 2. Scope

This policy applies to all employees, contractors, volunteers, students, and business associates of Pine Creek Vision Clinic who create, access, transmit, or store PHI.

### 3. Definitions

1. **PHI:** Individually identifiable health information, including medical records, billing, and insurance information.
2. **ePHI:** PHI maintained or transmitted in electronic form.
3. **Minimum Necessary Standard:** Only the least amount of PHI needed to accomplish a task is used or disclosed.

### 4. Privacy Practices

1. Patients must receive and acknowledge the **Notice of Privacy Practices (NPP)**.
2. PHI may only be used or disclosed for treatment, payment, and healthcare operations, unless patient authorization is obtained.
3. Disclosures without authorization are limited to legally permitted situations (public health reporting, law enforcement requests, etc.).
4. Patients have rights to:
  - Access and obtain copies of their PHI.
  - Request corrections to their PHI.
  - Receive an accounting of disclosures.
  - Request restrictions on use and disclosure.

- We are not required to agree to your request, but if we don't agree, we will tell you why in writing.

## **5. Security Measures**

### **1. Administrative Safeguards**

- Staff training on HIPAA compliance annually.
- Sanctions for violations up to and including termination.
- Periodic risk assessments.

### **2. Physical Safeguards**

- Locked file cabinets for paper records.
- Restricted access to patient care and records storage areas.
- Secure workstation placement to prevent unauthorized viewing.

### **3. Technical Safeguards**

- Password-protected access to ePHI.
- Automatic logoff after inactivity.
- Encrypted transmission of ePHI via email or other electronic systems.
- Regular data backups stored securely.

## **6. Breach Notification**

1. All suspected breaches must be reported immediately to the Privacy Officer.
2. The Privacy Officer will investigate and document findings.
3. Patients will be notified without unreasonable delay if their PHI is compromised, following federal and state requirements.

## **7. Business Associates**

All business associates must sign an agreement ensuring they safeguard PHI in compliance with HIPAA standards.

## **8. Complaints**

Patients may submit complaints about privacy practices to the Privacy Officer without fear of retaliation. Complaints may also be filed with the U.S. Department of Health and Human Services (HHS).

## **9. Responsibilities**

- 1. Privacy Officer:** Casey Johnston, OD, is designated as the Privacy Officer and is responsible for oversight of HIPAA Privacy Rule compliance.
- 2. Security Officer:** A designated staff member will oversee HIPAA Security Rule compliance.
- 3. All Workforce Members:** Required to know and follow this policy.

## **10. Policy Review**

This policy will be reviewed annually and updated as needed to remain compliant with HIPAA regulations.

## **11. Contact Information**

Pine Creek Vision Clinic  
Attn: Privacy Officer – Casey Johnston, OD  
9475 Briar Village Point, Suite 200  
Colorado Springs, CO 80920  
Phone: 719-594-2020  
Email: admin@pinecreekvision.com

### **Approved by:**

Pine Creek Vision Clinic Administration

**Privacy Officer:** Casey Johnston, OD

**Date:** August 25, 2025