

**NOTICE OF PRIVACY PRACTICES**

Miamisburg Vision Care, 340 Alexandersville Rd, Miamisburg OH 45342

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

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**This is a summary of our Notice of Privacy Practices.**

**A full version of our NPP is on display in the office, and you will be provided with a paper copy upon request**

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This Notice describes how we protect your health information and what rights you have regarding it.

**TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**

The most common reason why we use or disclose your health information is for treatment, payment or health care operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you; testing or examining your eyes; prescribing glasses, contact lenses, or eye medications and faxing them to be filled; showing you low vision aids; referring you to another doctor or clinic for eye care or low vision aids or services; or getting copies of your health information from another professional that you may have seen before us. Examples of how we use or disclose your health information for payment purposes are: asking you about your health or vision care plans, or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency or attorney). "Health care operations" mean those administrative and managerial functions that we have to do in order to run our office. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; and outside storage of our records. We are not required to ask for your permission to disclose your information for these reasons.

**USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION**

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 us; some may never come up at our office at all. Such uses or disclosures are: when a state or federal law mandates that certain health information be reported for a specific purpose; for public health purposes; disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence; uses and disclosures for health oversight activities; disclosures for judicial and administrative proceedings; disclosures for law enforcement purposes; disclosure to a medical examiner; uses or disclosures for health related research; uses and disclosures to prevent a serious threat to health or safety; uses or disclosures for specialized government functions; disclosures of de-identified information; disclosures relating to worker's compensation programs; disclosures of a "limited data set" for research, public health, or healthcare operations; incidental disclosures that are an unavoidable by-product of permitted uses or disclosures; disclosures to "business associates" who perform health care operations for us.

Unless you object, we will also share relevant information about your care with your family or friends who are helping you with your eye care.

**YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the right to: ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or healthcare operations; ask us to communicate with you in a confidential way; ask to see or to get photocopies of your health information; ask us to amend your health information if you think that it is incorrect or incomplete; get a list of the disclosures that we have made of your health information.

**New Regulations enacted by the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2013 include...** uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information require authorization. Additionally, other uses and disclosures not described in the NPP will be made only with authorization from the patient. You have the right to opt out of receiving communications sent by the optometrist or our practice regarding fundraising for the practice. You have the right to restrict certain disclosures of protected health information to a health plan where the you pay out of pocket in full for the health care item or service. You have the right to, or will receive notification (if applicable) following a breach of unsecured protected health information.

**CONSENT TO TREAT:** I authorize the physicians to provide examination and treatment as deemed necessary by the physician. This may include examinations, procedures, lab testing, consultations or other services rendered in the judgement of the physician. I understand that I may receive and am responsible for any separate billings I receive as a result of services provided. We will bill your insurance carrier and collect only what you owe at the time of service. Any portion of your bill that is "members responsibility" such as co-pay, deductible or a non-covered percentage will be due at the time of service or immediately following EOB receipt from insurance carrier. Many plans have "timely filing deadlines." If we are not provided with accurate information at the time of service, you may be responsible for payment in full for all services rendered.