## ADVANCED EYE MEDICAL GROUP, Inc.

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## NOTICE OF PRIVACY PRACTICES

**Advanced Eye Medical Group** 

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), a federal program, requires we maintain the privacy of your health information and all medical records used or disclosed by us in <u>any</u> form. HIPAA provides penalties for entities misusing personal health information.

HIPAA dictates we may use and disclose your medical records only for the following purposes:

**Treatment** – provide, coordinate, or manage health care and related services by one or more health care providers **Payment** – obtain reimbursement for services, confirm coverage, bill or collect charges, and for utilization review **Health care operations** – business aspects of running the practice, i.e. conduct quality assessment and improvement activities, auditing functions, cost management analysis, and customer service

We may also create and distribute health information by removing all references to the patient's identity.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. If we cannot reach you personally we may leave a message on your answering device (answering machine, cell phone, etc) or with another person who answers your phone.

Other uses and disclosures will be made only with your written authorization, which you may revoke in writing.

You have the following rights with respect to your protected health information, which you may request in writing.

- 1. The right to request restriction on certain uses and disclosures of protected health information, including disclosures to family members, other relatives, close personal friends, or any other person identified by you. We will honor the restriction until you withdraw it in writing. In certain emergency circumstances we may not be required to honor the restrictions.
- 2. The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- 3. The right to inspect and copy your protected health information.
- 4. The right to amend your protected health information.
- 5. The right to receive an account of disclosures of protected health information.

This Notice of Privacy Practices is effective August 1, 2003. We reserve the right to change the terms of our Privacy Practices and to make the new terms effective for all protected health information we maintain. We will post and you may request a written copy of a revised Notice from this office.

If you feel your privacy protections have been violated, you have the right to file a written complaint with our office, or with the agency noted below. We will not retaliate against you for filing a complaint.

For more information:	The U.S. Department of Health & Human Services Office of Civil Rights 200 Independence Avenue, S.W. Washington, D.C. 20201	(202)619-0257 (877)696-6775 Toll Free
I have received a copy of the	he Notice of Privacy Practices of Advanced Eye Medical Group,	Inc.
Name of Patient		Date
Signature	Relationship to Patient	