

Grand Ridge Eye Clinic-Notice of Practices

This notice describes how health information about you may be used and disclosed, and how you can access this information. Please read it carefully. The privacy of your health information is important to us.

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We will use and communicate your health information only for the purpose of providing your treatment, obtaining payments, and conducting health care operations.

Uses and disclosures of healthcare information

To provide treatment: we will use and disclose your health information within our office to provide you with the best health care possible. This may include business office staff, assistants, opticians, physicians' assistants, nurses, and physicians. In addition, we may share your health information with referring physician, laboratories, pharmacies, and other health care personnel providing you treatment, including contact lens and frame companies.

To obtain payment: we use and disclose your health information to obtain payment for service, materials, and treatment you've received in our office. We may do this with insurance forms filed for you by mail or sent electronically.

Health care Operations: your health information may be used during performance evaluation of our staff; training programs for students, interns, associates, and business/clinical employees. It is also possible that health information will be disclosed during audits by insurance companies or government appointed agencies as part of their quality assurance and compliance reviews. Your health information may be reviews during the routine process of certifications, licensing, or credentialing activities.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we believe a patient is a victim of abuse, neglect, or domestic violence, or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert serious threat to your health or safety, or the health or safety of others.

Public Health or National Security: We may disclose to federal officials or military authority's health information required for the lawful intelligence, counterintelligence, or national activities.

Family, Friends, and Caregivers: We may disclose your health information to a family member, friend, caregiver, or other person who you tell us will be helping you with your home hygiene, treatment, medications, or payment. In case of emergency, where you are unable to tell us what you want, we will use our professional judgement when sharing your health information. Similarly, in the event of death, regulations allow physicians to make relevant disclosures to family and friends under essentially the same circumstances such disclosures were permitted when the patient was alive; that is, when these individuals were involved in providing care or payment for care and the physician is unaware of any expressed preference to the contrary.

Coroners, Funeral Directors, and Medical Examiners: We may be required by law to provide information about your health to coroners, funeral directors and medical examiners for the purpose of determining a cause of death or preparing a funeral.

Authorization: Other than stated above or where federal, state, or local law requires us, we will not disclose your health information without your written authorization. You may revoke your authorization in writing at any time. Your revocation will not affect any use of disclosures permitted by your authorization while it was in effect.

Sale of Information: Your trust is important to us. Therefore, we will not rent or sell your health information to a third party. Similarly, we will not be involved in paid third party marketing or fundraising.

Breach of Security: We are required to inform you of an acquisition, access, use, or disclosure of protected health information in a matter that is not permitted by this agreement which may compromise the security or privacy of your protected health information.

Patient Rights

Access: You have the right to look at or get copies of your health information, with limited exceptions (you must make request in writing to obtain access to your health information). If you request copies, we will charge you a fee for each page, and per hour for staff to locate, duplicate, and assemble your copy, and postage if you requested the copies be mailed to you. We may also charge the labor costs and supply cost for electronic copies of your private health information. Examples of supply costs include USB drives, CD's or external hard drives.

Email and Other Electronic Transmission: Electronic exchange of private health information will be enclosed within an encrypted file. Exceptions occur when an individual is advised of the potential risks, and still requests that form of transmission.

Documentation of Health Information: You have the right to ask us for a description of how and where your health information was used by our office for any reason other than to provide information from April 14, 2002, and forward. Please let us know in writing the time period for which you are interested. Your request must be limited to no more than six years at a time. We may charge you a reasonable fee for your request.

Alternative Communications: You have the right to ask us to amend your health information. In order to standardize your process, please submit your request in writing and describe the reason for the change. Your request may be denied under certain circumstances. At your request we are not permitted to disclose private health information which you received while paying an out of pocket expense. Exceptions to this rule exist in the event that law enforcement requires the information.

Request a Paper Copy of This Notice: You have the right to obtain a copy of this notice of privacy practices from our office at any time.

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 of Civil Rights. We support your right to the privacy of health information. If you want more information, please contact our office.