

NOTICE OF PRIVACY PRACTICES
Grayhawk Eye Center, PLLC

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

The Health Insurance Portability Act (HIPAA) is a federal law which maintains that patients' health information is protected and confidential. Patient health information includes information about your symptoms, test results, diagnosis, treatment, and related medical information. Your health information also includes payment, billing, and insurance information. Your information may be stored electronically and if so, is subject to electronic disclosure.

How we may use & disclose your patient health information:

Treatment: We will use and disclose your health information to provide you with medical treatment or services. For example, a nurse or medical assistant obtaining medical information about you and recording it in your medical record to determine the appropriate course of care. We may also disclose the information to other health care providers who are participating in your treatment.

Payment: We will use and disclose health information for payment purposes. For example, for obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. Example: sending a bill for your visit to your insurance company for payment.

Health Care Operations: We will use and disclose your health information to conduct our standard internal operations, including proper administration of records, evaluation of the quality of treatment, arranging of legal services and to assess the care and outcomes of your case and others like it.

Special uses and disclosures:

- We may contact you to provide appointment reminders or for billing or collections and may leave messages on your answering machine, voicemail, or through other methods.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request:

- The right to request restrictions on certain uses and disclosures of your health information to family members, relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to such a restriction. If we do agree to the restriction, we must abide by it unless you agree in writing to remove it.
- The right to request restrictions on certain uses and disclosures.
- In most cases, you have the right to look at or get a copy of your health information. There may be a small charge for copies of your health information.
- The right to amend your protected information.
- The right to receive an accounting of disclosures of your protected health information.
- The right to obtain a paper copy of this notice form in unabridged text upon request.
- The right to file a written complaint regarding the handling of your health information.

Complaints:

If you are concerned about violations to your privacy rights, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. The person listed below will provide you with the appropriate address upon request.

If you have any questions, requests, complaints, please contact our Office Manager at 480-419-3937.

I have read this document and understand it. I acknowledge that I have received the *Notice of Privacy Practices* from the above-mentioned practice, and I consent to the use and disclosure of my health information for purposes of treatment, payment, and healthcare operations.

Print Name

Signature

Date

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

Relationship to Patient

Print Name

Source of Authority: _____