

## Notice of Privacy Practices

This notice describes privacy practices of Knox Eyecare, PC. This notice includes Bradley Knox, O.D and all employees of Knox Eyecare, PC. All of our staff may have access to information in your chart for treatment, payment, and health care operations. This notice applies to any volunteer trainee we allow to help you while seeking services from us. We reserve the right to revise or amend our notice of privacy practices without additional notice to you. Any revision or amendment to this notice will be effective for all of your records our practice has created to maintain in the past, and for any of your records we may create or maintain in the future.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

**For Treatment:** We may use medical information about you to provide you with medical treatment or services without consent or authorization unless otherwise required by state law. We may disclose medical information about you to health care providers who are involved in taking care of you, whether or not they are affiliated with us.

**For Payment:** We may use and disclose Medical information about you without consent or authorization so that the treatment and services you receive from us may be billed to and payment may be collected from you, an insurance company, or third party.

**For Healthcare Operations:** We may disclose medical information about you without consent or authorization for health care operations.

**Appointment Reminders:** We may use and disclose medical information to contact you by mail or phone to remind you that you have an appointment, unless you tell us in writing.

**Individuals involved in your care or payment for your care:** We may release medical information about you to a family member who is involved in your medical care without consent or authorization. We may also give medical information, including prescription information or information concerning your appointments to friends who are involved in your care of payment.

**As required by law:** We will disclose medical information about you to do so by federal, state, or local law without consent or authorization. **To avert serious threat to health or safety:** We may disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

### **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

**Right to inspect and copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. If you wish a copy of medical information, you must request in writing and you may be charged a fee for the costs of copying, mailing, and other supplies associated with your request.

**Right to request an amendment:** If you feel that medical information we have about you is incorrect or incomplete, you may ask to amend the information. We may deny the request.

**Right to accounting of disclosures:** You have the right to request an "accounting of disclosures." You must submit your request in writing. Your request must state a time period which may not be longer than 6 years. The first list within a 12 month period will be free, additional lists will have a fee assessed to them.

**Right to request restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. We are not required to agree with your request. To request restrictions, you must make your request in writing.

**Right to request confidential communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. To request confidential communications, you must make your request in writing.

**Right to a paper copy of this notice:** You have the right to a paper copy of this notice.

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint with us, submit your complaint in writing to Bradley Knox, O.D. You will not be penalized for filing a complaint.

If you provide us permission to use or disclose medical information about you, you have the right to revoke your permission. This must be submitted in writing. You understand that we are unable to take back any disclosures we have already made with your permission.