

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, you may request a revised copy from our center.

OTHER EXAMPLES OF DISCLOSURE

We will use your healthcare information for payment.

For example: A bill may be sent to you or a third-party payer (insurance company). The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used. We may provide copies of the applicable portions of your records to your insurance company in order to validate your claim.

Communication with family:

Health professionals may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to their involvement with your care.

Research:

We may use information from your records when research has been approved by the Institutional Review Board (IRB). The IRB reviews the research

proposals and establishes protocols to ensure the privacy of your health information.

Telephone Contact/Appointment Reminders:

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.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

- If you have questions or would like additional information you may contact our office at (201) 883-0505

If you believe your privacy rights have been violated, you can file a complaint with the Practice Manager of the Cornea and Laser Eye Institute, or directly with the Secretary of Health and Human Services in Washington (1-877-696-6775). There will be no retaliation for filing a complaint.



**Cornea and Laser Eye Institute
Hersh Vision Group
300 Frank W. Burr Blvd.
Teaneck, NJ 07666**

Notice of Health Information Practices



**The Cornea & Laser
Eye Institute
*Hersh Vision Group***



**Glenpointe Centre East
Teaneck, NJ
(201) 883-0505**

www.vision-institute.com

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

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.

YOUR HEALTH INFORMATION RIGHTS

The Health Insurance Portability & Accountability Act of 1996 (“H.I.P.A.A.”) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper or orally, are kept properly confidential.

As required by “H.I.P.A.A.”, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

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 providers. *An example of this would include an eye examination.*

Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities and utilization review. *An example of this would be sending a bill for your visit to your insurance company for payment.*

Health care operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis and customer service. *An example 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.

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 the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to 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.

OUR RESPONSIBILITIES

With respect to your health record that is created or maintained here we are required to:

- Maintain the privacy of your health information.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.