

**NOTICE & ACKNOWLEDGEMENT OF USE AND DISCLOSURE OF
PROTECTED HEALTH INFORMATION (PHI)**

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please carefully review.

Associates in Ophthalmology, PC (hereafter referred to as AIO) is committed to protecting the privacy of its patients' personal and health information. All of our employees are required to sign confidentiality agreements and to comply with our confidentiality policies.

Uses and Disclosure:

AIO may use or disclose your PHI for purposes of treatment, payment or practice operations only with your written consent. For example, AIO may contact another physician to coordinate your care, submit a claim to an insurer, or look at your file to perform internal quality monitoring. AIO must obtain your written authorization for any other use or disclosure. You may revoke your consent or authorization at any time in writing. This will not apply to information used or disclosed while the consent or authorization was in effect.

AIO will provide access to your information, without your consent or authorization, when required to do so by law or regulation. Access may be granted to public health and law enforcement authorities, health care oversight agencies, government benefits programs, employers (in cases of work-related illness or injury), courts and administrative tribunals.

Your Individual Rights:

In most cases you have the right to review or to purchase copies of your PHI. You have the right to receive an accounting of the instances, if any, in which your PHI was disclosed for purposes other than treatment, payment, or health care operations, pursuant to a signed authorization from you, or certain other disclosures AIO is permitted to make without your authorization. You have the right to request that AIO place additional restriction on our use or disclosure of your PHI, but AIO is not required to honor such a request. AIO will be bound by such restrictions only if we agree to do so in writing signed by our Privacy Officer.

You have the right to request AIO amend your PHI. Any such request must be in writing and contain a detailed explanation for the requested amendment. Under certain circumstances, AIO may deny your request but will provide you a written explanation of the denial. You have the right to send us a statement of disagreement to which we may prepare a rebuttal, a copy of which will be provided to you at no cost. Please contact our Privacy Officer with any further questions about amending your medical records.

Complaints:

If you believe AIO has violated your privacy rights, you may file a complaint with AIO by notifying our Privacy Officer in writing or with the Secretary of the U.S. Department of Health and Human Services as permitted by law. AIO will not retaliate in any way if you chose to file a complaint.

Authorization:

I authorize AIO to leave lab results, test results and/or treatment plans with the individual listed below and/or on my answering machine in the event they are unable to speak with either myself or that person. Financial information related to my care may also be discussed with the individual listed below.

Print Authorized Individual's Name Relationship to Patient Birth Date Phone Number

_____ I request that AIO not leave messages on my answering machine.

The undersigned acknowledges that he/she is aware of our privacy practices. If you wish a copy, please ask the receptionist for one.

Patient or Personal Representative's Signature Print Name Birth Date Date Today
If Personal Representative's signature appears above, please describe relationship to patient: _____

Patient refused to sign Patient unable to sign because _____ Office Signature _____