

BAILEY, WAKIL & AURINGER EYE PHYSICIANS & SURGEONS, PLLC

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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.

This Notice of Privacy Practices describes how we may use and disclose your **protected health information** (“*PHI*”) to carry out **treatment, payment, or healthcare operations** (“*TPO*”) and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI.

PHI is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical and/or mental health and/or condition and related health care services.

Uses and Disclosure of Protected Health Information: Your PHI may be used and disclosed by your physician(s), our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physicians’ practice, and for any other use required by law.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your PHI, as necessary, to a home health agency that provides care to you; or your PHI would be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose and/or treat you.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a surgical procedure may require that your relevant PHI be disclosed to the health plan to obtain approval for payment of the fee for the procedure.

Healthcare Operations: We may use or disclose, as needed, your PHI in order to support the business activities of the physicians. These activities include, but are not limited to, quality assessment activities, employee training and review activities, licensing, and conducting or arranging for other business activities. For example, we may call you by name in the waiting room with other patients when your physician is ready to see you, or we may use or disclose your PHI as necessary to contact you to remind you of your upcoming appointment(s).

We may use or disclose your PHI in some situations without your authorization, as required by law. These situations may include public health issues, communicable disease information, health oversight, abuse or neglect cases, Food and Drug Administration (“*FDA*”) requirements, legal proceedings, law enforcement or investigation of criminal activity, organ donation and transplantation, research, military or national security activity, and Workers’ Compensation cases.

Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate and/or determine our compliance with the requirements of §164.500.

Other permitted and required uses and disclosures will be made only with your consent, authorization, or opportunity to object, unless required by law.

YOUR RIGHTS

The following is a statement of your rights with respect to your protected health information (“PHI”).

You have the right to inspect and copy your protected health information. Under Federal law, however, you may NOT inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of or use in a civil, criminal, or administrative action or proceeding; and any PHI that is subject to law that prohibits access to PHI.

You have the right to request a restriction of your PHI. This means that you may ask us not to use or disclose any part of your PHI for the purposes of **treatment, payment, or healthcare operations (“TPO”)**. You may also request that any part of your PHI NOT be disclosed to family members or friends who may be involved in your care, or for notification purposes as described in this Notice of Privacy Practices. Your request must be in writing, and must state the specific restriction requested and to whom you want it to apply.

Your physician is NOT required to agree to a restriction that you may request. If a physician believes it is in your best interest to permit use and disclosure of your PHI, your PHI will NOT be restricted. You then have the right to use another healthcare provider.

You have the right to receive confidential communications from us by alternative means or at an alternative location.

You have the right to obtain a paper copy of this notice from us upon request.

You MAY have the right to have your physician amend your PHI. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.

Complaints

You may complain to us, or to the Secretary of Health and Human Services, if you believe that your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will NOT retaliate against you for filing a complaint.

We are required by law to maintain the privacy of our patients, and to provide individuals with copies of our legal duties and privacy practices with respect to protected health information (“PHI”). If you have any objections to this form, please as to speak with our HIPAA Compliance/Privacy Officer in person, or by telephone at our main office number.

We reserve the right to change the terms of this notice, and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.