

HIPAA Notice of Privacy Practices

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.

The Department of Health and Human Services (HHS) established standards and protections for health information systems. These standards are published in Title II, Subtitle F, Sections 261 through 264 of the Health Assurance Portability and Accountability Act of 1996 (HIPAA).

1. Each time you visit our office, a record of your visit is made. Typically, this record contains your symptoms, examination, and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:
 - Basis for planning your care and treatment.
 - Means of communicating among the many health professionals who contribute to your care.
 - Legal document describing the care you received.
 - Means by which you or a third-party payer can verify that services billed were actually provided.

2. Your rights as a patient as provided under the HIPAA Rule:
 - The right to request restrictions or certain uses and disclosures, including a statement that the covered entity is not required to agree to a requested restriction.
 - The right to receive confidential communications of protected health information.
 - The right to inspect and copy protected health information.
 - The right to amend protected health information.
 - The right to an accounting of disclosures of protected health information.

3. The William C. LeMasters Ophthalmology Practice is required by law 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.
 - Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

4. We may disclose your medical information for Treatment, Payment, and Health Operations, for example:
 - **Treatment:** information obtained by our technician, office assistant, patient accounts representative will be recorded in your record and used to determine the course of treatment that should work best for you.

- **Payment:** a bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.
 - **Health Operations:** members of the staff may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.
 - **Workers' Compensation:** we may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
 - **Public Health:** as required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
 - **Law Enforcement:** we may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
5. For More Information or to Report a Problem, you may contact the Practice Administrator at 570-286-3054. If you believe your privacy rights have been violated, you can file a complaint with the director of health information management or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Effective: April 14, 2003