

# American Health Insurance Portability and Accountability Act

*This notice describes how medical information about you may be used and disclosed. It also describes how you can get access to this information. Please review it carefully.*

Gontarek Eye Care, Optometrists, LLC is required by law to maintain the privacy of protected healthcare information and to provide individuals with notice of our legal duties and privacy practice with respect to protected health information. The practice is required to abide by the terms of the notice currently in effect. We also reserve the right to change without written consent the terms of the notice and to make new notice provisions effective for all protected health information that we maintain. Patients can receive any and all notices upon request. Any health care professional authorized to enter information into your medical record, all employees, staff and other personnel at this practice who may need access to your information must abide by this notice. All subsidiaries, business associates, sites and locations of this practice may share medical information for treatment, payment, or healthcare operations described in this notice. Except where treatment is involved, only the minimum necessary will be shared.

Gontarek Eye Care, Optometrists, LLC holds the right to disclose any and all personal information we acquire from you directly or during our examination for the following purposes:

- **Treatment** - In treating you for a specific condition we may need to know if you have allergies that could influence which medications we prescribe.
- **Payment** – We may need to send your protected health information, such as name, address, and office visit date and diagnosis to your insurance company for payment.
- **Health care operations** – We may use medical information to review our treatment and services and evaluate the performance of our staff in caring for you.
- **Not every use or disclosure in a category is listed** – We are also permitted or required to disclose protected health information without authorization for appropriate law enforcement needs, emergency circumstances, identification of a body, determination of cause of death, public health needs, as required by the FDA, domestic violence or neglect, judicial proceedings, activities related to national defense and security and other covered entities to the extent of HIPAA.

Any other uses and disclosures will be made only with the patient's written authorization and the patient may revoke such authorization in the future, with the understanding that we are unable to take back any disclosure we have already made with your authorization.

## Patient Rights

1. The right to request restrictions on certain uses and disclosures of protected health information; however, Gontarek Eye Care, Optometrists, LLC is not required to agree to a requested restriction. If no agreement can be made, the patient is free to go elsewhere. If an agreement is made, all parties must abide by them.
2. The right to receive confidential communications of protected health information.
3. The right to inspect and copy protected health information.
4. The right to amend protected health information.
5. The right to receive an accounting of disclosures of protected health information.
6. The right of a patient, including a patient who has agreed to receive the notice electronically, to obtain a paper copy of the notice from the practice upon request.

If you believe your privacy rights have been violated, you may fill out a complaint form and discuss your concerns with our privacy officer or complain to the Secretary or Health & Human Services without fear of retaliation for filing a complaint.

**Effective April 14, 2003 Privacy Officer : Lisa V. Gontarek, OD**

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

Date: \_\_\_\_\_

Relationship to patient if signed by a personal representative:

