

**ASSOCIATED EYE SURGEONS** 45 Resnik Rd., Plymouth, MA 02360 508.747.4748  
441 Rte. 130, Sandwich, MA 02363 508.888.8873

### **HIPAA NOTICE OF PRIVACY PRACTICES**

#### **WHO WILL FOLLOW THIS NOTICE:**

*This notice describes our office practices. We may share information with each other for your care.*

#### **OUR PLEDGE REGARDING MEDICAL INFORMATION:**

*We understand that medical information about you and your health is personal. We are committed to protecting your medical information. We create a record of the care you receive at this office to provide you with the quality care and to comply with legal requirements. This notice will tell you about the ways in which we use and disclose your medical information. We also describe your rights and obligations we have regarding the use and disclosure of medical information. We are required by law to make sure that medical information that identifies you is kept private; give you this notice of our privacy practices with respect to your medical information; notify you promptly if a security breach has occurred that may have compromised the privacy or security of your information; and follow the terms of the current notice.*

#### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:**

**For Treatment.** *We may use information about you to provide you with medical treatment and market our services. We may disclose medical information about you to office staff and others involved in your care.*

**For Payment.** *We may use and disclose information about you for insurance and payment on covered services. For out-of-pocket health care paid in full, you may ask us not to share that information for purposes of payment with your health insurer. We will comply unless required by law.*

**For Health Care Operations.** *We may use and disclose information about you for practice operations to make sure that you receive quality care and for learning purposes.*

**Appointment Reminders & Phone Messages.** *We may use and disclose information to contact you about appointments. We may call and leave messages with whoever answers the phone at your home or on your answering machine unless directed otherwise. We may call you at your place of employment, unless otherwise directed.*

**Treatment Alternatives.** *We may use and disclose information to tell you about treatment options.*

**Health-Related Benefits & Services.** *We may tell you about health-related benefits or services.*

**Individuals Involved in Your Care or Payment for Your Care.** *We may release medical information about you to a friend or family member who is involved in or helps pay for your medical care. We may disclose medical information about you to assist in a disaster relief effort.*

**Research.** *Under certain circumstances, we may use and disclose medical information about you for research purposes. We will not use or disclose information about you until a special approval process, which evaluates the use of medical information, has approved the research project. We may disclose information about you to people preparing to conduct a research project so long as the information they review does not leave the practice.*

**As Required By Law.** *We will disclose the information about you when required to do so by law.*

**To Avert a Serious Threat to Health or Safety.** *We may use and disclose information about you to prevent a serious threat to your health and safety, the public or to another person.*

#### **SPECIAL SITUATIONS:**

**Organ & Tissue Donations.** *If you are an organ donor, we may release information to organ banks.*

**Military & Veterans.** *We may release information about military personnel as required.*

**Workers' Compensation.** *We may release information about you for workers' compensation.*

**Public Health Risks.** *We may disclose information about you for public health activities.*

**Health Oversight Activities.** *We may disclose information to a health oversight agency.*

**Lawsuits & Disputes.** *We may disclose information about you in response to a court or administrative order, a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request.*

**Law Enforcement.** *We may release information to a law enforcement official as required by law.*

**Coroners, Medical Examiners & Funeral Directors.** *We may release information to a coroner, medical examiner or funeral director as necessary.*

**National Security & Intelligence Activities & Protective Services for the President.** We may release information about you to authorized federal officials for national security activities.

**Inmates.** We may release information about inmates to a correctional institution or law enforcement.

**YOU HAVE THE FOLLOWING RIGHTS REGARDING MEDICAL INFORMATION WE MAINTAIN ABOUT YOU:**

**Right to Inspect & Copy.** You have the right to inspect and copy your medical information. This includes medical and billing records, but **does not include psychotherapy notes.** You must submit your request in writing for past visits to Privacy Officer. We may charge a fee for the costs of copying. **We may deny your request** to inspect and copy. You may request that the denial be reviewed. Another neutral health care professional, not the person who denied your request, will review your request and the denial. We will comply with outcome of the review.

**Right to Amend.** If you feel that your information is incorrect or incomplete, you may ask us to amend the information. You may request an amendment as long as the office has this information. Your request must include the reason and must be made in writing and, submitted to Privacy Officer. **We may deny your request** if you ask us to amend information not created by us, unless the person that created the information is no longer available; is not part of the information kept by the practice; is not information which you would be permitted to inspect and copy; or is accurate and complete

**Right to an Accounting of Disclosures.** You have the right to request a list of the accounting of disclosures we made of your medical information. You must submit your request in writing to the Privacy Officer. Your request must state a time period not longer than six years. Your first requested list within a year is free; subsequent requests may be subject to a charge.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the information we use or request in writing to disclose about you for treatment, payment, and health care operations or to someone who is involved in your care or the payment for your case. **We are not required to agree to your request.** If we agree, we will comply with your request unless the information is needed in an emergency. You must make your request in writing to Privacy Officer. You must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or location. You must make your request in writing to Privacy Officer. **We have the right to deny your request.**

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, notify Privacy Officer in writing.

**CHANGES TO THIS NOTICE:**

We reserve the right to change this notice and make the revised notice effective for information we already have about you as well as any future information. We will post a copy of the current notice in the office. Each time you register at the office you may request a copy of this notice by notifying Privacy Officer.

**Complaints:**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with the office, contact Privacy Officer. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

**OTHER USES OF MEDICAL INFORMATION:**

Other uses and disclosures of information not covered by this notice will be made only with your written permission. You may revoke that permission in writing at any time. Understand that we are unable to take back any permitted disclosures, and that we are required to retain records of your care.

Reviewed/Revised Annually