

H.I.P.A.A

NOTICE OF PRIVACY PRACTICES **PATIENT DISCLOSURE**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

WHO WILL FOLLOW THIS NOTICE

This notice describes the health information privacy practices followed by Dr. Mark E. Rogers, O.D., P.A. and if any, any employee and non employee assistants that work to deliver and coordinate your eye care (hereafter referred to as "*the practice*").

YOUR HEALTH INFORMATION

This notice applies to the information and records we have about you health, health status, and the health care and services you receive from Dr. Mark E. Rogers, O.D., P.A. and employee and non employee assistants that work to deliver and coordinate your eye care. The law requires that you are able to receive this notice. It will tell you about the ways in which your health information may be disclosed and used by "*the practice*". It will tell you about the rights you have and the obligations that "*the practice*" has regarding the use and disclosure of your health information. Any person who feels their HIPAA rights have been compromised or violated can file a complaint with the US Dept. of Health and Human Services through the Office for Civil Rights. They have a toll free 800-368-1019 number. The practice will never intentionally compromise your protected data and hopes any person would feel comfortable to discuss any concern.

HOW "THE PRACTICE" MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

FOR TREATMENT:

"*The practice*" may use health information it has to provide you with medical treatment or services. "*The practice*" may disclose health information about you to doctors, nurses, technicians, employee or non-employee assistants or technicians who are involved in taking care of you and your health or delivering related services. For example, your doctor may be treating you for diabetes and may need to know if you have other health problems that could complicate your treatment or eye conditions that could indicate the need for a change in your treatment. The doctor may use your medical history to decide what treatment is best for you. The doctor may also need to tell another doctor about your condition so that doctor can help determine the most appropriate care for you. Personnel in "*The practice*" may share information about you and disclose information to people who do not work in "*The practice*" in order to coordinate your care, such as phoning in prescriptions to your pharmacy.

FOR PAYMENT:

"The practice" may use and disclose health information about you so that the treatment and services you receive from *"the practice"* may be billed to and payment may be collected from you, an insurance company, or a third party. For example, *"the practice"* may need to give your health plan information about a service you received so that your health plan will pay for the service or reimburse you. *"The practice"* may also tell your health plan about treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover treatment.

AT EVERY ENCOUNTER, YOU WILL FILL OUT AN ENCOUNTER FORM WHICH INCLUDES A REMINDER ABOUT THE PRACTICE'S GREAT CONCERN FOR AND DUTY TO PROTECT HEALTH INFORMATION AND PRIVACY.

HIPAA *PRIVACY* COMPLIANCE *STATEMENT* & BENEFIT PAYMENT AUTHORIZATION

I now and hereafter authorize the doctor to share information with physicians, Medicare, Medicaid, Insurance companies, opticians, other optometrists, and non-employee supportive personnel if it is in regards to the coordination of my examination, customer service, billing, care or treatment and for benefits to be paid to Dr. Mark Rogers or Mark Rogers, O.D., P.A., or associates or attending physicians. Furthermore, any request for encounter records, with the exception of a written prescription for spectacles or contacts, must be made in writing:

"THE PRACTICE" WILL NEVER SELL OR OTHERWISE DISCLOSE YOUR INFORMATION FOR THE PURPOSES OF ADVERTISING PRODUCTS OR SERVICES OUTSIDE THIS PRACTICE TO YOU

THE "EYE EXAMINATION FORM" is a single page, IT IS TO BE FILLED OUT BY THE PATIENT OR LEGAL GUARDIAN, AND IS THE SOLE PROPERTY OF THE DOCTOR. A COPY OF THAT FORM MAY BE REQUESTED AT ANYTIME. The doctor will respond to such a request promptly and in accordance with clinical and legal considerations. Please allow up to 30 days for production in some cases. THE LAW REQUIRES AN AUTOMATIC RELEASE OF GLASSES OR CONTACT LENS PRESCRIPTION ONCE FINALIZED, WITHOUT REQUEST, AND ACCORDINGLY WE PROVIDE THAT. Please expect a request to sign an acknowledgement of records receipt.

ANY RESTRICTIONS OR CORRECTIONS TO YOUR PROTECTED HEALTH INFORMATION CAN BE REQUESTED.

RESTRICTIONS TO HOW YOU RECEIVE COMMUNICATION can be made at any time, including Protected Health Information You may agree or choose to reject appointment reminders by unencrypted email or texts by providing that email address. Calls are not made.

ANY DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION CAN BE LISTED FOR YOU UPON REQUEST.

IF A BREACH OF PROTECTED HEALTH INFORMATION OCCURS, YOU WILL BE NOTIFIED. NOTIFICATION AND REMEDIATION WILL FOLLOW AS DESCRIBED BY THE LAW.

IF ANY CHANGE TO THIS NOTICE OCCURS, IT WILL BE MADE IN WRITING.

A COPY OF THIS 2 PAGE PRIVACY-NOTICE CAN BE REQUESTED AGAIN AT ANY TIME.