Modern Optometry
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HIPAA PATIENT NOTICE OF PRIVACY PRACTICES
EFFECTIVE JULY 1, 2020
THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE READ IT 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, to be 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 information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and/or disclose your health information

We may use and/or disclose your medical records only for each of the following purposes:

- **Treatment-** We will use and disclose your Protected Health Information (PHI) to provide, coordinate, or manage your health care and related services. This includes the coordination or management of your health care with a third party. For example, we would disclose information to a home health agency that provides care to you or to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.
- **Payment-** Your PHI will be used, as needed, to obtain payment for your health care services. This may include activities your health plan may take before it approves or pays for health care services such as determination of eligibility or coverage for insurance benefits. For example, obtaining approval for a hospital stay may require that your PHI be disclosed to the health plan to obtain approval.
- **Healthcare Operations**- We may use, or disclose, as needed your PHI in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review of activities, and conducting or arranging other business activities. For example, we may call you by name in the waiting room. We may use or disclose your PHI, as necessary, to contact you, or to anyone who answers your phone, regarding an appointment, status of your orders of eyeglasses or contact lenses, or your account payments.

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

- The right to request restrictions on certain uses and discloses of PHI, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are not, however, required to agree to a requested restriction. If we do agree to a restriction, we must abide by it until you request, in writing, to remove it.
- The right to requests to receive confidential communications of PHI from us by alternative means or at alternative locations.
- The right to inspect and receive a copy or your PHI.
- The right to have an amendment filed with your PHI.
- The right to receive an accounting of disclosures of PHI.
- The right to review the Notice of Privacy Practices and to receive a written copy.

ALL RIGHTS ARE TO BE SUBMITTED TO OUR OFFICE IN WRITING. We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. Privacy Officer: Babak Kamkar, O.D.

Concerns may be directed to Modern Optometry (in writing) at the above address. The regulating agency for HIPAA compliance is the U.S. Department of Health & Human Services, Office of Civil Rights, 200 Independence Avenue SW, Washington, D.C. 20201, 1-877-696-6775 or 202-619-0257.

By signing below, I acknowledge the receipt of this **NOTICE OF PRIVACY PRACTICES.**

Signature _____Printed Patient Name _____

Date _____ Witness _____