Harbor Ophthalmology PLLC

NOTICE OF PRIVACY PRACTICES
The Highlights

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

Our goal is to take appropriate steps to attempt to safeguard any medical or other personal information that is provided to us. The Privacy Rule under the Health Insurance Portability and Accountability act of 1996 ("HIPAA") requires us to: (i) maintain the privacy of medical information provided to us; (ii) provide notice of our legal duties and privacy practices; and (iii) abide by the terms of our Notice of Privacy Practices currently in effect.

How your Health Information May Be Used

To Provide Treatment
We will use your health information to provide you with care. This may include administrative and clinical office procedures designed to optimize scheduling and coordination of care between business office staff, technicians, opticians, and physicians. All office personnel are cross trained and will use your health information. In addition, we may share your health information with your other physicians, referring optometrists, pharmacies or other health care personnel providing you treatment.

To Obtain Payment
We may include your health information with an invoice used to collect payment for treatment you receive in our office. We may do this with insurance forms filed for you in the mail or sent electronically. We will be sure to only work with companies with a similar commitment to the security of your health information.

To Conduct Health Care Operations
Your health information may be used during performance evaluations of our staff and to review the quality of the service provided. 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 reviewed during the routine processes of certification, licensing or credentialing activities.

Public Health and National Security
We may be required to disclose to Federal state and local officials, or military authorities health information necessary to complete an investigation related to public health or national security. Health information could be important when the government believes that the public safety may benefit when the information may lead to the control of new side effects of a drug treatment or medical device.

In Patient Reminders
Because we believe regular care is very important, we will remind you of a scheduled appointment or that it is time for you to contact us and to make an appointment. Additionally, we may contact you to follow up on your care and inform you of treatment options or services that may be of interest to you.

These communications are important. They may include postcards, letters or telephone reminders. (You may tell us that you do not want to receive these reminders and none will be made.)

For Law Enforcement
As permitted or required by State or Federal law, we may disclose your health information to a law enforcement official for certain law enforcement purposes, including, under certain limited circumstances, if you are a victim of a crime or in order to report a crime.

We will notify the government authorities if we believe a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when we are compelled by our ethical judgment, when we believe we are specifically required or authorized by law or with the patient's agreement.

Family, Friends and Caregivers– Your Circle of Care

We may share your health information with those you tell us will be helping you with your treatment, medications, or payment. Generally we will ask your verbal permission first. In the case of an emergency, where you are unable to tell us what you want, we will use our very best judgment when sharing your health information only when it will be important to those participating in providing your care.

Other uses and Disclosures of Personal Information

Other than is stated above or where Federal, State or Local law requires us, we will not disclose your health information other than with your written authorization. You may revoke that authorization in writing at any time except to the extent we have already released in your original permission.

Individual Rights

This new law is careful to describe that you have the following rights related to your health information.

Restrictions

You have the right to request restrictions on certain uses and disclosures of your health information. Our office will make every effort to honor reasonable restriction preferences from our patients.

Private Communications

You have the right to request that we communicate with you in a certain way. You may request that we only communicate your health information privately with no other family members present or through mailed communications that are sealed. We will make every effort to honor your reasonable requests for confidential communications.

Inspect and Copy Your Health Information

You have the right to read, review, and copy your health information, including your complete chart and billing records. If you would like a copy of your health information, please let us know. We may charge you a reasonable fee to duplicate and assemble your copy.

Modify Your Health Information

You have the right to ask us to update or modify your records if you believe your health information records are incorrect or not complete. In order to standardize our process, please provide us with your request in writing and describe your reason for the change.

Your request may be denied if the health information record in question was not created by our office, is not part of our records, or if the records containing your health information are determined to be accurate and complete.

Documentation of disclosure 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 for treatment, payment, or health operations. Our documentation will enable us to provide information on health information usage from April 14, 2003, and forward. Please let us know in writing the time period for which you are interested. Please limit your request to no more than six years at a time. We may need to charge you a reasonable fee for your request.

Request a Paper Copy of this Notice

You have the right to obtain a copy of this Notice of Privacy Practices directly from our office at any time.

We are required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of our Privacy Practices. We are required to practice the policies and procedures described in this notice but we do reserve the right to change the terms of our Notice.

You have the right to express complaints to us or to the Secretary of Health and Human services if you believe your privacy rights have been compromised. We encourage you to express any concerns you may have regarding the privacy of your information. Please let us know of your concerns or complaints in writing.