

## **NOTICE OF PRIVACY PRACTICES (HIPAA ACKNOWLEDGEMENT)**

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

### **OUR LEGAL DUTY**

We are obligated to maintain the privacy of your protected health information and to provide you with this notice of privacy practice and to abide by its terms. We reserve the right to change our privacy practices applies revised privacy practices to protected health information.

Patients may request a copy of the notice at any time or print a copy from our website

### **USES AND DISCLOSURE OF MEDICAL INFORMATION**

We used and disclose medical information about patients for treatment, payments, and referrals. This office may use and disclose medical and financial information related to your care that may be necessary now and in the future to facilitate payment by third parties for services to assist with, aid in, or facilitate the collection for data for purposes of utilization review, quality assurance or medical outcomes evaluation purposes. Such information may be released to insurance companies, HMO, PPO's, managed care organization or other government or third party payer, or any organization contracting with any of the above entities to perform such functions.

Copies of your medical information may be delivered to any optometrist, ophthalmologist or medical physician who is directly or indirectly responsible for your eye care of the payments thereof.

We may use or disclose your medical information for the purposes of involving public health and safety issues and activities, death, certain requests from your employer, governmental personnel and programs, judicial and administrative proceedings, law enforcements, abuse, neglect, or domestic violence issues, and workers compensation issues.

### **INDIVIDUAL RIGHTS**

This office will not use or disclose any of your medical and financial information for any purpose not stat without your specific authorization. You may revoke your authorization at any time. You may request restrictions on certain uses and disclosures. The office is not required to agree to a requested restriction. You have the right to receive confidential communications of your protected health information. You may also request an accounting of disclosures of your protected health information from the office. We may charge you a fee for copying records.

### **QUESTIONS AND COMPLAINTS**

You may register a complaint with this office if you suspect that your privacy rights have been violated. We will investigate the complaint and inform you of the findings. No retaliation will be made against you by this office because you registered a complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services.

I acknowledge that I have read and consent to the above policies