

Dr. Patterson's Family Eyecare
HIPPA Privacy Policy

Your Privacy Rights:

- **Confidential Communications**-You may ask us to contact you at a specific location or manner.
- **Requesting Restrictions**-You may request/submit the information you wish to restrict from disclosure, or specifically list individuals involved in your care to have access to your PHI. *We are not required to agree with all requests* When an individual pays by cash they can instruct their provider not to share information about their treatment with their health plan.
- **Inspection and Copies**-A request may be submitted in writing to review your PHI. Our practice may charge a fee for copies, mailing, and labor.
- **Amendments**-A request may be submitted in writing to amend your PHI if you believe it is incorrect or incomplete.

Ways PHI may be Used/Disclosed:

- **Treatment**-PHI may be disclosed, for example, to a pharmacy when a prescription is ordered. Also, to other healthcare providers for purposes related to your treatment only
- **Payment**-PHI may be disclosed in order to bill and collect payment for services.
- **Health Care Operations**-PHI may be used to evaluate the quality of care you receive or to conduct cost-management activities. PHI is prohibiting from being sold for marketing or fundraising services without patient permission.

Electronic Records and Patient Information:

- **Access**-At any time, a patient may request a copy of his/her electronic health records. Our system, Microsoft HealthVault, is available to patients within 3 days of their exam to access treatment records online via email.
- **Rights Following Breach of PHI**-Following the discovery of a breach of unsecured PHI, our office will notify each individual whose unsecured PHI has been, or is reasonably believed by associates to have been, accessed, acquired, used, or disclosed as a result of such breach.

Dr. Patterson's Family Eyecare is committed to obeying all Federal, State, and Local laws and regulations regarding Privacy Practices. If any other uses or disclosures than the ones listed above are needed, please feel free to contact our Compliance officer at 330-792-9900.

I have read and understand the above Notice of Privacy Practices/HIPPA Regulations.

Patient Signature _____

Date _____

(Parent/Guardian if minor)