



**ADVANCED EYE PHYSICIANS
NOTICE OF PRIVACY PRACTICES:
HIPAA**

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

PLEASE READ CAREFULLY

We at Advanced Eye Physicians are committed to protecting the confidentiality of your information. It is our legal responsibility to notify our patients how your information may be used and your rights as our patients.

How this practice may use or disclose your health information:

For Treatment:

Your health information will be used by our office to provide you with medical care. In some cases this may mean sharing your information with other health care professionals including labs, surgical centers, and pharmacists, to assist in your care. These are standard procedures utilized to provide you quality.

For Payment:

We may use and disclose your health information to obtain payment for services. For instance; your healthcare insurance company may require detailed information such as dates of service, diagnosis, or copies of tests, prior to remitting payment. This is true for other payers including automobile insurance and worker's compensation. This office may also disclose your information to other healthcare providers that are providing the services.

For Health Care Operation:

Your health information may be used for medical reviews, audits, business planning and management. We may also use and disclose this information to request that your health plan authorize services or referrals. Your health information may also be reviewed to assist in the keeping of quality care for our patients.

Law Enforcement:

We are required by law, to disclose your health information to law enforcement officials for purposes such as locating suspect, material witness, complying with court orders, warrants, grand jury subpoenas or other law enforcement purposes.

Public Health:

We are required by law to share your information for the purposes of preventing or controlling disease. We are also required to report any signs of abuse or neglect.

Marketing and Selling of Information:

We may contact you to discuss information about services and products related to your treatment or to recommend other treatments or health-related benefits and services that may be of interest to you. We will not disclose your health information for marketing purposes without your written authorization. We will not sell your information.

Change of Ownership:

In the event that Advanced Eye Physicians is sold or merges with another organization your health information may be transferred to the new owner. You have the right to request copies of your health information to be transferred to another physician.

Additional Uses:

Our patients receive reminder phone calls by a third party of upcoming appointments. This company is given your name, phone number, date and time of your appointment, and the location of your appointment.

Advanced Eye Physicians may not use or disclose health information that identifies you except as described in this Notice of Privacy Practices. If you do authorize this practice to use your health information for another purpose; you have the right to revoke your authorization in writing, with the exception of information that has already been shared under your authorization. We will not use your health information other than outlined in this Notice of Privacy without your written consent.

Advanced Eye Physicians has contacted an IT company (business associate) that will be monitoring the security of your health information twenty four (24) hours a day, seven (7) days a week. In the unlikely case of a computer breach or any situation that may put your information in jeopardy, you will be notified through the contact information we have for you on file.

Your Health Information Rights:

Notice of Privacy Practices:

You have the right to have a copy of our Notice of Privacy Practices.

Restrictions of Disclosure:

You have the right to request restrictions on certain uses and disclosures of your health information. You may request in writing the limitations you would like to disclose. We reserve the right to accept or reject this request. You will be notified if the request has been rejected. You have the right to choose not to disclose your medical record to your health plan. This must be done in writing at the time of services. Payments of services must be made in full at the time of your appointment.

Confidential Communications in Electronic Form:

You have the right to request your information to be delivered to you in specific ways or to a specific location. You have the right to request your medical record in electronic form. For instance; if you would like to receive your health information through encrypted email at your place employment; we will comply with all reasonable requests. If you request your medical record to be downloaded to a USB or other device; the practice will bill for the cost of said device.

Review and Copy:

You have the right to review your health information with limited exceptions. For a copy of your medical information; you must submit the request in writing. According to Connecticut law we have the right to charge for copies.

Amend or Supplement:

If you feel your health information is incorrect or incomplete; you have the right to request that we amend your health information. Submit your request in writing and include the reason(s) you believe the

information is inaccurate or incomplete. This office will review your information and notify you if the request has been denied. If your request is denied, a full explanation will be provided.

Accounting Disclosure:

You have the right to request an accounting of disclosures of your health information made by this medical practice. We are not required to notify or report uses of your health information as outlined in this notice.

Changes to Notice of Privacy Practices:

Advanced Eye Physicians has the right to update and change this notice and may be required to do so by law. After an amendment has been made; these changes will apply to all health information records this practice maintains.

If you feel your privacy has been violated please notify us in writing describing the violation. If you would like to comment on our Notice of Privacy Practices; Please send in writing to:

Practice Manager
Advanced Eye Physicians
546 South Broad Street
Meriden, CT 06450



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Signature Page

I have received a copy of the Notice of Privacy for Advanced Eye Physicians

Name of Patient (Please Print)

Patient's Signature

Date

Signature of Patient/Representative
(Required if the patient is a minor or an adult who is unable to sign this form.)

Relationship to Patient