

## NOTICE OF PRIVACY PRACTICES ACUITY EYE CARE

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

The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a federal program that requires that all medical records and other individual identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. “HIPAA” provides penalties for covered entities that misuse personal health information.

As required by “HIPAA”, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care options.

\* **Treatment** means providing, coordinating or managing health care and related services by one or more health care providers. An example of this would include a physical examination.

\* **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.

\* **Health care operations** includes the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis and customer service. An example would be internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

This notice is effective as of April 14, 2003 and we are required to abide by the terms of this Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Procedure and to make the new notice provisions effective for all protected health information we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaint with our office, or with the Department of Health and Human Services, Office of Civil Rights about the violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

PLEASE CONTACT US FOR ADDITIONAL INFORMATION AT OUR DANBURY LOCATION:

ACUITY EYE CARE  
57 North Street, Suite 415  
Danbury, CT 06810  
PHONE # 203-794-0117  
PRIVACY OFFICER: SUZANNE GRAZIOLI

22 OLD WATERBURY ROAD  
Southbury, CT 06488  
PHONE # 203-264-2020  
PRIVACY OFFICER:SUZANNE GRAZIOLI

TO FILE A COMPLAINT WITH HIPPA:  
THE U.S. DEPT OF HEALTH & HUMAN SERVICES, OFFICE OF CIVIL RIGHTS  
200 Independence Ave. S.W.  
Washington, D.C. 20201  
PHONE # 1-202-619-0257 or Toll Free 1-877-696-6775

