

## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU  
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO  
THIS INFORMATION.  
PLEASE REVIEW CAREFULLY**

The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, be kept properly confidential. Confidentiality of your personal medical information has always been of the utmost importance to us. However, we want to make you aware of the HIPAA Act which went into effect April 14, 2003. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. “HIPAA” provides penalties for covered entities that misuse personal health information.

As required by “HIPAA”, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operations.

- **Treatment** means providing, coordinating, and or managing health care and related services by one or more health providers. An example would be to give you an eye exam for a problem and share those results with your primary care doctor.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- **Health care operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

We will contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you either by phone, voice mail, postcard or by written letter.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor that. You have the following rights with respect to your protected health information, which

you can exercise by presenting a written request to the Privacy Officer of this practice.

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- the right to request an amendment to correct your personal health information that is incorrect or incomplete.
- The right to receive an accounting of disclosures of protected health information not relating to treatment, payment or healthcare operations.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of April 14, 2003 and we are required to abide by the terms of the Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact our office for your information.

For more information about HIPAA or to file a complaint:

The US Department of Health & Human Services  
Office of Civil Rights  
200 Independence Ave, S.W.  
Washington, DC 20201  
(202) 619-0257  
Toll Free: 1-877-696-6775

