

NEW CANAAN OPHTHALMOLOGY, LLC

HIPAA Information and Consent

Patient:

DOB:

Sex:

Date:

The Federal Government passed the "HIPAA" law on June 10, 2002. This act requires us to notify our patients of the privacy procedure that we follow in this medical office pertaining to your health information. This act also gives you, the patient, significant new rights to understand and control how your health information is used.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operations.

Treatment: means providing, coordinating or managing health care and related services by one or more health care provider. Ex. would be having an initial examination.

Payment: means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities and utilization review. Ex. sending a claim to your insurance company for services rendered to receive payment.

Health care operation: means the business aspects of running our practice, such as conducting quality assessments and improvements activities, auditing functions, cost-management analysis, and customer service. Ex. would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

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.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to this office.

The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures of family members, other relatives, close personal friends, or any other person identified by you. We are however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.

The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.

The right to inspect and copy your protected health information.

The right to amend your protected health information.

The right to receive an accounting of disclosures of protected health information.

The right to obtain a paper copy of this notice from us upon request.

You have recourse if you feel that your privacy protection has been violated. You have the right to file a formal, written complaint with our office, or with the Department of Health and Human Services, office of civil rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Signature
