

PRIVACY & COMPLIANCE



TEAMVISION PRIVACY & COMPLIANCE

TeamVision is dedicated to the security and privacy of patient data and providing our partner ODs/PC Owners and staff with the tools and resources to align to regulatory and compliance standards.

PRIVACY PROCESSES

- Authorization for Use and Disclosure of Protected Health Information (PHI)
- Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement
- Notice of Privacy Practices (NPP)

COMPLIANCE TRAINING

- Annual training for ODs and Staff that covers Company & Regulatory Compliance, Privacy, Health & Safety and Asset Protection

BEST PRACTICES

- Compliance Officers
- Chart Review
- Billing Audit



AUTHORIZATION FOR USE AND DISCLOSURE OF PHI

Given the relationship with the PC (Professional Corporation), we need to capture acknowledgement from the patient that allows the PC to share their information with TeamVision.

The purpose of this form is to authorize TeamVision to market to the patients of the practice. A patient is not required to sign this form in order to receive treatment, services or materials from the practice:

- Each site will have a specific form for patient's signature. Master copy will be available on the Ciao! Optical Toolkit
- Form includes two channels for patients to contact the practice (email and mail). For email, we are leveraging the practice's TeamVision shared email account. For physical inquires, we will leverage the practice's address
- Form will need to be included with your current patient intake forms
- Patient should review form and return to staff member
- Can be leverage digitally through EHR systems; practices to setup

Patient Acknowledge, Accepts and Signs	Patient Doesn't Sign Form
<ul style="list-style-type: none">- Scan/store in your EHR system (and properly dispose of paper - i.e., shred). Also ensure any marketing communication flags (separate from appointment reminders) is marked 'Yes'.- In Ciao! Optical, mark 'Yes' within the Marketing Opt In section of the patient's profile. You will also enter in the patient's email (required for Yes – Marketing Opt In).	<ul style="list-style-type: none">- Scan/store in your EHR system (and properly dispose of paper - i.e., shred). Also ensure any marketing communication flags (separate from appointment reminders) is marked 'No'.- In Ciao! Optical, mark 'No' within the Marketing Opt In section of the patient's profile. You will also enter in the patient's email (required for Yes – Marketing Opt In).

Authorization for Use and Disclosure of Protected Health Information

By signing this Authorization, you authorize [INSERT PRACTICE] ("Company") to use and disclose your protected health information ("PHI"), including your name, your email address, and information about the vision care you received (such as examinations, contact lenses, and glasses), to TeamVision, so that TeamVision can provide you with information about products and services that may interest you.

Additionally, you acknowledge and agree to the following:

- I understand that I do not need to sign this Authorization in order to receive treatment, services, or materials from Company.
- I understand that Company may receive direct or indirect remuneration from another party in connection with the use or disclosure of my PHI for the purpose described above.
- I understand that I may receive a copy of this Authorization by emailing Company at [Insert Practice Email Address] or writing Company at: [Insert Practice's Physical Address]
- I understand that the PHI subject to this Authorization may be protected by law. I understand that such PHI may be re-disclosed by TeamVision and no longer protected by the federal health information privacy law known as HIPAA. However, certain state laws may prohibit TeamVision from further disclosing my information to another party, unless another authorization is obtained from me or unless the further disclosure is specifically permitted or required by law.
- I understand that I have the right to revoke this Authorization in writing at any time by emailing Company at [Insert Practice Email Address] or writing Company at: [Insert Practice's Physical Address]

Revoking this Authorization will not have any effect on actions in reliance on the Authorization before the notice of my revocation was received.

• I understand that this Authorization will terminate two (2) years from the date on which I agree to this Authorization, unless I revoke it sooner.

Signature: _____

Printed Name: _____

Date: _____

Sample



HIPAA ACKNOWLEDGEMENT

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge.

The purpose of this form is to evidence that we presented the Notice of Privacy Practices (NPP) (next slide) to the patient and the date the NPP was presented:

- Each site will have a specific form for patient's signature. Master copy will be available on the Ciao! Optical Toolkit
 - PCs may add business logo or business detail in addition to standard template
 - PC will maintain
- Form will need to be included with your current patient intake forms
- Patient should review and sign acknowledgement of HIPAA and NPP disclosure
- Patient will return form to staff member
- Staff will scan/store in your EHR system (and properly dispose of paper - i.e., shred)
- Can also be managed digitally through EHR system
- Related to NPP Acknowledgement

PRIVACY ACKNOWLEDGMENT	
By signing below, acknowledgment is given of receipt of PRACTICE NAME'S Notice of Privacy Practices.	
X _____	_____
Patient/Customer Signature	Date
Please check the box below if you wish to decline.	
<input type="checkbox"/> By checking this box, you are declining receipt of PRACTICE NAME'S Notice of Privacy Practices.	



NPP – NOTICE OF PRIVACY PRACTICES

The Notice of Privacy Practices (NPP) is a document that tells your patients, employees, or clients how their health information may be used and shared and lists their health privacy rights related to Protected Health Information (PHI). It's part of the HIPAA Privacy Rule and a key requirement for TeamVision.

- Each PC must display and make accessible (physical) upon patient request:
 - With regard to displaying the notice, – the regs state: "in a clear and prominent location where it is reasonable to expect individuals seeking service... to be able to read the notice"
 - If a patient requests a copy of the NPP, it must be a physical copy UNLESS the patient has agreed to receive the NPP electronically
 - If healthcare is delivered to an individual electronically, such as through email, or over the internet, the provider must send an electronic NPP automatically and contemporaneously in response to the individual's request for service (it can be a link to the NPP that is on the provider website)
 - If there is a practice website, the NPP must be linked on the home page
- TeamVision will provide PCs (Professional Corporations) a standard template to use. PCs may add business logo or business detail in addition to standard template (PC will maintain)
- This will be available on the Ciao! Optical Toolkit
- NPP must also be displayed on the individual practice's website:
 - If TeamVision has management of the website, TeamVision is responsible
 - If TeamVision doesn't have management, the PC is responsible
- Should a PC opt to use NPP language outside of the provided template, the Privacy Team will review for compliance

Patient should receive the acknowledgement form (sign or decline). Regardless of signature, the form must be scanned into the EHR system. Documents should be scanned on date of service or closely there to.

<p>NOTICE OF PRIVACY PRACTICES</p> <p>[PRACTICE NAME]</p> <p>THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.</p> <p>PLEASE REVIEW IT CAREFULLY</p> <p>OUR LEGAL DUTIES</p> <p>[PRACTICE NAME] is committed to protecting your privacy. This Notice tells about the uses and disclosures we make of your personal health information, including certain rights that you have, and obligations we [PRACTICE NAME] are bound to, with respect to such information.</p> <p>We are required by applicable federal and state law to do the following:</p> <ul style="list-style-type: none">• Maintain the privacy and safeguard the security of your health information;• Give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information;• Notify you, along with all other affected individuals, of a breach of unsecured health information; and• Follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect [DATE] and will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. <p>We reserve the right to make the changes in our privacy practices and this Notice, effective for all health information that we maintain, including health information we created or received before we made the changes. In the event we make a material change in our privacy practices, we will change this Notice and provide it to you, or it can be viewed on our Web site. You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.</p> <p>USES AND DISCLOSURES OF HEALTH INFORMATION</p> <p>We use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care and service that you receive. Your health information is contained in a record that is the physical property of [PRACTICE NAME]. Your health information consists of any information, whether in oral or recorded form, that is created or received by us and individually identifies you, and that relates to your past, present or future physical or mental health or condition; the provision of health care to you; or the past, present or future payment for the provision of health care to you.</p> <p>How We May Use or Disclose Your Health Information</p> <p>For Treatment We may use or disclose your health information to an optometrist, ophthalmologist, optician or other health care providers providing treatment to you. This may include:</p>
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TAB FORMS (US with TAB, ECLIPS) – DIF Forms

Authorization for Use and Disclosure of Protected Health Information

By signing this Authorization, you authorize Triangle Visions Optometry ("Company") to use and disclose your protected health information ("PHI"), including your name, your email address, and information about the vision care you received (such as examinations, contact lenses, and glasses), to TeamVision, so that TeamVision can provide you with information about products and services that may interest you.

Additionally, you acknowledge and agree to the following:

- I understand that I do not need to sign this Authorization in order to receive treatment, services, or materials from Company.
- I understand that Company may receive direct or indirect remuneration from another party in connection with the use or disclosure of my PHI for the purpose described above.
- I understand that I may receive a copy of this Authorization by emailing Company at TVOGaston@teamvisionteam.com or writing Company at:
Triangle Visions Optometry
2555 Court Dr.
Suite 150
Gastonia, NC 28054
- I understand that the PHI subject to this Authorization may be protected by law. I understand that such PHI may be re-disclosed by TeamVision and no longer protected by the federal health information privacy law known as HIPAA. However, certain state laws may prohibit TeamVision from further disclosing my information to another party, unless another authorization is obtained from me or unless the further disclosure is specifically permitted or required by law.
- I understand that I have the right to revoke this Authorization in writing at any time by emailing Company at TVOGaston@teamvisionteam.com or writing Company at:
Triangle Visions Optometry
2555 Court Dr.
Suite 150
Gastonia, NC 28054

Revoking this Authorization will not have any effect on actions in reliance on the Authorization before the notice of my revocation was received.

- I understand that this Authorization will terminate two (2) years from the date on which I agree to this Authorization, unless I revoke it sooner.

Signature: _____

Printed Name: _____

Date: _____

AUTHORIZATION FOR THE USE AND DISCLOSURE OF INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION

I hereby authorize the use or disclosure of my individually identifiable health information as described below. I understand that the information I authorize a person or entity to receive may be re-disclosed and no longer protected by federal privacy regulations.

1) Persons/organizations authorized to use or disclose the information: [CSC Eyecare](#)

2) Persons/organizations authorized to receive the information: [LensCrafters](#)

3) Specific description of information that may be used/disclosed:
i) Personal Information: name, address, telephone number, email address, date of birth
ii) Insurance: vision insurance carrier, member identification
iii) Lifestyle Information: work environment, hobbies, screen usage
iv) Prescription Information: final prescription(s), lens recommendations

4) The information might be used/disclosed for the following purposes:
i) Creating your Customer Profile with [LensCrafters](#)
ii) Verifying your Vision Insurance eligibility and benefits
iii) Providing [LensCrafters](#) coupons and service and product information from this office or directly from [LensCrafters](#)
iv) To compare contact lists with [LensCrafters](#) to help avoid duplicate contacts related to eye exam scheduling within similar time frames

5) The organization authorized to use/disclose the information will not receive compensation for doing so.

6) I understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my ability to obtain treatment, receive payment or eligibility for benefits unless allowed by law.

7) I understand that I may inspect or copy the information used or disclosed.

8) I understand that I may revoke this authorization at any time by notifying the person/organization providing the information in writing, except to the extent that:
i) Action has been taken in reliance on this authorization; or
ii) If this authorization has obtained as a condition for obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy.

9) This authorization expires four years from the date of my signature.

PATIENT OR AUTHORIZED REPRESENTATIVE PATIENT OR AUTHORIZED REPRESENTATIVE
FIRST NAME _____ LAST NAME _____ TODAY'S DATE
03/17/2020

AUTHORIZED REPRESENTATIVE'S
RELATIONSHIP TO PATIENT: _____

I am choosing not to sign.

SUBMIT FORM



TAKE ACTION (IF/THEN GUIDE)

Patient Ask/Action	Solution
Request Records (i.e., access)	Staff provide the patients their requested records.
Removal from PC's Mailing List (rare)	<p>PC Owner (or staff) needs to remove patient from future marketing communication that the PC would send.</p> <ul style="list-style-type: none">- Likely a flag in the EHR system.- Separate from appointment reminders.-
Removal from TeamVision Mailing List (Ciao! Optical Marketing Opt In)	<ul style="list-style-type: none">- Staff needs to update the Marketing Opt In section to NO in the patient's profile.- Update patient's record in the EHR system.- Email privacyoffice@luxotticaretail.com with the details.- If needed, written requests could be also sent to: Privacy Office Luxottica of America Inc. 4000 Luxottica Place Mason, Ohio 45040 Phone: 888-488-3330
Privacy Complaint (i.e., external and internal HIPAA violations)	<ul style="list-style-type: none">- PC Owner and Practice Manager should review and email privacyoffice@luxotticaretail.com with the details for evaluation.
Other/Unknown (i.e., deletion of account)	<ul style="list-style-type: none">- PC Owner and Practice Manager should review and email privacyoffice@luxotticaretail.com with the details for evaluation.



CUSTOMER ONLY

Customers walking in to purchase eyewear or materials should also complete the HIPAA form for your site to maintain privacy compliance.

Since these Customer will not sign via the EHR as our patients do, print additional copies of your site form:

- Have the customer review and sign prior to entering their information into Ciao! Optical
- Scan the completed form to a file on the OD computer
- Name the file **HIPAA Customer Only Form** and create a new file each year

Reminder, each site will have a specific form for patient's signature (master copy will be available in the Compliance Folder on Toolkit). PCs may add business logo or business detail in addition to standard template and will maintain for their site locations.

PRIVACY ACKNOWLEDGMENT	
By signing below, acknowledgment is given of receipt of PRACTICE NAME's Notice of Privacy Practices.	
X _____	_____
Patient/Customer Signature	Date
Please check the box below if you wish to decline.	
<input type="checkbox"/> By checking this box, you are declining receipt of PRACTICE NAME's Notice of Privacy Practices.	



MANDATORY TRAINING: STAFF

Available on Leonardo:

- Required within the first 30 days (transition to TeamVision and/or New Hire)
- Sites can access Leonard directly from the Ciao! Optical Toolkit or at [Leonardo Learning platform | EssilorLuxottica](#) (login with LUX ID and Network Password)



TeamVision
Eye care, together.

Compliance Checklist
Team Members

Welcome to TeamVision! Use this checklist to stay on track with onboarding lessons in Leonardo, your training platform. **Click on the hyperlink below to be directed to the assigned lesson.** Lessons can also be searched directly in Leonardo using the search function on the top tool bar.

Access Leonard directly from the Ciao! Optical Toolkit or at [Leonardo Learning platform | EssilorLuxottica](#). Login with LUX ID and Network Password.

FIRST 30 DAYS

COMPLIANCE	HEALTH & SAFETY
<input type="checkbox"/> HIPAA 30 min	<input type="checkbox"/> 2023 Environmental, Health, and Safety Acknowledgement 20 min
<input type="checkbox"/> Luxottica: Code Of Ethics 20 min	<input type="checkbox"/> 2023 Emergency Response 10 min
<input type="checkbox"/> 2023 Medicare-Medicaid FWA 20 min	<input type="checkbox"/> 2023 Accident Prevention 15 min
<input type="checkbox"/> ADA Training – North America 30 min	<input type="checkbox"/> 2023-Hazardous Waste Training 10 min
	<input type="checkbox"/> 2023 Hazardous Materials Shipping Awareness 5 min
	<input type="checkbox"/> 2023 Electrical Safety: General 5 min
	<input type="checkbox"/> 2023 Hazard Communication In Store 10 min
	Lab locations:
	<input type="checkbox"/> 2023 Hazard Communication: Lab 10 min
WORKPLACE HARASSMENT	
One of the following (Employee):	
<input type="checkbox"/> 2021-2022 Workplace Harassment for Employees 30 min	
<input type="checkbox"/> Workplace Harassment Employees CA 60 min	
	One of the following (Manager):
<input type="checkbox"/> 2021-2022 Workplace Harassment for Managers 60 min	
<input type="checkbox"/> 2021-2022 Workplace Harassment Managers CT/CA 2 hours	
MANAGERS ONLY	ASSET PROTECTION
<input type="checkbox"/> Wage And Hour Training For Managers 45 min	<input type="checkbox"/> Introduction To Asset Protection 15 min
<input type="checkbox"/> Employee Relations For Managers Of People 15 min	<input type="checkbox"/> The 3 Rs Of Shoplifting Prevention 15 min
	<input type="checkbox"/> Recognizing and Avoiding Phone Scams 10 min
	<input type="checkbox"/> De-Escalating Conflict 10 min

Most up to date Checklist found in Toolkit
Documents > Compliance > Training Checklists



MANDATORY TRAINING: PROVIDERS

Available on Leonardo:

- Required within the first 30 days (transition to TeamVision and/or New Hire)
- ODs can access Leonardo at [Leonardo Learning platform | EssilorLuxottica](https://learning.essilorluxottica.com) (login with their TeamVision ID and Network Password)



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Compliance Checklist
Doctors

Welcome to TeamVision! Use this checklist to stay on track with onboarding lessons in Leonardo, your training platform. Click on the hyperlink below to be directed to the assigned lesson. Lessons can also be searched directly in Leonardo using the search function on the top tool bar.

Access Leonardo at [Leonardo Learning platform | EssilorLuxottica](https://learning.essilorluxottica.com). Login with TeamVision ID and Network Password.

FIRST 30 DAYS

COMPLIANCE	HEALTH & SAFETY
<input type="checkbox"/> HIPAA 30 min	<input type="checkbox"/> 2023 Environmental, Health, and Safety Acknowledgement 20 min
<input type="checkbox"/> Luxottica: Code Of Ethics 20 min	<input type="checkbox"/> 2023 Emergency Response 10 min
<input type="checkbox"/> 2023 Medicare-Medicaid FWA 20 min	<input type="checkbox"/> 2023 Accident Prevention 15 min
<input type="checkbox"/> ADA Training – North America 30 min	<input type="checkbox"/> 2023-Hazardous Waste Training 10 min
	<input type="checkbox"/> 2023 Electrical Safety: General 5 min

WORKPLACE HARASSMENT

<input type="checkbox"/> One of the following (Employee): 2021-2022 Workplace Harassment for Employees 30 min	ASSET PROTECTION
<input type="checkbox"/> Workplace Harassment Employees CA 60 min	<input type="checkbox"/> Introduction To Asset Protection 15 min
	<input type="checkbox"/> De-Escalating Conflict 10 min

One of the following (Manager):

<input type="checkbox"/> 2021-2022 Workplace Harassment for Managers 60 min	MANAGERS ONLY
<input type="checkbox"/> 2021-2022 Workplace Harassment Managers CT/CA 2 hours	<input type="checkbox"/> Employee Relations For Managers Of People 15 min

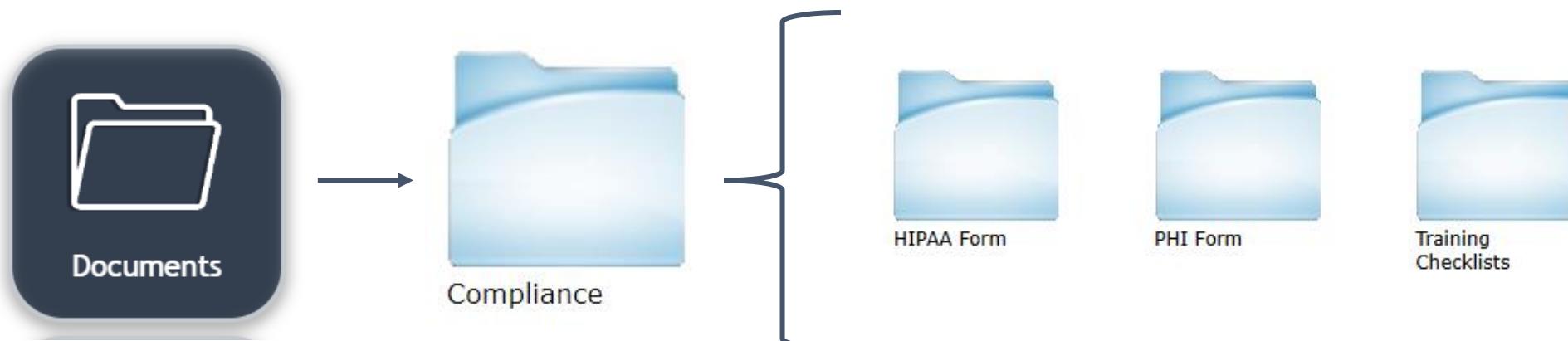
Most up to date Checklist found in Toolkit
Documents > Compliance > Training Checklists



ACCESS TO RESOURCES

All forms and this overview can be found on the Ciao! Optical Toolkit which can be accessed by a computer on the TeamVision network.

<http://ciao-toolkit.luxottica.com/ciao/toolkit/view/tv-us>





COMPLIANCE OFFICERS

We will leverage our field and practice leaders to manage compliance:

- PMs and APMs responsible to ensure their teams and ODs are complaint with required training and processes with the practice:
 - Operations will provide training saturation reports to help ensure all employees and affiliated ODs are compliant
- Should a privacy situation (i.e., staff action, patient request/complaint, etc.) – PM should partner with RM (Regional Manager) and review If/Then Guide for guidance/next steps
- RMs will partner with Jennifer Volk, EssilorLuxottica's Privacy Office for additional next steps (i.e., report to regulatory departments, etc.)