

## **HIPPA Brochure**

This notice describes how Greenwich Ophthalmology Associates, P.C. and Fairfield County Laser Vision, LLC may use or disclose your medical information and how you may gain access to this information. We provide healthcare to our patients in partnership with physicians, other professionals and other organizations that will follow these privacy practices.

***Please review it carefully.***

### **The privacy policy in this notice will be followed by:**

- Any healthcare professional that treats you at either of our locations
- All clinical or clerical staff
- Any physician's office or other business associates, such as insurance carriers, pharmacies, opticians or contact lens distributors with whom we share health information for the purposes of treatment or insurance coverage. We may use or disclose your medical information for any purpose with regard to your treatment, such as sending your records to a specialist as part of a referral. Medical information may be disclosed to obtain payment for your treatment, i.e. giving information to Medicare or your insurance company. Any information used for the above purposes is limited to the minimum necessary to obtain treatment or payment.

### **Reasons that we may use or disclose medical information about you *without* prior authorization are:**

- Public health purposes
- Abuse or neglect reporting
- Audits by Medicare or insurance carriers
- Worker's compensation purposes
- Emergencies
- In response to valid judicial or administrative orders
- As required by state or federal law We will ask for your written authorization before using or disclosing any medical information about you for any purpose.

### **The acknowledgment you will be asked to sign allows us to:**

- Submit any and all information required by Medicare or your insurance carrier
- Inform other medical offices of your medical information with regard to corresponding treatment by them
- Allow our office to remind you of your appointments by telephone to a specific number
- Allow our office to remind you of the need for an upcoming appointment by post card
- Allow our office to send informational mailings about our healthcare services or seminars.

This permission may be revoked by you at any time in writing.

We reserve the right to change these policies at any time. A current copy of our policy is available in each waiting room and at our website:

[www.go-laser.com](http://www.go-laser.com)

**Our pledge to you:**

Greenwich Ophthalmology Associates, P.C. & Fairfield County Laser Vision, LLC hold all of our patients in the highest esteem. Any and all of your medical information will be protected by our office. Any medical records created by our offices are done so to provide quality care, and we strive to comply with all legal requirements.

**By law we are required to:**

- Keep medical information about you and your treatment confidential.
- Issue this notice of our legal responsibilities to you with respect to your medical information.
- Follow the terms of this notice as it is currently in effect.
- Give you a paper copy of this notice
- Allow you to request that medical information about you be communicated in a special manner

**Your rights with regard to personal medical information:**

- (In most cases) you have the right to look at or obtain a copy of your medical information that we use to make decisions about your care. This request for copies must be given to our office in writing. We may charge a fee for copying and mailing the requested records.
- You have the right to request that we change or correct information in your medical records by submitting a written request that we amend them. This information will not be permanently eliminated from the record, but it would not be disclosed in some instances because of your request.
- You have a right to a listing of those instances where we have disclosed medical information about you other than for care, treatment or information you have specifically requested that we divulge. You must submit a written request stating the time period you designate; this must be for less than 6 months and for dates after the April 15, 2003 inception of this law.
- You have a right to request, in writing, that we not disclose information about you in a specific manner.

All requests or complaints regarding our privacy policy should be submitted in writing to our privacy officer:

**Suresh Mandava, M.D.**