

ENGLEWOOD EYECARE
DAVID J. NEWMAN, O.D.

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

We understand that medical information about you is personal and we are committed to protecting it. Englewood Eyecare is required by law to maintain the privacy of your health information, to follow the terms of this notice, and to provide you with this notice of our legal obligations and privacy practices with regards to your health/medical information.

How we may use or disclose your health information:

- Treatment: to provide optical/ophthalmic/medical goods/services; this includes information to other health care practitioners, such as doctors, nurses, technicians, medical students who are taking care of you
- Financial: to provide information to you, insurance companies when we submit claims, or a third-party
- In-house activities: to take in relative information necessary to provide quality service to our patients
- Appointment reminders/health related products/services: to send you annual appointment reminder cards or other appropriate healthcare information
- Allied care: to all those associated with your care or the financial aspects thereof, including family members, friends, teachers, health aids

We may also be required to disclose your health/medical information to:

- Comply with federal, state, or local law
- Avert a serious threat to health or safety
- Promote public health activities/risk prevention- e.g. product recall
- Health oversight activities-as required, as part of quality control of health insurance companies
- Legal arbitrators-as related to the court system, subpoenas for special health information
- Special government officials, including military personnel, correctional facility, law enforcement
- Worker's Compensation or similar programs
- Authorities, when suspicion of abuse, neglect, or domestic violence occurs

Except as disclosed in this notice, Englewood Eyecare will not use or disclose your health/medical information without your written authorization. If you do not wish to authorize your consent to use or disclose your health/medical information, you may revoke it in writing at any time.

You have the following rights with respect to your health information:

- You have the right to review and copy your health records, including exam and financial information, with certain exceptions. You must submit your request in writing. There may be a small charge if we provide copies.
- You have the right to request, in writing, that we not use your health/medical information as described above. We will try to honor that request, if possible.
- You have the right to make corrections in your file, if you feel there is anything inaccurate or incomplete. These corrections must be submitted in writing and will become a permanent part of your file.
- You have the right to know of any uses/disclosures of your health/medical information beyond the uses mentioned above.
- You have the right to request the way in which we communicate with you. This includes delivery systems such as US mail, electronic media; specific locations such as home, work, etc.

If you would like to exercise one or more of these rights, contact our Director of Privacy: David J. Newman, O.D. at 850 Englewood Parkway, Suite 100A, Englewood, CO 80110 in writing, clearly stating your request.

If we change any of this notice, as allowed by law, you will be able to view the changes, upon request, at this office. Any changes will apply to previous medical information, current, and future.

If you believe your privacy rights have been violated or wish to file a complaint, please submit in writing to the Director of Privacy. You may also file with the Secretary of Health and Human Services at 200 Independence Ave, SW, Room 509F, Washington, DC 20201. You will not be retaliated against for making a complaint.

By signing below, I acknowledge that I have received Englewood Eyecare's Privacy Notice.

Signed _____

Guardian, if patient is a minor _____

Print name _____

Date _____

