

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND HOW YOU CAN GAIN ACCESS TO IT

The law allows healthcare professionals to use and disclose your PHI for treatment, payment, and health care operations. The examples included below do not list every type of disclosure that may fall within each category.

Treatment: We may use and disclose your PHI to provide, coordinate or manage treatment. For example we may disclose your PHI when we send a medication prescription to your pharmacy, order lab work or refer you to another MD.

Payment: PHI like your name, address and diagnosis codes may be disclosed to your insurance company to bill and collect payment for services rendered.

Health Care Operations: We are allowed to use your PHI for our business operations. This may include things as simple as calling your name in the waiting room, to discussing your case with a member of the staff or another specialist.

BUSINESS ASSOCIATES

The law allows us to disclose your PHI to third party business associates. For example, we are allowed to send your PHI to our transcription company or to the company who provides our secure patient portal. BUT we are required to have a signed agreement from those companies promising that they will protect the PHI they receive from us. Those associates are required to have in place, administrative, physical and technical safeguards as are outlined in the HIPAA Security Rule and the HITECH Act.

We will not use your PHI for advertising or most marketing purposes without your written consent.

A Federal regulation known as the HIPAA Privacy Rule requires that we protect the privacy of your personal health information (PHI). This rule also requires that we provide detailed notice in writing of our privacy practices and that we keep on file, a signed acknowledgement that you were offered one of these notices. This notice is long but we are required to address many specific areas. The HIPAA Security Rules incorporated into the privacy rule this year requires us to implement many safeguards to help protect all of your PHI whether on paper or electronic media.

OTHER USES AND DISCLOSURES

We may also use or disclose your information for certain other purpose allowed by this federal law including the following:

- *To avoid serious threat to your health and safety or the health and safety of others.
- *As required by state or federal law such as reporting abuse, neglect, or certain other events.
- *As allowed by workers compensation laws for workers compensation proceedings.
- *For certain public health activities such as audits, investigations or licensure actions.
- *In response to a court order, warrant or subpoena.
- *For specialized government functions such as the military or correctional institutions
- *In response to law enforcement requests to locate a fugitive, victim or witness or to report crimes.
- *To coroners, funeral directors or organ procurement organizations as necessary to complete their duties.
- *For research if certain conditions apply.

PRIVACY PRACTICES ACKNOWLEDGMENT AND PREFERENCES

SEPTEMBER 2020

You have the right to restrict the disclosure of your protected health information as set forth in our Notice of Privacy Practices.

Please circle an answer for each question

- Were you offered a copy of our Notice of Privacy Practices? YES NO

- Do we have permission to mail test results/ records to your home?
YES NO

- Do we have permission to leave a message on your **HOME** phone regarding the following information? :

Appointments YES NO

Billing Information YES NO

Medical Information YES NO

- Do we have permission to leave a message at your **WORK** phone regarding the following information? :

N/A - I do not work outside my home.

Appointments YES NO

Billing Information YES NO

Medical Information YES NO

Please DO NOT RELEASE MY PHI to the following persons, companies or physicians:

Please list at least 1 Emergency Contact:

Name Phone

Name Phone

MY SIGNATURE BELOW VERIFIES THAT I HAVE READ AND UNDERSTAND THIS FORM AND MY RIGHTS TO PRIVACY.

Patient Name- PLEASE PRINT

Patient's Signature Date

If the patient is a minor or unable to sign, a parent, guardian or person with POA should sign below.

Printed name of signer Relationship

Signature Date

Disclosures we may make unless you object:

We may disclose some information to a member of your family, relative, friend or other person who is involved in your healthcare or payment of your healthcare. We will limit the disclosure to the information relevant to that person's involvement.

You have the right to obtain a paper copy of this notice upon request.

*You have the right to file a complaint with our Privacy Officer and/or the US Department of Health and Human Services if you believe that we have violated your privacy. All complaints must be made in writing. You will not be retaliated against for filing a complaint.

We will notify affected patients if we ever find that our security measures have been breached.

Privacy Officer:

Cheryl Burr
Eye Care Associates of Sarasota, PA
1219 East Ave S #105
Sarasota, FL 34239
941-957-4216

US Dept of Health and Human Services
200 Independence Ave, S.W. Rm #509F
Washington, DC 20201

We are required to abide by the terms of this notice. We do reserve the right to change the terms of this Notice at any time and make the new notice effective for all PHI that we maintain. If we materially change our privacy practices, we will post a copy of the current notice in our reception room and on our website.

**YOUR RIGHTS REGARDING
PROTECTED HEALTH INFORMATION**

*You have the right to request a restriction on your PHI. This means you may request that your PHI not be disclosed to a certain family member, physician or company. We are not required to agree to the requested restriction except in the limited situation in which you or someone on your behalf pays for an item or service in total, and you request that the information concerning that item or treatment not be disclosed to a health insurer.

*You have the right to receive confidential communications. You may request that you receive communications regarding your PHI in a certain manner or location. For example; you may request that we do not contact you or leave messages at your job or business, or that all communication be by mail. We will do our best to accommodate reasonable requests.

*You have the right to inspect and obtain a copy of the records used to make decisions about your care. You may request the information be made available on paper or electronic media. We are allowed to charge a reasonable cost-based fee for providing those records. However, under federal law you may not inspect or copy psychotherapy notes, lab results prohibited by CLIA, and any information being compiled in anticipation of or for use in a civil, criminal or administrative action in which the PHI is subject by law that prohibits access.

*You have the right to request an amendment of your PHI. We will make every effort to comply with your written request, however we may deny the request in certain situations e.g., If the information is determined to be accurate and complete, or if we did not generate the information. A written request that includes your name address and phone as well as what you feel needs to be amended and why should be sent to our privacy officer listed in this notice.

*You have the right to receive an accounting of certain disclosures we have made of your PHI. This right applies to disclosures for purposes other than treatment, payment or healthcare operations.