

Eyes in Disguise Optometry

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Patient Privacy Policy

Effective Date: 04/01/2017

Eyes in Disguise Optometry provides this notice to comply with privacy regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Legal Requirements

We understand that your health information is personal to you, and we are committed to protecting this information about you. As our patient, we create medical records about your health and the services and or/items we provide to you as our patient. We need this record to provide your care and to comply with certain legal requirements.

We are required by law to:

- Protect your health information and ensure that it is kept private.
- Provide you with a 'Patient Privacy Policy' and your legal rights with respect to protected health information about you.
- Follow the conditions of the 'Patient Privacy Policy' that is currently in effect.

Health Information

The following circumstances may require us to use or disclose your health information:

- **For treatment** – to provide you with medical services or treatment. We may disclose health information about you to other personnel involved in taking care of you.
- **For payment** – so that the treatment and services you receive at Eyes in Disguise Optometry may be billed to and payment may be collected from you, an insurance company or a third party.
- **For healthcare operations** – for our business operations, including information relating to the quality and safety of our services.
- **For appointment reminders** – to inform you that you have an upcoming appointment or that you have contacts, lenses, or glasses that are ready to be picked up.
- **For law enforcement** – if required to do so by law enforcement officials, and to correctional institutions or law enforcement officials if you are an inmate or under the custody of law enforcement.
- **For worker's compensation** – these programs provide benefits for work-related injuries or illness.
- **For military and veterans** – if you are or were a member of the armed forces, we may release health information about you to military command authorized as required by law.
- **For your health and safety** – when necessary to reduce or previous serious threat to your health and safety or the health and safety of another individual or the public.
- **For national security and intelligence activities** – to authorized federal officials so they may conduct special investigations or provide protection to the President, other authorized persons or foreign heads of state.

- **For lawsuits and legal proceedings** – to courts, attorneys, and court employees in the course of conservatorship, writs and certain other judicial or administrative proceedings.

Your Rights

Your health information is the property of Eyes in Disguise Optometry. You have the following rights regarding the health information we maintain about you:

- **Right to Inspect and Copy:** With certain exceptions, you have the right to inspect and/or receive a copy of your health information. Some copies of health information may incur a fee and will always require a ‘Medical Records Release Form.’
- **Right to Request an Amendment or Addendum:** If you feel that the health information we have about you is incorrect or incomplete, you may ask us to amend the information or add an addendum addition to the record.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about your health information in a certain way or at a certain location. We will accommodate all reasonable requests. You must specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice:** You may ask us to give you a copy of this notice at any time.
- **Right to be Notified of a Breach:** You have the right to be notified if we or one of our business associates discovers a breach of unsecured health information about you.

Complaints

If you have complaints regarding the way that your protected information was handled, you may submit a complaint in writing to Michelle C Blas, OD, Privacy Officer, 2189 Union Street, San Francisco, CA 94123. You will not be retaliated against in any manner for complaint.

Acknowledgement and Consent

I hereby acknowledge that I have been presented with a copy of Eye in Disguises’ Patient Privacy form. I consent to your disclosures of my information, which you deem necessary in connection with my treatment. I understand that such disclosed may not be of the type listed above.

Patient Signature

Patient Name (Print)

Date

Signature of Patient Representative
(If patient is a minor or unable to sign form)