

PATIENT PRIVACY POLICY

This notice describes how health information about you (as a patient of this practice) may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Our commitment to your privacy

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information. The following circumstances may require us to use or disclose your health information:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by law enforcement official, and to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public.
5. If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
6. To federal officials for intelligence and national security activities authorized by law.
7. For Workers Compensation and similar programs.

Your rights regarding your health information

- Communications. You can request that our practice communicate with you about your health and related issues in a particular manner at a certain location.
- You can request a restriction in our use or disclosure of your health. You have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care. If you are referred to our practice by a physician, or if we refer you to a physician for additional care, disclosure of your health information will most likely be made available to that physician. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
- You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Michele Domiano, O.D., Privacy Officer, 189 N Main Street, Old Forge, PA 18518. We will respond to this request within 30 days.
- You may ask us to amend your health information if you believe it is incorrect or incomplete, as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to the address above. You must provide use with a reason that supports your request for amendment. We will respond within 60 days.
- Right to a copy of this notice. You are entitled to receive a copy of this Notice of Privacy Practices.
- Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health Services. To file a complaint with our practice, contact us at the address above. All complaints must be submitted in writing.
- Right to provide an authorization for other uses and disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

I hereby acknowledge that I have been presented with a copy of Domiano Eye Care Centers Notice of Privacy Practices.

Signature _____

Name of Patient _____ Date _____