

Notice of Privacy Practices

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

General Rule

We respect our legal obligations to keep health information that identifies you private. The law obligates us to give you notice of our privacy practices.

Generally, we can only use your health information in our office or disclose it outside of our office, without your written permission for purposes of treatment, payment, or healthcare operations. In most other situations, we will not use or disclose your health information unless you sign a written authorization form. In some limited situations, the law allows or requires us to disclose your health information without written authorization.

Uses & Disclosures of Health Information

Examples of how we use information for treatment purposes:

When we set up an appointment; when the doctor prescribes medication; when our technician tests your eyes; when you order glasses or contact lenses

We may disclose your health information outside of our office for treatment purposes, for example:

If we refer you to another doctor for services; if we send a prescription for glasses or contacts to another professional; when we provide a prescription for medication to a pharmacist; when we phone to let you know that your glasses or contact lenses are ready for pick up

We may use your health information within our office or disclose your health information outside of our office for payment purposes, for example:

When our staff asks you about health or vision care plans that you may belong to, or other sources of payment for our services; when we prepare bills to send to you or your health or vision care plan; when we process payment by credit card and when we try to collect unpaid amounts due; when bills or claims for payment are mailed, faxed, or sent by computer to you or your health or vision plan.

We use and disclose your health information for healthcare operations in a number of ways. Health care operations mean those administrative and managerial functions that we have to do in order to run our office. We may use or disclose your health information, for example, for financial or billing audits, for internal quality assurance, for personnel decisions, for defense of legal matters, and for outside storage of our records.

Appointment Reminders

We may call to remind you of scheduled appointments. We may also call to notify you of other treatments or services available at our office.

Uses & Disclosures without an Authorization

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to use; some may never happen at our offices at all. Such uses or disclosures are:

A state or federal law that mandates certain health information be reported for specific purpose. Public health purposes, such as contagious disease reporting, investigation, and notices to and from the Food and Drug Administration regarding drugs or medical devices.

Disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence.

Uses and disclosures for health oversight activities, such as for the licensing of doctors, audits by insurance companies, or investigations of healthcare laws

Disclosures for judicial and administrative procedures such as in response to subpoenas or orders of courts or administrative agencies.

Disclosures for law enforcement purposes, such as to provide information about a crime at our office, or to report a crime that happened somewhere else.

Disclosure to a medical examiner to identify a dead person or to organizations that handle organ or tissue donations.

Uses or disclosures for health related research; Uses and disclosures to prevent serious threat to health or safety; Uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials.

Disclosures relating to workers compensation programs

Disclosures to business associates who perform healthcare operations for us and who agree to keep your health information private

Other Disclosures:

We will not make any other uses or disclosures of your health information unless you sign a written authorization form. You do not have to sign such a form. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it.

Your Rights Regarding Your Health Information

The law gives you many rights regarding your health information. You can ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or healthcare operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you request. To ask for a restriction, send a written request to our office address at the beginning of this notice. You can ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by e-mail. We will accommodate these requests if they are reasonable. You may request confidential communications, by sending a written request to our office at the address shown at the beginning of this notice.

I have read this document and understand it. I consent to the use and disclosure of my health information for purposes of treatment, payment, and healthcare operations. I acknowledge that I have read and received the Notice of Privacy Practices from the office of Allen L. Beede, O.D. and Lisa Shiroishi, O.D.

Signature

Date

If signing as a personal representative of the patient, describe your relationship to the patient and the source of authority to sign this form:

Relationship to Patient

Print Name