

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN RECEIVE ACCESS TO THIS INFORMATION.

Bergman Porretta Eye Center is required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information

PLEASE READ THE FOLLOWING CAREFULLY

The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. “HIPAA” provides penalties for covered entities that misuse personal health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operation.

TREATMENT means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include a physical examination.

PAYMENT means such activities as obtaining, or managing health care related services by one or more collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment. Patient is also responsible for any services that is not a covered benefit by their insurance carrier.

HEALTH CARE OPERATIONS include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

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

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosure of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

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The notice is effective as of March 28, 2003 and we are required to abide by the terms of the Notice of Privacy Practice currently in effect. If you feel that your privacy protections have been violated, you have the right to file a written complaint with our office, or with the department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. Bergman Porretta Eye Center will not retaliate against you for filing a complaint.

The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Ave, S.W.
Washington, D.C. 20201
202-619-0257
Toll Free: 1-877-696-6775