

This Office is Compliant With the Guidelines of The

H.I.P.A.A.

Health Insurance Portability and Accountability Act

We secure the privacy of your personal health information. We have a Privacy Officer. We have a Compliance Officer. WE use electronic vendors, hospitals, labs, and surgicenters which are in compliance with HIPAA. We maintain our multi-page "Notice of Privacy Practices", which you may ask to read if you so desire. It relates to our use of your Personal Health Information (PHI). You may obtain a complete copy of the expected privacy practices under HIPAA regulations, by contacting the U.S. Government Printing Office (there is a charge), or at the website: www.hhs.gov/ocr/hipaa.

Summary of Yasgur Eye Associates Notice of Privacy Practices

I. Patient Rights

1. The right to sign an authorization for a non-authorized use. There are circumstances for which your standard consent is not applicable: school exams, DMV forms, employer physicals, etc. You will have to give us separate consent, and the work will not be paid for by your insurance.
2. The right to access your PHI. You have the right to receive a copy, summary, or explanation of your PHI, but must provide us with separate consent. This right does not extend if there is anticipation of its use in a legal action or other issues.
3. The right to request restrictions on certain uses and disclosures. You may make special written request for such restrictions, but this law does not require us to comply with your wishes if it hampers our use of your PHI for treatment, payment, or operations functions, or certain other legal constraints.
4. The right to receive confidential information. We will attempt to contact you in our usual fashion, unless you request otherwise, in writing.
5. The right to amend your PHI. You may write an addendum to be inserted into your record.
6. The right to receive an accounting. You may request an accounting of our uses and disclosures of your PHI. There are some legal restrictions, and because it is time consuming, we have the right to charge a fee for this service.

II. Uses and Disclosures

1. We intend to limit the disclosure of your PHI to that necessary for Treatment, Payment, and Operations functions within our practice.

2. We will not permit the following disclosures without your written authorization: marketing, to your employer unless self-insured, random disclosures outside our offices, research purposes.
3. Certain situations demand that we disclose your PHI without specific authorization, such as, but not limited to: when required by law, to your employer when services are at the request of your employer, court order or warrant, health oversight purposes, properly designated public health authority, U.S. F. D.A. in adverse event reporting, law enforcement, if all personal identification information is removed making the record anonymous.

III. Organizational Politics

1. We engage in certain policies to facilitate the efficient operation of our practice, and if you have any concerns, please speak to us about working out alternatives for you.
2. We contact patients by phone for routine activities, and will leave messages on message taking machines, or with live messengers.
3. We utilize sign-in sheets, and call out patient names in the receiving area.
4. Our staff will conduct routine discussions at the front desks with patients.
5. We may disclose your PHI to a member of the family that has shown the interest, and your closeness, by presence at your health care.
6. We must share your PHI with business associates that perform a variety of functions for us that help us file and organize your records, or help us with billing or transcription, or other healthcare related activities.
7. We may not share your PHI with your representatives, if, in our professional judgment, such disclosure should not be made.

IV. Questions & Complaints

If you have a question about our Notice, or anything related to our privacy policy, please read our full Notice, and if questions remain, please ask for an appointment with our Privacy Officer.