

Notice of Privacy Practices

It is required, by law, that our office keep a signed copy of this form in your records. Please make sure you sign and date this form, after you have read it.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individual identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept confidential. This Act explains your rights as a patient, and allows you to control how your health care information is used.

We have provided this explanation of how we are required to maintain the privacy of your health information, how we may use or disclose your health information, and how you can get access to it. Please review it carefully.

How We May Use or Disclose Your Health Information

We may use and disclose your medical records only for each of the following purposes:

Treatment: We may use/disclose your health information to those participating in your care. This may include: doctors, technicians, optical technicians, nurses, etc.

Payment: We may use and disclose your medical information for payment purposes. This may include providing information to your insurance company

Health Care Operations: We may use your information for our health care operations. This includes the business aspect of running our office, which would include quality assessments, improvement activities, auditing functions, and customer service. Health care operations of our business are all internal (meaning your information will only be used by our own staff).

Legal Purposes: We may disclose your health care information to Public Health Officials, Law Enforcement, Health Oversight Activities (for audits, investigations, etc), Judicial and Administrative Officials, Deceased Person Information, Worker Compensation Programs, Food & Drug Administration (FDA for reporting of adverse drug events and quality issues), if there is a serious threat to your health or safety, in times of National Security, if you are in the Military or a Veteran of the armed forces when requested, or if you become an inmate in a correctional facility.

Personal Communication: We may use your health care information to provide you with appointment reminders, annual eye examination cards, and other information about your treatment or care.

Victims of Abuse, Neglect, or Domestic Violence: We may disclose your health information to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence.

When We Will Not Use or Disclose Your Health Information

Except as described above, our office will not use or disclose your health information without your written consent. If you do authorize our office to use or disclose your health information, you may revoke your authorization in writing at any time.

Your Individual Rights *(All requests must be made in writing and submitted to our office.)*

You have the right to:

1. Look at or get copies of your medical information. We will comply unless it is not practical for us to do so.
2. Request additional restrictions be placed on your information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
3. Request communications of your health information by alternative means or at alternative locations.
4. Request that we change or amend your medical information. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement that will be added to the information you want changed. If we accept your request to change the information, we will make reasonable efforts to tell others involved in your care, including people you name, of the change and to include the changes in any future sharing of that information.
5. Receive an accounting of disclosures of your health information we have made after April 14th, 2003 for most purposes other than treatment, payment, health care operations, information provided to you, and certain government functions.

Changes to this Notice of Privacy Practices

We reserve the right to amend this notice at any time in the future. Until such an amendment is made, we are required by law to comply with this notice.

Questions and Complaints

If you think that we may have violated your privacy rights, contact the person named above. You may also submit a written complaint to the U.S. Department of Health and Human Services.

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Name (printed): _____ **Date:** _____

Signature: _____