

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

At QUALITY EYE CARE, we are committed to the responsible treatment and use of your protected health information. This notice of Health Information Practices describes the personal information we collect as well as how and when we use or disclose this information. It also describes your rights as well as how and when we used to disclose the information. It also describes your rights as they relate to your personal health information. This notice is effective April 14, 2003, and applies to all protected health information as defined by federal regulations.

**Understanding Your Health Record Information**

Each time your visit is QUALITY EYE CARE, a record of your visit is made. Usually, this record contains your symptoms, exam and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a;

- \*Basis for planning your care and treatment.
- \*Means of communication among many health professionals who contribute to your care.
- \*legal document describing the care you received.
- \*A tool in educating health professionals,
- \*A source of data for medical records.
- \*A source of information for public health officials charged with improving the health of this state and the nation,
- \*A source of data for our planning and marketing,
- \* A tool with which we can assess and work to improve the care we render and outcomes to achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

**Your Health Information Rights**

Although your health record is the physical property of QUALITY EYE CARE, the information belongs to you. You have the right to:

- \*Obtain a paper copy of this notice of information practices upon request.
- \*Inspect and copy your health records as provided for in 45 CFR 164.528,
- \*Request communications or your health information by alternative means, or at alternate locations.
- \*Request a restriction on certain uses and disclosures of your information
- \*Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

**OUR RESPONSIBILITIES**

QUALITY EYE CARE is required to:

- \*Maintain the privacy of your health information,
- \* Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- \*Abide by the terms of this notice,
- \*Notify you if we are unable to agree to a requested restriction, and
- \* Accommodate reasonable requests you may have to communicate health information by alternative means or at alternate locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you have supplied us, or if you agree, we will email the revised notice to you. We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in this authorization.

**For More Information or to report a problem**

If you have questions and would like additional information, you may contact the practice's Privacy officer.

If you believe your privacy rights have been violated, you can file a complaint with the Practice's Privacy Officer, or with the office of Civil Rights, U. S. Department of Health and Human Services. There will be no retaliation for filing a complaint. The address for the OCR is listed below:

**Office for Civil Rights**

U. S. Department of Health and Human Service  
200 Independence Avenue, SW

Room 509 F, HHH Building  
Washington, D. C.

**We will use your health information for treatment**

For Example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded and used to determine the course of treatment that should work best for you. Your Physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her once discharged from the hospital.

**We will use your health information for payment**

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

**We will use your health information for regular health operations:**

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information on your health record to access the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare of and service we provide.

**Business associates:** There are some services provided in our organization through contacts and business associates. When these services are contacted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do and bill you or your 3rd party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your case, your location, and general condition.

**Communication from offices:** We may call your home or designated location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out our TPO, such as appointment reminders, insurance items, or any calls pertaining to your clinical care. We may mail to your home or other designated location any items that assist in appointment reminders or statements.

**Communication with family:** Health professional, using their best judgment may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

**Marketing:** We may contact you to provide appointment reminders or information about treatment alternative or other health-related benefits and services that may be of interest to you.

**Workers Compensation:** We may disclose health information to the extent authorization by and to the extent necessary to comply with laws relating to Workers Compensation or other similar programs established by law.

**Law Enforcement:** We may disclose health information for law enforcement purposes as required by law or response to a valid subpoena.

**Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are endangering one or more patients, workers or the public.**

Patient

Name \_\_\_\_\_

DOB \_\_\_\_\_

Signature \_\_\_\_\_

Name(s) of others authorized to discuss or request medical information

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