

Effective Date of Notice: April 14, 2003  
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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY

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We respect our legal obligation to keep health information that identifies you, private. We are obligated by law to give you notice of our privacy practices. this Notice describes how we protect your health information and what rights you have regarding it.

Generally, we can only use your health information in our office or disclose it outside of our office, without, your written permission, for purposes of treatment, payment, or healthcare operations. In most other situations, we will not use or disclose your health information unless you sign a written authorization form. In some limited situations, the law allows or requires us to disclose your health information without written authorization.

#### **USES AND DISCLOSURES OF HEALTH INFORMATION**

##### **Examples of how we use information for treatment purposes:**

- When we set up an appointment for you
- When our technician or doctor tests your eyes
- When our doctor prescribes glasses or contact lenses
- When our doctor prescribes medication
- When our staff helps you select and order glasses or contact lenses

##### **We may disclose your health information outside of our office for treatment purposes, for example:**

- If we refer you to another doctor or clinic for eye care or low vision services
- If we send a prescription for glasses or contact lenses to another professional to be filled
- When we provide a prescription for medication to a pharmacist
- When we phone to let you know your glasses or contact lenses are ready to be picked up

**Sometimes we may ask for copies of your health information from another professional that you may have seen before.**

**We may use your health information within our office or disclose your health information outside of our office for payment purposes, for example:**

- When our staff asks you about health or vision plans that you may belong to, or about other sources of payment for our services
- When we prepare bills to send to you or your health or vision care plans
- When we process payment by credit card and when we try to collect unpaid amounts due
- When bills or claims for payments are mailed, faxed, or sent by computer to you or your health or vision plans
- When we occasionally have to ask a collection agency or attorney to help us with unpaid amounts due

We use and disclose your health information for **healthcare operations** in a number of ways. Health care operations mean those administrative and managerial functions that we have to do in order to run our office. We may use or disclose your health information, for example, for financial or billing audits, for internal quality assurance, for personal decisions, to enable our doctors to participate in managed care plans, for the defense of legal matters, to develop business plans, and for outside storage of our records.

#### **APPOINTMENT REMINDERS**

We may call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that might help you.

#### **USES AND DISCLOSURES FOR OTHER REASONS WITHOUT AUTHORIZATION**

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our office at all. Such uses or disclosures are:

- When a state or federal law mandates that certain health information be reported for a specific purpose;
- For public health purposes, such as contagious disease reporting, investigation or surveillance, and notices to and from the federal Food and Drug Administration regarding drugs or medical devices;
- Disclosures to governmental authorities about victims of suspected abuse, neglect, or domestic violence;
- Uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws;
- Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- Disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office, or to report a crime that happened somewhere else;
- Disclosures to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organization that handle organ or tissue donations;
- Uses or disclosures for health related research;

- Uses and disclosures to prevent a serious threat to health or safety;
- Uses or disclosures for specialized government functions, such as for the protection of the president or high-ranking government official; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the Foreign Service;
- Disclosures to business associates who perform health care operations for us and who agree to keep your health information private.

**Unless you object, we will also share relevant information about your care with your family or friends who are helping you with your eye care.**

### **OTHER USES AND DISCLOSURES**

We will not make any other uses or disclosures of your health information unless you sign a written “authorization form” You do not have to sign such a form. If you do sign one, you may revoke it any time unless we have already acted in reliance upon it. Revocations must be in writing.

### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

The law gives you many rights regarding your health information. You can:

- Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to the office.
- Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using Email to your personal Email address. We will accommodate these request if they are reasonable, and if you pay us for any extra cost. If you want to ask for confidential communications, send a written request to the office;
- Ask to see or to get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or get a copy of your health information within 30 days of asking us (or sixty days if the information is stored off-site). You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one 30 day extension of the time for us to give you access or photocopies if we send you a written notice of the extension. If you want to review or get photocopies of your health information, send a written request to the office.
- Ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to whoever who we know got the wrong information, and others that you specify. If we do not agree, you can write a statement of your position and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have one

30 day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, send a written request, including your reasons for the amendment, to the office

- Get a list of the disclosures that we have made of your health information within the past six years (or a shorter period if you want.) By law, the list will not include: disclosures for purposes of treatment, payment or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30 day extension of time if we notify you of the extension in writing. If you want a list, send a written request to the office.

#### **OUR NOTICE OF PRIVACY PRACTICES**

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office and have copies available in our office.

#### **COMPLAINTS**

If you think that we have not properly respected the privacy of your health information, you have the right to let us know here or U.S. Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you if you make a complaint. If you do have an issue please send us a written complaint to the office. If you prefer, you can discuss your complaint in person or by phone.

#### **FOR MORE INFORMATION**

If you want more information about our privacy practices, call or visit the office.