

DR. SCHEFFEL'S EYE CARE CENTER HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully.

At Dr. Scheffel's Eye Care Center, we have always kept your health information secure and confidential. A new law requires us to continue maintaining your privacy, to give you this notice and to follow the terms of this notice.

The law permits us to use or disclose your health information to those involved in your treatment. For example, a review of your file by a specialist doctor whom we may involve in your care.

We may use or disclose your health information for payment of your services. For example, we may send a report of your progress to your insurance company.

We may use or disclose your health information for our normal healthcare operations. For example, one of our staff will enter your information into our computer.

We may share medical information with our business associates such as a billing service. We have a written contract with each business associate that requires them to protect your privacy.

We may use your information to contact you. For example, we may send newsletters or other information.

We may also want to call and remind you about your appointments. If you are not at home, we may leave this information on your answering machine or with the person who answers the telephone.

In any emergency, we may disclose your health information to a family member or another person responsible for your care.

We may release some or all of your health information when required by law.

If this practice is sold, your information will become the property of the new owner.

Except as described above, this practice will not use or disclose your health information without your prior written authorization.

You have the right to transfer copies of your health information, with a few exceptions. Give us a written request regarding the information you want to see. If you also want a copy of your records, we may charge you a reasonable fee for the copies.

You have the right to request an amendment of change to your health information. Give us your request to make changes in writing. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes you request, but we will be happy to include your statement in your file. If we agree to an amendment change, we will not alter earlier documents, but will add new information.

You have the right to receive a copy of this notice.

If we change any of the details on this notice, we will notify you the changes in writing.

You may file a complaint with the Department of Health and Human Service. 200 Independence Avenue S.W. Room 509F Washington, DC 20201. You will not be retaliated against for filing a complaint.

However, before filing a complaint, or for more information or assistance regarding your health information privacy, please contact our Privacy Officer, Therese at (562)633-6443.

This notice goes into effect as of April 14, 2003.

Acknowledgement

I have read Dr. Scheffel's Eye Care Center Health Insurance Portability and Accountability Act.

Name (Print)

Date

Signature

If signing as a parent or guardian, please note the name of the parent