

NOTICE OF PRIVACY PRACTICES

NOTICE OF PRIVACY PRACTICES (Effective January 2014). THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Right to Notice – This notice of Privacy Practices describes how Roseville Vision Center/Dr. Perron may use and disclose your Protected Health Information (PHI) under the Health Insurance Portability and Accessibility Act (HIPAA), in order to carry out your treatment, payment and health care operations. It also describes your right to control your PHI and access it.

Treatment - We may use or disclose your health information to a physician or other healthcare provider providing treatment to you to assist in your diagnosis and treatment.

Payment - We may use and disclose your PHI to obtain payment from a third party that may be responsible for the costs of services we provide you.

Health care operations - We may use and disclose your PHI to perform health care operations. Healthcare operations may include quality assessment and improvement activities, reviewing the competency or qualifications of healthcare professionals, evaluating provider performance, accreditation, certification, licensing and credentialing activities.

Your Authorization - We will not make any other uses or disclosures of your health information unless you sign a written authorization form. Upon signing, you may revoke your authorization (in writing) through our practice at any time, unless we have already acted in reliance upon it.

Emergency Situations - In the event of your incapacity or an emergency situation, we will disclose health information to a family member, or another person responsible for your care, using our professional judgment. We will only disclose health information that is directly relevant to the person's involvement in your healthcare.

Required by Law - We may also use or disclose your health information when we are required to do so by federal, state, or local law.

Abuse or Neglect – By law, we may disclose your PHI to appropriate authority to report a possible victim of abuse, neglect, or domestic violence or the victim of other crimes. We may disclose your PHI to the extent necessary to avert a serious threat to your or other people's health or safety.

National Security - We may use and disclose your PHI to federal officials for intelligence and national security activities authorized by law. We may disclose health information of inmates or patients to the appropriate authorities under certain circumstances.

Appointment Reminders - We may use or disclose your PHI to provide you with appointment reminders by phone or letter.

Your Rights as a Patient:

1. -You have the right to restrict the disclosure of your protected health information (in writing). The request may be denied if the information is required for treatment, payment or health care operations.
2. -You have the right to receive confidential communications regarding your protected health information.
3. -You have the right to inspect and copy your protected health information (PHI)
4. -You have the right to amend your protected health information (PHI)
5. -You have the right to receive an account of disclosures of your protected health information (PHI)
6. -You have the right to a paper copy of this notice of privacy practices.

Legal Requirements - Roseville Vision Center (Dr. Perron) is required by law to maintain the privacy of your protected health information (PHI). We reserve the right to change this notice at any time in compliance with and as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office, have copies available in our office, and post it on our website.

Complaints - If you have questions or complaints regarding the way your protected health information (PHI) was handled, you may submit it in writing to our office. You will not be retaliated against in any manner for a complaint.

Contact Information - For further information about Roseville Vision Center's privacy policy, please contact Dr. Perron at the following address or phone number: Roseville Vision Center, 1213 Pleasant Grove Blvd, Roseville, CA 95678, (916) 789-1959

PATIENT SIGNATURE

DATE