



# Notice of Franklin Family Eyecare Policies Relating to Patient Privacy

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. THIS NOTICE IS EFFECTIVE FROM 09/31/2012 UNTIL FURTHER NOTICE.

## 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 Act (HIPAA), Franklin Family Eyecare can use your protected health information for treatment, payment and health care operations.

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment or expected to provide treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide you.

Health Care 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 performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

## Your Authorization

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

## 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 to 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 use 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 your health information to the extent necessary to avert a serious threat to your or other people's health or safety.

## 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 officials required for lawful intelligence, counterintelligence and other national security activities. We may disclose health information of inmates 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.

## Accompanying Individuals

If you bring along another person or persons to your exam or office visit and allow them to accompany you in the exam room during your time with the doctor or other office personnel, it will be assumed that you are giving your permission to freely discuss your health information in front of this person or persons as it pertains to that day's visit.

We will not intentionally discuss your protected health information in front of other patients in the office and will be sensitive to these issues. However, if the discussion of glasses or contact orders, your billing, instructions pertaining to treatment or other issues occurs in the more public areas of the office, and you at any time feel uncomfortable with your level of privacy, please feel free to let us know and we will move the conversation elsewhere.

## Your Rights as a Patient

- You have the right to restrict the disclosure of your protected health information (in writing). The request for restriction 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

Franklin Family Eyecare is required by law to maintain the privacy of your protected health information. We are required to abide by 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 complaints 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

## Contact Information

For further information about Franklin Family Eyecare's privacy policies, please contact our HIPAA complaint officer, Dr. Josephine Ngong-Tawe at the following address or phone number. **454 Elizabeth Avenue, Suite 220, Somerset, NJ 08873. Tel.: 732-412-7328**

I, \_\_\_\_\_ acknowledge that I have received a copy of the Patient Privacy Policies of Franklin Family Eyecare.

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