

KENTUCKY EYE CARE, P.S.C.

6400 Dutchmans Parkway, Suite 125
Louisville, Kentucky 40205
502-896-8700

PRIVACY CONSENT

For Purposes of
Treatment, Payment and Healthcare Operations

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. Each patient must read our Notice of Privacy Practices and return their signed acknowledgment of their receipt. This acknowledgement must be filed in the patient's chart.

I hereby consent to Kentucky Eye Care, P.S.C. my health care provider using or disclosing my protected health information for the purpose of providing health care treatment to me, obtaining payment for health care services rendered to me or to carry out the Practice's health care operations.

I acknowledge the Practice provided me a copy of its Notice of Privacy Practices prior to signing this consent, which provides a more detailed description of the uses and disclosures allowed by this consent. I understand the Practice reserves the right to change the privacy practices outlined in the Notice of Privacy Practice and that I can obtain a revised copy of the notice at the front desk.

I understand that I can request restrictions on the way my health care information is used and disclosed, but I also understand that the Practice is not required to agree to any of my restrictions, but if it does, the restriction is binding on the Practice.

I also understand that I can revoke this consent in writing, at any time, but that this revocation will not apply to uses of my records between the date of this consent and the date of revocation.

Patient Name (Print)

Date

Signature of Patient or Personal Representative

Description of Personal Representative's Authority

- Kentucky Eye Care made a "*good faith*" effort to obtain the individual's acknowledgement of the Notice of Privacy Practice.

HIPAA Notice of Privacy Practices

KENTUCKY EYE CARE, P.S.C.
6400 Dutchmans Parkway, Suite 125
Louisville, Kentucky 40205

YOUR MEDICAL AND FINANCIAL RECORDS

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Like everything else in the fast moving and legalistic world of today, the practice of medicine today is much more complex than it used to be. Part of what that means to you as a patient is that the records the clinic keeps of your visits here are often used in new ways. We are providing you with this information as a requirement of the Health Insurance Portability and Accountability Act of 1996, but we are also happy for the opportunity to share our feelings about the responsibility we feel toward you and the private information with which you have entrusted us.

While the records belong to the clinic, you have a right to know what is in them. If you need a copy of some portion of your medical or financial records we will provide you with a paper copy of requested records.

The primary use for your medical record remains to help your health care provider keep track of your health history including all the symptoms that have brought you to the clinic, your family health history, examination and test results, diagnoses made, treatments supplied, and medications given.

We might use your medical records in the following ways:

- ⇒ They might be sent to another doctor or therapist who we are asking to take part in your care. In this case, we would ask you to sign a consent form and would only be sending that part of your file that relates directly to the condition for which we refer.
- ⇒ We might use them as part of our quality assessment program in which we review the care our patients receive to be sure that we are documenting well and that each provider is rendering high quality care.
- ⇒ Our billing clerks might read a certain day's progress notes to decide how best to enter codes into a bill to your insurance company.
- ⇒ We might send a copy of a course of treatment to an insurer who asks us to send records that support a bill we have sent them for your care. We ask you to authorize that by signing a form when you first sign up as a new patient.
- ⇒ Sometimes the law requires us to divulge medical records. In medical malpractice cases or criminal cases where treatment might be related to injuries sustained during a crime the court might subpoena the medical records of patients involved. Another case like this is when we are required to divulge knowledge or suspicion of abuse.
- ⇒ Your records might also be seen by business associates whom we hire to do such things as help us devise better record systems, store our records electronically, train our billing staff or other jobs related to efficient operation of the clinic. To protect your privacy in these cases, we require all of our business associates to demonstrate that they comply with our confidentiality requirements and to sign an agreement that limits what they can do with the records.

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Your financial records:

The primary use for any financial records we keep is to help us remember how much is owed and whether the bill goes to you, an insurance company, or a public health care payer. Uses to which those records might be put include:

- ⇒ Insurers sometimes ask for copies of records of payment for a certain service, so we would send to them that segment of your payment records to support the billing.
- ⇒ Our accounts receivable department might see an amount due in your account when performing monthly jobs like balancing or aging accounts receivable or performing collections duties.
- ⇒ If we were to change financial management software programs or needed to refer an account for collections, a business associate might have to read your account in order to deal with it effectively. Business associates sign agreements assuring confidentiality.

Our staff is trained to protect the privacy of your medical records and financial information. You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. Even though the medical practice and not the patient own the medical record, we want to use the contents of that record only in appropriate ways acceptable to you. You have the right to request a restriction of your protected health information. Your request must state the specific restriction requested and to whom you want the restriction to apply. While the law does not require us to abide by such restrictions, we pledge to do our best to do so.

Thank you for taking the time to read this and thank you, too, for selecting us as your health care provider. We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any questions about this paper or any other aspect of your care here, please ask to speak with our HIPAA Compliance Officer in person or by phone at our Main Phone Number (502) 896-8700.

A Copy of the “HIPAA Notice of Privacy Practices” is available at the front desk.