



## **Contact Lens and Vision Consultants Notice of Privacy Practices**

Contact Lens and Vision maintains your healthcare information in a confidential manner. Your information may be used for treatment, payment and healthcare operations. For example, our optometrists and technicians need access to your records to treat you, and our billing office may use the information to obtain payment from your insurance company. Plus, our office manager may use the information for quality assurance purposes.

Your right as a patient of Contact Lens and Vision under the Health Insurance Portability and Accountability Act (HIPAA) includes the following:

- 1. You have the right to see and get copies of your records**
- 2. You have the right to request that a specific person(s) not see your records**
- 3. You have the right to receive your medical information in a confidential manner**
- 4. You have the right to request that your medical records be amended**
- 5. You have the right to request an accounting of everyone (if any) to whom the office reveals your medical information for purposes other than treatment, payment or office operations**
- 6. Other uses and disclosures of Protected Health Information not covered by our notice or the laws that apply to us will be made only with your permission in a written authorization.**

If you would like more detailed explanations concerning HIPAA policy please ask the front desk and we would be happy to accommodate your request.

If you want copies of your medical records, please contact our office and arrangements will be made to copy your records.