

Effective date of notice: 06/03/19

Advanced Eyecare of Winfield
102 Eagle Bluff Heights Winfield Mo 63389
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Notice of Privacy

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

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices.

YOUR RIGHTS

When it comes to your health information, you have certain rights.

Get an paper copy of your medical record. You can ask to see or get a paper copy of your medical record and other health information. We will provide within 30 days of the request. There may be a reasonable cost based fee.

Ask us to correct your medical record. You can ask us to correct health information that you believe is incorrect. We may say "no" to your request, but we will let you know within 60 days.

Request confidential communications. You can ask us to contact you in a specific way.

Ask us to limit what we use or share. You can ask us not to share or use certain health information for treatment, payment, or our operations. We are not required to agree to your request. If you pay out of pocket in full, you can ask us not to share that information. We will say "yes" unless a law requires us to share that information.

Get a list of those whom we've shared information. You can ask for a list of the times we've shared your health information for six years prior to the date you ask. We will include all disclosures except for all the ones you asked us to make.

Get a copy of this privacy notice. You can ask for a paper copy of this notice at any time.

Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights.

File a complaint if you feel your rights are violated. You can complain if you feel we have violated your rights by contacting us or with U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hippa/complaints/.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in situations, talk to us. If you are unable to tell us, for example if you are unconscious we may go ahead and share your information if we believe it is your best interest.

OUR USES AND DISCLOSURES

How do we typically use or share your health information?

1) Treat you. We can use your information to help other professionals treat you. 2) Run our organization. We can use your information to improve your care. 3) Bill for your services. We can use your information to bill and get payment from health plans.

We are allowed or required in other ways- usually in ways that contribute to the public good,

such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hippa/undersanding/consumers/index.html.

Help with public health and safety issue. We can share health information about about you for certain situations.

Comply with the law. We will share information about you if state or federal law require it. Work with a medical examiner or funeral director. We can share information with a coroner, medical examiner, or funeral director when a individual dies.

Adress workers' compensation, law enforcement, and other government requests. 1) for workers' compensation claim. 2) for law enforcement purposes. 3) with health oversight agencies for activites authorized by law. 4) for special goverenment functions such as military, national security, and presidential protective services.

Respond to law suites and legal actions. We can share information about you in repsonse to a court or administrative order.

OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time as allowed by the law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new one in our office and have copies available.

Complaints

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or the U.S. department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to the office contract person at the address, fax, or email shown at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone.

FOR MORE INFORMATION

If you want more information about our privacy practices, call or visit the office contact person at the address or phone number shown at the beginning of this notice.

ACKNOWLEDGE OF RECEIPT

I acknowledge that I recieved a copy of Bowling Green Eye Care Notice of Privacy Practices.

Print Name _____

Signature _____ Date _____