

FOCUS ON VISION: NOTICE OF PRIVACY POLICIES

This notice describes how health information about you may be used and disclosed and how you can get access to this information. The privacy of your health information is important to us. Dr. Duey is available to answer any questions you may have.

OUR LEGAL DUTY

We are required by law to maintain the privacy of your health information. We are also required to give you this Notice of Privacy Policies and to have your signature acknowledging that we gave you a copy of this notice.

We reserve the right to change our privacy policies at any time, provided applicable law permits such changes. In the event we make a material change in our privacy policies, we will change the Notice and provide it to you. You may request a copy of our Notice at any time.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, to obtain payment and for healthcare operations. For example:

Treatment: We may use or disclose your health information to other vision or healthcare personnel providing treatment to you. This may include consultation with health care providers, referral to another health care provider or for appointment reminders.

Payment: We may use and disclose your health information to obtain payment for services we provide to you. This may include billing and collection activities, information given to insurance agencies and medical care reviews.

Your Authorization: In addition the above, you may give us written authorization to disclose your information to anyone for any purpose. If you give us permission, you may revoke it in writing at any time.

Marketing Health Products or Services: We may provide you with information regarding products or services that we offer related to your health care needs. We will never sell your information to other companies.

To You, Your Family and Friends: We must disclose your health information to you, and may disclose the information to a family member, friend or other person with your agreement, or if it is necessary in our professional judgment.

Persons Involved in Care: In the event of an emergency, we will disclose health information based on our professional judgment, disclosing only information directly relevant to your healthcare. We will also use our professional judgment to make reasonable decisions in your best interest to allow another person to pick up vision prescriptions or materials.

Required by Government: We may use or disclose your health information when we are required to do so by law. We may also disclose health information of Armed Forces personnel as may be required.

Public Health Activities: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence. We may also disclose information to government agencies if deemed necessary to avert a serious threat to you or to the safety of others.

PATIENT RIGHTS

Access: You have the right to review or get copies of your health information. You must make a written request to obtain access to your records. We can provide you with an authorization form. We may charge you a reasonable fee for expenses such as copies and staff time. You may also request the information be sent to you electronically.

Amendment: You have the right to request that we amend your health information. Your request must be made in writing and must explain why the information should be amended. We may deny your request under certain circumstances.

Restriction: You have the right to request we place additional restriction on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). If you pay cash for your services (do not use your insurance), you have the right to instruct us to withhold information about your treatment from your insurance company and others.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy policies or have questions or concerns, you may discuss your issues with Dr. Duey. If you feel that we have violated your privacy rights, or disagree with a decision we made about access to your health information, please notify Dr. Duey. You may also submit a written complaint to the U.S. Department of Health and Human Services, 200 Independence Ave SW, Washington DC 20201 (1-877-696-6775)