

Notice of Privacy Practices

Your “health information”, for purposes of this Notice, is generally any information that identifies you and is created, received, maintained or transmitted by us in the course of providing health care items or services to you.

We are required by the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)** and other applicable laws, to maintain the privacy of your health information, to provide individuals with the Notice of our legal duties and privacy practices with respect to such information, and to abide by the terms of this Notice. We are required by law to notify affected individuals following a breach of their unsecured health information.

The most common reasons why we use or disclose your health information are for treatment, payment or health-care operations. Examples of how we use or disclose your health information for treatment purposes are: setting up an appointment for you; testing or examining your eyes; prescribing glasses, contact lenses, or eye medications and faxing them to be filled; demonstrate low vision aids; referring you to another doctor or clinic for eye care or low vision aids or services; or getting copies of your health information from another professional that you may have seen before us. Examples of how we use or disclose your health information for payments purposes are; asking you about your health or vision care plans, or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency or attorney). “Health-care operations” refers to those administrative and managerial functions that we must carry out in order to run our office. Examples of how we use or disclose your health information for health-care operations are: financial or billing audits; internal quality assurance; personal decisions; participation in managed care plans; defense or legal matter; and business planning.

Any authorization you provide to us regarding the use and disclosure of your health information may be revoked by you in writing at any time. After you revoke your authorization, we will no longer use or disclose your health information for the reasons described in the authorization. However, we are generally unable to retract any disclosures that we may have already made with your authorization. We may also be required to disclose health information as necessary for purposes of payment for services received by you prior to the date you revoked your authorization.

Patient/Parent Signature

Date