

Patient Health Information:

Under Federal Law, your patient 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.

How We Use Your Patient Health Information:

We use health information about you for treatment, to obtain payment, and for health care operations including administrative purposes and evaluation of the quality of care that you receive. Under some circumstances, we may be required to use or disclose the information even without your permission.

Example of Treatment, Payment, and Health Care Operations:

Treatment: We will use and disclose your health information to provide you with medical treatment or services. For example, nurses, physicians, and other members of your treatment team will record information in your record and use it to determine the most appropriate course of care. We may also disclose the information to other health care providers who are participating in your treatment, to pharmacists who are filling your prescriptions, and to family members who are helping with your care.

Payment: We will use and disclose your health information for payment purposes. For example, we may need to obtain authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain records of payments from your health plan.

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, and to assess the care and outcome of your case and others like it.

Special Uses:

We may use your information to contact you with appointment reminders. We may also contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Other Uses and Disclosures:

We may use or disclose identifiable health information about you for other reasons, even without your consent. Subject to certain requirements, we are permitted to give out health information without your permission for the following purposes:

Required by Law: We may be required by law to report gunshot wounds, suspected abuse or neglect and/or similar injuries and events.

Research: We may use or disclose information for approved medical research.

Public Health Activities: As required by law, we may disclose vital statistics, diseases, information related to recalls of dangerous products and similar information to the public health authorities.

Health Oversight: We may be required to disclose information to assist in investigations and audits, eligibility for government programs and similar activities.

Judicial & Administrative Procedures: We may disclose information in response to an appropriate subpoena or court order.

Law Enforcement Purposes: Subject to certain restrictions, we may disclose information required by law enforcement officials.

Deaths: We may report information regarding deaths to coroners, medical examiners, funeral directors, and organ donation agencies.



Eye Associates
Ft Myers, Naples, Cape Coral

PRIVACY PRACTICE ACKNOWLEDGE FORM

This notice is effective as of the date bellow.

By signing this form, I _____, authorize the use and disclosure of my health information as described in the Eye Associates Notice of Privacy Practices dated April 14, 2003. I have received the Eye Associates Notice of Privacy Practices and I have been provided an opportunity to review it.

Date: ___ / ___ / _____

Signature of Patient or Guardian or
Personal Representative

Print Name of Patient

Print Name of Guardian or Personal
Representative

Description of Personal Representative's Authority (e.g., state law, court order, etc...)