

# *Eye Consultants of Colorado, LLC*

*This notice is effective on or after January 1<sup>st</sup>, 2005*

## NOTICE OF PRIVACY PRACTICES

Practice Privacy/Security Officer: Scot Morris, OD

303.838.9165

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice describes our practices and those of:

- All employees, staff and other Eye Consultants of Colorado, LLC personnel;
- All fellows, residents, medical students, and other trainees of, or affiliated with, Eye Consultants of Colorado, LLC;

### Uses and Disclosures of Your Health Information

- **Treatment.** Your health information may be used by our physicians and staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, your health information may be disclosed to a corrective lens provider to obtain appropriate corrective lenses for you.
- **Payment.** Your health information may be used to seek payment from your health plan, other sources of coverage such as an automobile insurer, or credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.
- **Health Care Operations.** Your health information may be used as necessary to support the day-to-day activities and management of Eye Consultants of Colorado, LLC. For example, information on the services you received may be used to support budgeting and financial reporting, activities to evaluate and promote quality and to insure that our practice is meeting various legal requirements.
- **Law Enforcement.** Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.
- **Public Health Reporting.** Your health information may be disclosed to public health and governmental agencies as required by law. For example, our practice is required to report certain communicable diseases to the Colorado Department of Public Health.
- **Additional Uses of Information.**
  - **Appointment reminders.** Your health information will be used by our staff to call/send you appointment reminders and notices regarding your optical and contact lens orders.
  - **Information about treatments.** Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health-related goods and services that we believe may interest you.

**Other uses and disclosures require your authorization.** Disclosures or uses of your health information for a purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before we received the written revocation.

### Your Rights Regarding Your Medical Information

You have the following rights regarding your protected health information:

- The right to request restrictions on the use and disclosure of your protected health information. Eye Consultants of Colorado, LLC is not required to agree to a requested restriction. A written request should be submitted to the contact person named below.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to request an amendment or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a copy of this notice.

**Requests to Inspect Protected Health Information**

We require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records from the contact person noted below or the office manager. If you request a copy, we may charge a fee.

**Eye Consultants of Colorado, LLC Duties**

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We are also required to abide by the privacy policies and practices that are outlined in this notice.

**This Notice May Be Amended At Any Time**

We may change the terms of this Notice at any time. Any revised Notice will be effective for all health information that we maintain. The effective date of a revised Notice will be noted. A copy of the current Notice in effect will be posted. You may request a copy of the current Notice at any time.

**Comments, Questions and Comments**

**If you would like to submit a comment or complaint about our privacy practices, or obtain additional information about our privacy practices, you can do so by sending a letter outlining your concerns to the person listed below. You will not be penalized or otherwise retaliated against for filing a complaint.**

**Summary**

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The Notice contains a Patient Rights section describing your rights under the law. You have the right to review our Notice before signing this Consent. The terms of our Notice may change. If we change our Notice, you may obtain a revised copy by contacting our office.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we shall honor that agreement.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. You have the right to revoke this Consent, in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior Consent. The Practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The patient understands that:

- Protected health information may be disclosed or used for treatment, payment or health care operations
- The Practice has a Notice of Privacy Practices and that the patient has the opportunity to review this Notice
- The Practice reserves the right to change the Notice of Privacy Policies
- The patient has the right to restrict the uses of their information but the Practice does not have to agree to those restrictions
- The patient may revoke this Consent in writing at any time and all future disclosures will then cease
- The Practice may condition treatment upon the execution of this Consent.

Signed: \_\_\_\_\_

This Consent was signed by: \_\_\_\_\_  
Printed Name - Patient or Representative

Relationship to Patient (if other than patient): \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

In front of \_\_\_\_\_