

# Family Eye Care Center

## NOTICE OF PRIVACY PRACTICES

**This Notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

**You have the right to obtain a paper copy of this Notice upon request.**

### **Patient Health Information**

Under federal law, your patient health information is protected and confidential. Patient health information includes information about your symptoms, test results, diagnosis, treatment and related medical information. Your health information also includes payment, billing and insurance information.

### **How We Use Your Patient Health Information**

We use health information about you for treatment, to obtain payment, and for health care operations, including administrative purposes and evaluation of the quality of care that you receive. Before we can use the information for these purposes, we must obtain your written consent. This consent is included on a form that you have been asked to sign.

This Notice gives examples of how we will use or disclose your health information for treatment, payment, and health care operations. The Notice also describes circumstances when we may have to use or disclose the information even without your consent.

### **Examples of Treatment, Payment, and Health Care Operations**

**Treatment:** We will use and disclose your health information to provide you with medical treatment or services. For example, nurses, physicians and other members of your treatment team will record information in your record and use it to determine the most appropriate course of care. We may also disclose the information to other health care providers who are participating in your treatment, to pharmacists who are filling your prescriptions, and to family members who are helping with your care.

**Payment:** We will use and disclose your health information for payment purposes. For example, we may need to obtain

authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain records of payments from your health plan.

**Health Care Operations:** We will use and disclose your health information to conduct our standard internal operations, including proper administration of records, evaluations of the quality of treatment, and to assess the care and outcome of your case and others like it.

### **Special Uses**

We may use your information to contact you with appointment reminders. We may also contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

### **Other Uses and Disclosures**

We may use or disclose identifiable health information about you for other reasons, even without your consent. Subject to certain requirements, we are permitted to give out health information without your consent for the following purposes:

- **Required by Law:** We may be required by law to report gunshot wounds, suspected abuse or neglect, or similar injuries and events.
- **Public Health Activities:** As required by law, we may disclose vital statistics, diseases, information related to recalls of dangerous products to public health authorities, and similar information.
- **Health Oversight:** We may be required to disclose information to assist in investigations and audits, eligibility for government programs, and similar activities.