

# **VITREO RETINAL SURGEONS**

THOMAS G. WARD, D.O.

## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **INTRODUCTION**

At Vitreo Retinal Surgeons, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective immediately and applies to all protected health information as defined by federal regulations.

### **UNDERSTANDING YOUR HEALTH RECORD/INFORMATION**

Each time you visit Vitreo Retinal Surgeons, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical records, serve as:

- A basis for planning your care and treatment;
- A means of communication among the many health professionals who contribute to your care;
- A legal document describing the care you received;
- A means by which you or a third-party payer can verify that services billed were actually provided;
- A tool in education of health professionals;
- A source of data for medical research;
- A source of information for public health officials charged with improving the health of this state and nation;
- A source of data for our planning and marketing;
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your medical record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

## **YOUR HEALTH INFORMATION RIGHTS**

Although your health record is the physical property of Vitreo Retinal Surgeons, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request;
- Inspect and copy your health record as provided in 45 CFR 164.524;
- Amend your health record as provided in 45 CFR 164.528;
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528;
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522; and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

## **OUR RESPONSIBILITIES**

Vitreo Retinal Surgeons is required to:

- Maintain the privacy of your health information;
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction; and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change we will mail a revised notice to the mailing address in your file or, if you agree, we will email the revised notice to you.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

**FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions and would like additional information, you may contact the practice's Privacy Officer, Karen Valdez at (352) 597-2604.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

*Office of Civil Rights*  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

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## NOTICE OF PRIVACY PRACTICES

**PATIENT NAME:** \_\_\_\_\_ **ACCT#:** \_\_\_\_\_

We are required by law to maintain the privacy of, and provide individuals with our notice of legal duties and privacy practices with respect to protected health information.

Signature below is *only acknowledgment that you have received* Vitreo Retinal Surgeons "Notice of Privacy Practices:"

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following family members, personal representatives, or caregivers have the right to receive any of my protected health information or financial information upon request:

Names:

Relationship:

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I wish to have the following restrictions apply to the use or disclosure of my health information:

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I understand that as part of this organization's treatment, payment or healthcare operations, it may become necessary to disclose my protected health information to another entity, and I consent to such disclosure for these permitted uses, including disclosures via fax.

**I fully understand and accept/decline the terms of this consent.**

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Consent Expires: \_\_\_\_\_

### PLEASE RETURN THIS FORM WITH YOUR SIGNATURE

For Office Use Only: ( ) Consent received by: \_\_\_\_\_ on \_\_\_\_\_

( ) Consent refused by patient, and treatment refused as permitted.

( ) Consent added to patient's medical record on \_\_\_\_\_