Jamie DeLugan, OD Daniel Thurm, OD Blue Hills Eye Associates

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you is used and disclosed and how you can access this information.

The Health Insurance Portability and Accounting Act of 1996 (HIPAA) is a federal program that requires that all medical records and all medical information about you is properly kept confidential.

We may use and disclose your medical information only for the following reasons:

Treatment: Treatment of your eye health by providing or managing your eye health and related services by our doctors or a referred doctor.

Health Care Operations: This includes the business aspects of running our practice, such as conducting quality assessments, reimbursements for services, confirming coverage and billing or collection activities.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor that request, except to the extent that we have already taken.

You have the right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to requested restrictions. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.

You have the right to a copy of your protected health information.

You have the right to amend your protected health information.

I understand that as part of my healthcare, Blue Hills Eye Associates originates and maintains health records describing my health history, symptoms, examination, test results, diagnosis, treatment and any plans for future care or treatment.

I understand that this information serves as:
A basis for planning my care and treatment.
A means of communication among healthcare professionals who contribute to my care.
A source of information for applying my diagnostic information to my bill.
A means by which a third party payer can verify that services billed were provided.

I understand that I have the right:
To object to the use of my health information for directory purposes.
To request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations and that Blue Hills Eye Associates is not required to agree to the requested restrictions.

I request the following restrictions to the use or disclosure of my health information:

_____

Patient Name: _____ Date: _____

Signature: _____