

## **Harman Eye Center Notice of Privacy Practices**

The federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule provides legal protections for personal health information. The Privacy Rule also permits the disclosure of personal health information needed for patient care and other important purposes. This notice describes how medical information about you may be used and disclosed. Please review it carefully.

Harman Eye Center wants to protect your privacy. The law requires us to keep your medical information private and to give you this notice of our privacy practices. We have the right to change the terms of this Notice, and these changes will apply to all of the medical information we maintain. If Harman Eye Center changes the terms of this Notice, we will make paper copies of this Notice of Privacy Practices available upon request and post it on our web site, <http://www.harmaneye.com>.

This notice applies to all Harman Eye Center facilities and to all eye care professionals who are employees of Harman Eye Center while they are working in our facilities.

We may use or share your medical information as part of your care. For example, we may share your information with other members of your treatment team, such as your primary care doctor. We may share information with your health insurance company to get paid for your care. We may use your information to check the quality of care we provide.

In addition to using your health information, or disclosing it to others for the purpose of treatment, obtaining payment, or supporting the day-to-day health care operations of the practice, Harman Eye Center also may use or share your information in accordance with certain legal guidelines:

- We may contact you to remind you of an appointment. We also may contact you to tell you about treatment options and other health-related benefits or services that may interest you.
- We may share medical information with the United States Department of Health and Human Services if there is an investigation of Harman Eye Center to see if we comply with the law.
- As long as you do not object, we may share or discuss your health information with your family, friends, or others involved in your care or payment for your care. For example, we may talk to your family member who is driving you home after surgery about follow up care. In such situations, we will discuss only the information that the person involved needs to know about your care.
- We may give eye glasses, medical supplies, and other health care items to a family member, friend, or other person you send to pick them up.
- We may use or share your medical information for public health activities, such as reporting infectious diseases.
- Harman Eye Center may share your medical information with health agencies responsible for oversight activities including audits, investigations, inspections, licensure or disciplinary actions, administrative and/or legal proceedings.
- We may share your medical information during legal or administrative proceedings. Harman Eye Center also may disclose your medical information for law enforcement purposes or other special government functions.
- We may use or share your medical information for certain research purposes.

- We may use or share your medical information to prevent or lessen a serious threat to the health or safety of another person or the public.
- We may share your medical information as allowed by law for workers' compensation, veterans' benefits or similar programs.

### **What Are My Rights Regarding My Medical Information?**

1. You have the right to ask us to limit or restrict the uses or sharing of your medical information. Harman Eye Center is not required to agree to your request.
2. You have the right to request that our communications with you be kept confidential.
3. You have the right to inspect your medical records as permitted by state and federal law, and to obtain copies for a reasonable fee.
4. You have the right to ask to amend your medical information. Harman Eye Center may deny your request. If denied, we will provide you with a written reason for our decision. We will give you information on your rights at that point.
5. You have the right to ask for a list of times we shared your information for reasons other than treatment, payment, health care operations, or with your written approval.
6. You have the right to ask for a printed copy of this Notice of Privacy Practices.
7. You have a right to file a complaint with Harman Eye Center and/or the United States Department of Health and Human Services if you believe that we have violated your privacy rights. To complain to Harman Eye Center, please contact Candi Hamilton at (434) 385-5600. If you would like more information on your rights or on the disclosures of your medical information, please contact Candi Hamilton at (434) 385-5600.

Harman Eye Center reserves the right to modify the Privacy Practices outlined in this Notice at any time.

I have reviewed the Harman Eye Center Notice of Privacy Practices and I authorize Harman Eye Center to use and share my medical information in accordance with the HIPAA Privacy Rule:

---

Patient Name (Printed)

---

Signature of Patient / Parent / Guardian

---

Date

**HIPAA Authorization Form**

The HIPAA Privacy Rule allows Harman Eye Center to release information to outside entities on your behalf for the purpose of treatment, obtaining payment, or supporting the day-to-day health care operations of the practice—for example, to another medical office when setting up an appointment, to your insurance company when trying to obtain payment, and to your pharmacy. Harman Eye Center will not use or disclose your medical information for any other purpose without your written permission.

If you give us permission to release medical information about you to additional third parties, you can change your mind at any time. If you change your mind, you must do so in writing.

I, \_\_\_\_\_, am authorizing the additional third parties listed below to obtain medical information about me from Harman Eye Center. I understand that Harman Eye Center is not responsible for the information provided as long as it is given to a person that I have listed below.

1. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

3. Name: \_\_\_\_\_

4. Name: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

I, \_\_\_\_\_, authorize Harman Eye Center to use or share my medical information only as set forth in the HIPAA Privacy Rule, and I do not authorize Harman Eye Center to release any of my protected medical information to additional third parties.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_