

### **Right To Notice**

As a patient you have the right to adequate notice of the uses and disclosures of your protected health information. Under the Health Insurance Portability and Accessibility (HIPPA), Metropolitan Eyecare can use your protected health information for treatment, payment and healthcare operations.

- a)**Treatment**—We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.
- b)**Payment**—We may use and disclose your health information to obtain payment for services we provide to you.
- c)**Healthcare Operations**—We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competency or qualifications of healthcare professionals, evaluating provider performances, conducting training programs, accreditation, certification, licensing or credentialing activities.

### **Your Authorization**

Most uses and disclosures that do not fall under treatment, payment, healthcare operations will require your written authorization. Upon signing, you may revoke your authorization (in writing) through our practice at anytime.

### **Emergency Situations**

In the event of your incapacity or an emergency situation, we will disclose health information to a family member, or another person responsible for your care using our professional judgment. We will only disclose health information that is directly relevant the person's involvement in your healthcare.

### **Marketing**

We will not use your health information for marketing communications without your written authorization.

### **Required by Law**

We may also use or disclose your health information when we are required to do so by law.

### **Abuse or Neglect**

We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the victim of other crimes. We may disclose health information of inmates or patients to the appropriate authorities under certain circumstances.

### **National Security**

We may disclose the health information of Armed Forces personnel to military authorities under certain circumstances. We may disclose health information to authorized federal officiate required for lawful intelligence, counterintelligence and other national security activities. We may disclose health information of inmates or patients to the appropriate authorities under certain circumstances.

### **Appointment Reminders**

We may use or disclose your health information to provide you with appointment reminders via phone, e-mail or letter.

### **Your Rights as a Patient**

- You have the right to restrict the disclosure of your protected health information (in writing). The request for restrictions may be denied if the information is required for treatment, payment or healthcare operations.
- You have the right to receive confidential communications regarding your protected health information.
- You have the right to inspect and copy your protected health information.
- You have the right to amend your protected health Information.
- You have the right to receive an account of disclosures of your protected health information.
- You have the right to a paper copy of this notice of privacy practices.

### **Legal Requirements**

Metropolitan Eyecare is required by law to maintain the privacy of your protected health information. We are required to abide by the terms of this notice as it is currently stated, and reserve the right to change this notice. The policies in any new notice will not be in effect until they are posted to this site, or are available within our office.

### **Complaints**

If you have a complaint regarding the way your protected health information was handled, you may submit a complaint in writing to our office. You will not be retaliated against in any manner for a complaint.

Because of the HIPPA Privacy Law if you would like a spouse, companion, parent, etc., to be privy to costs and/or billing insurance information please indicate name(s) of individuals and sign below.

PLEASE BE AWARE THAT IF YOU DO NOT PROVIDE A SPECIFIC NAME OF PERSON TO HAVE THIS INFORMATION – THE INFORMATION WILL NOT BE RELEASED.

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

## Important notice to all patients of Metropolitan Eyecare!

- As a patient of Metropolitan Eyecare, it is **your** responsibility to present all vision insurance information to us **before** or at the time of examination and/or services.
- We will **not** bill your insurance after services are performed, or orders are processed.
- If a patient has secondary insurance with VSP the patient is responsible for the **total balance** at time of service. Metropolitan Eyecare will submit the claim to VSP and once they have determined amount owed to you, Metropolitan Eyecare will be notified and will **reimburse** the patient amount owed to them.
- In addition, any other discounts, coupons, etc., **must** be presented at the time service's are rendered.

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