

WatertownEye

Dr. Karen L. Koumjian

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NOTICE OF PRIVACY PRACTICES

A visit to the doctor's office results in recording personal health information about you. We have always treated that information as confidential. However, new federal regulations require documenting that you understand and accept the ways we can use and disclose your Protected Health Information for appropriate and necessary purposes. This notice informs you of those uses and disclosures and explains your rights regarding that information.

The Designated Record Set of protected information includes your medical record, financial and personal material related to billing, and information used on our behalf by Business Associates. Business Associates such as billing services and insurers are also obligated to protect the confidentiality of the information they use on our behalf.

Your information is normally used for these purposes:

1) Treatment

During an office visit, the results of your examination, special tests, and prescriptions are recorded in your chart. Review and use of the record by the doctor or her assistant are necessary in preparing for a subsequent visit, communicating with your other health care providers, or arranging referral to another specialist. Other office personnel must handle the record for such purposes as scheduling, filing, and dictation. These individuals have access to the appropriate portions of your Protected Health Information, but all are required to treat the material in a confidential and respectful manner.

2) Payment

In order to for us to receive payment for your visits, bills must be sent to your health insurer. Each bill contains information that can identify you and the nature of your visit. Federal regulations allow us to do our billing as an obvious and necessary part of the health care system. Health Plans that pay for your care are also required to protect your confidentiality. The privacy rule also permits us to use or disclose your Protected Health Information to aid another entity in its efforts to receive payment.

3) Health Care Operations:

Health Care Operations include such activities as quality assurance and the accreditation or licensing of practitioners. These activities are usually conducted by professionals in licensing or oversight agencies, or by health insurance plans or other payers. This may involve reviews of samples of health information from patient records, case management, or care coordination, training, and activities related to the detection of fraud and abuse. Since the purpose of these activities is to assure continuous improvement of the quality of health care, federal regulations permit these uses of your data.

Other examples of disclosures which do not require your specific permission include mandated reporting of public health issues, child abuse or neglect, and responding to court orders or law enforcement personnel engaged in criminal investigation. Use of information for research conducted under the auspices of the Food and Drug Administration, or supervised by an Institutional Review Board or Privacy Board in a Hospital or Medical School also does not require your approval.

If we wish to provide data for research about patients meeting certain criteria, we would contact individuals who meet the criteria to inform them of the project and to seek an individual authorization to disclose Protected Health Information for this purpose. If patients choose not have this information released, we will not release it, and there will be no negative consequences to those who choose not to authorize this disclosure

Other uses or disclosures of your Protected Health Information require specific authorization by you.

You also have other rights regarding your information:

- 1) You have the right to request additional restrictions on the use or disclosure of your Protected Health Information. For example, you can request that this information not be disclosed to a particular family member.
- 2) You have the right to request confidential treatment of communications. For example, you may ask us not to leave a message on an answering machine that may be heard by another individual.
- 3) You have the right to inspect and review and/or copy your health information. You may request amendments to any portion of the record.

For each of these, your request will be entered in the record. However, we are not required to agree to your request. If we do not agree, our reasons will be noted. If we do agree, we are bound to comply with the request.

- 4) You have a right to an accounting of disclosures other than those permitted for treatment, payment and operations, or disclosures to yourself. You also have the right to file a complaint with us and/or with the Office of Civil Rights of the Department of Health and Human Services.

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that Karen L. Koumjian, OD (Watertown Eye) has provided me with this notice of privacy information created, received, or stored by Dr. Karen L. Koumjian. My questions have been answered satisfactorily and I understand the notice.

(Indicate on patient record and date.)
