

We Care About Your Privacy

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.

The privacy of your medical information is important to us. We respect your privacy and are committed to protecting it. We will not disclose your information to others outside of our office, unless you tell us to do so, or unless the law authorizes or requires us to do so. We are required by law to maintain the privacy of your health information; to provide you this detailed Notice of our legal duties and privacy practices relating to your health information; and to abide by the terms of the Notice that are currently in effect. The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment and health care operations.

Uses and Disclosures for Treatment, Payment and Health Care Operations

The health and billing records we create and store are the property of the practice/health care facility. The protected health information in it, however, generally belongs to you. The following lists various ways in which we may use or disclose your health information for purposes of treatment, payment and health care operations.

FOR TREATMENT. Information obtained by a receptionist, technician, optician, physician, or other member of our health care team will be recorded in your medical record and used to help decide what care may be right for you. We will use and disclose your health information in providing you with treatment and services and coordinating your care and may disclose information to other providers involved in your care. Your health information may be accessed by the doctor(s) involved in your care and by opticians, ophthalmic assistants and other technicians employed by this practice, as well as by pharmacists, suppliers of medical equipment or other persons involved in your care. For example, we might contact your physician to discuss your plan of care.

FOR PAYMENT. We may use and disclose your health information to request payment from your health insurance plan. We may disclose your health information to your insurance or managed care company, Medicare, Medicaid or another third party payor. For example, we may contact your health plan to confirm your coverage or to request prior approval for services that will be provided to you. Information provided to health plans may include your diagnoses, procedures performed, or recommended care.

FOR HEALTH CARE OPERATIONS. We may use and disclose your health information as necessary for health care operations, such as assess quality and improve services, management, personnel evaluation, education and training and to monitor our quality of care. For example: We may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.

Specific Uses and Disclosures of Your Health Information

The following lists various ways in which we may use or disclose your health information.

APPOINTMENT REMINDERS. We may call, write, fax or email to remind you of scheduled appointments, routine visits or continued progress or follow-up care. Unless you tell us otherwise, we will mail an appointment reminder (a post card) and /or leave a message on your answering machine or with the individual answering the phone.

TREATMENT ALTERNATIVES AND HEALTH RELATED BENEFITS. To inform you about treatment alternatives and health-related benefits and services available at our office that may be of interest to you.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE. Unless you object, we may disclose health information about you to a family member, close personal friend or other person you identify, including clergy, who is responsible for payment or involved in your care.

WORKERS' COMPENSATION - to comply with laws relating to workers' compensation or similar programs.

PUBLIC HEALTH PURPOSES. These may include, for example, reporting to a public health authority for preventing or controlling disease, injury or disability; notices to and from the federal Food and Drug Administration regarding drugs or medical devices, reporting child abuse or neglect or reporting births and deaths.

OVERSIGHT AGENCIES For activities authorized by law, such as for the licensing of doctors, by Medicare or Medicaid, or for audits, investigations, inspections and licensure actions.

REPORTING VICTIMS OF ABUSE, NEGLECT OR DOMESTIC VIOLENCE. If we believe that you have been a victim of abuse, neglect or domestic violence, we may use and disclose your health information to notify a government authority, if authorized by law or if you agree to the report.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY. When necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person, we may use or disclose health information, limiting disclosures to someone able to help lessen or prevent the threatened harm.

BUSINESS ASSOCIATES. To a lab, supplier, independent contractor or business associate who needs the information to perform services for the Practice. Our business associates are committed to preserving the confidentiality of this information.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS. In response to a court or administrative order, in response to a subpoena, discovery request, or other lawful process. Efforts must be made to contact you about the request or to obtain an order or agreement protecting the information.

LAW ENFORCEMENT. To comply with reporting requirements; to comply with a court order, warrant, or similar legal process; or to answer certain requests for information concerning crimes involving our office.

HEALTH RELATED RESEARCH. If the privacy aspects of the research have been reviewed and approved, if the researcher is collecting information in preparing a research proposal, if the research occurs after your death, or if you authorize the use or disclosure.

CORONERS, MEDICAL EXAMINERS, FUNERAL DIRECTORS, ORGAN PROCUREMENT ORGANIZATIONS. If you are an organ donor, to an organization involved in the donation of organs and tissue.

DISASTER RELIEF. We may disclose health information about you to a disaster relief organization.

EMERGENCIES - as necessary in emergency treatment situations.

AS REQUIRED BY LAW. When state and federal law mandates that certain health information be reported for a specific purpose.

MILITARY, VETERANS AND OTHER SPECIFIC GOVERNMENT FUNCTIONS. If you are a member of the armed forces, as required by military command authorities or for national security purposes or as needed to protect the President of the United States or certain other officials or to conduct certain special investigations.

INMATES/LAW ENFORCEMENT CUSTODY. If you are under the custody of a law enforcement official or a correctional institution, we may disclose your health information to the institution or official for certain purposes including the health and safety of you and others.

Uses and Disclosures with Your Authorization

Except as described in this Notice, we will use and disclose your health information **only with your written Authorization**. You may revoke an Authorization in writing at any time. If you revoke an Authorization, we will no longer use or disclose your health information for the purposes covered by that Authorization, except where we have already relied on the Authorization.

Your Rights Regarding Your Health Information

Listed below are your rights regarding your health information. Each of these rights is subject to certain requirements, limitations and exceptions.

Exercise of these rights require submitting a written request to the Practice. At your request, the Practice will supply you with the appropriate form to complete.

YOU HAVE THE RIGHT TO :

REQUEST RESTRICTIONS on our use or disclosure of your health information for treatment, payment, or health care operations. You may to request restrictions on the health information we disclose to a family member, friend or other person involved in your care or the payment for your care. To request a restriction, send a written request to the contact person listed in this document. We are not required to agree to your request. If we do agree to accept your requested restriction, we will comply with your request except as needed to provide you emergency treatment.

ACCESS TO PERSONAL HEALTH INFORMATION. To inspect and obtain a copy of your clinical or billing records or other written information that may be used to make decisions about your care, subject to some exceptions. Your request must be made in writing. We may charge a reasonable fee for our costs in copying and mailing your requested information. We may deny your request to inspect or receive copies in certain circumstances. If you are denied access to health information, in some cases you have a right to request review of the denial. This review would be performed by a licensed health care professional designated by the Practice who did not participate in the denial decision.

REQUEST AMENDMENT Of your health information maintained by the Practice for as long as the information is kept by or for the Practice. Your request must be made in writing and must state the reason for the requested amendment. We may deny your request for amendment if the information (a) was not created by the Practice, unless the originator of the information is no longer available to act on your request; (b) is not part of the health information maintained by or for the Practice; (c) is not part of the information to which you have a right of access; or (d) is already accurate and complete, as determined by the Practice. If your request for amendment is denied, you will be notified in writing including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

REQUEST AN ACCOUNTING OF DISCLOSURES made by the Practice or by others on our behalf, but does not include disclosures for treatment, payment and health care operations, disclosure made pursuant to your Authorization, and certain other exceptions. A request for an accounting of disclosures must be submitted in writing.

The first accounting provided within a 12-month period will be free; for further requests, your may charged for our costs.

REQUEST CONFIDENTIAL COMMUNICATIONS. You may request that we communicate with you concerning your health matters in a certain manner. We will accommodate your reasonable requests.

Special Rules Regarding Disclosure of Psychiatric, Substance Abuse and HIV-Related Information

For disclosures concerning health information relating to care for psychiatric conditions, substance abuse or HIV-related testing and treatment, special restrictions may apply. Except as provided below and as specifically permitted or required under state or federal law, health information relating to care for psychiatric conditions, substance abuse or HIV-related testing and treatment may not be disclosed without your special authorization.

For Further Information or To File A Complaint

If you have any questions about this Notice or would like further information concerning your privacy rights, you may contact the Clinical Administrator and Director of Privacy and Compliance, during normal business hours.

If you believe that your privacy rights have been violated, you may discuss your concerns with the Doctor, Clinical Administrator / Director of Privacy and Compliance or any member of our staff.

You may also deliver a written complaint to our Privacy and Compliance Administrator at our practice. We respect your right to file a complaint with us or with the U.S. Secretary of Health and Human Services.

We reserve the right to change this Notice and to make the revised or new Notice provisions effective for all health information already received and maintained by the Practice as well as for all health information we receive in the future. We will provide a copy of the revised Notice upon request. This Notice is currently in effect and will remain in effect until further notice.