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## Notice of Privacy Practices (Effective Date 5/1/2013)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The misuse of Personal Health Information (PHI) has been identified as a national problem causing patients inconvenience, aggravation, and money. We want you to know that all of our employees, managers and doctors continually strive to comply with rules and regulations set by the government regarding the Health Insurance Portability Act (HIPAA) with particular emphasis on the "Privacy Rule." We respect our legal obligation to keep health information that identifies you private. This notice describes how we protect your PHI.

### TREATMENT, PAYMENT, OPERATIONS

It is our policy to determine appropriate uses of PHI in accordance with governmental laws and regulations. Two such appropriate uses of PHI are for treatment and payment purposes. Examples of how we use or disclose this information for treatment include: setting up an appointment for you; prescribing glasses, contact lenses or eye medications and faxing them to be filled; referring you to another doctor for eye care or other services; or getting copies of your health information from another professional that you may have seen before us. Examples of how we use or disclose this information for payment purposes include: asking you about your health or vision care plans or other sources of payment; preparing and sending bills or claims to third-party insurance agencies; and collecting any unpaid amounts (either ourselves or through a collection agency or attorney). The third appropriate use for PHI is for those means, managerial or administrative, which are needed to run our office. Examples of how we use or disclose this information for "health care operations" include: audits, business planning and outside storage of archived records.

### APPOINTMENT REMINDERS

Unless you object, we will call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We might also write to you to notify you of treatments or services available to you at our office.

### OTHER USES AND DISCLOSURES

We want to ensure that our practice never contributes to the growing problem of improper disclosure of PHI: therefore, uses and disclosures of PHI, other than those listed above or governmental mandates such as subpoenas or orders of courts, will not occur unless you sign a written authorization form. Furthermore, you may revoke such authorization at any time unless we have already acted in reliance upon it. Revocations must be sent to our Practice Administrator in writing.

### PATIENTS RIGHTS REGARDING HEALTH INFORMATION

You also have many rights concerning your health information. You can:

- Request restrictions on how your PHI shall be used or disclosed. We are not required to agree to the requested restrictions, but will inform you of our decision prior to any further treatment. If we do agree, we must honor the restrictions(s) that you want.
- Ask to see or get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, you will be able to review your PHI within 30 days of asking us. The request must be submitted in writing to our Practice Administrator. You may have to pay for photocopies in advance.
- Obtain a list of the disclosures that we have made of your health information within the past five years. By law, you are entitled to one complete list per year without charge. If you want more frequent lists, you will have to pay for them in advance. If you would like a list, send a written request to our Practice Administrator.
- Obtain additional copies of this Notice of Privacy Practices upon request.

### CHANGES

We River's Bend Eyecare are bound by law to maintain the privacy of your Personal Healthcare Information, and we do not take this responsibility lightly. Therefore, we will abide by the terms set forth in this Notice of Privacy Practices. However, we reserve the right to alter the terms herein. If we make changes, we will notify all our patients and will have copies available in our office.

### COMPLAINTS

If for any reason you as a patient feel that your privacy rights have been violated, you are free to file a complaint against us by contacting our HIPAA Compliance Officer or the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you should you file such a complaint. Should you choose to complain directly to us, please submit your written notice to Inderpreet Datta, our Practice Administrator.

### MORE INFORMATION

For further information regarding our privacy practices or your PHI please call or visit our Practice Administrator, Inderpreet Datta, at the number or address shown at the beginning of this Notice.

***Thank you for being a valued patient at River's Bend Eyecare***