

Alvernon Optical, Inc. / Casas Adobes Optical, Inc.

440 N. Alvernon Tucson, AZ 85711 (520) 327-6211	4747 E. Sunrise Dr. Tucson, AZ 85718 (520) 299-4000	7125 E. Tanque Verde Tucson, AZ 85715 (520) 296-4157	2820 N. Campbell Ave. Tucson, AZ 85719 (520) 323-3937	6987 N. Oracle Rd. Tucson, AZ 85704 (520) 297-2501	230 W. Continental Rd., Ste 408 Green Valley, AZ 85622 (520) 625-5657
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Protecting your confidential information is important to us.

This Notice is our desire to communicate to you that we are taking the Federal (HIPAA – Health Insurance Portability and Accountability Act) laws written to protect the confidentiality of your health information seriously. We want you to know about the policies and procedures which we have developed to make sure your health information will not be shared with anyone who does not require it. Our office is subject to State and Federal laws regarding the confidentiality of your health information, and in keeping with these laws we want you to understand our procedures and your rights as a valuable client.

Uses and Disclosures of Protected Health Information: Your protected health information (PHI) may be used and disclosed by our office, our office staff and others outside of our office that are involved in providing services to you to pay your health care bills, to support the operation of this office, and any other use required by law. Your health care information will not be used for other purposes unless we have asked for, and been given, your written permission.

Payment: We may include your PHI with an invoice used to collect payment for services you received in our offices. We may do this with insurance forms filed for you by mail or sent electronically. We will be sure to work only with companies that have a similar commitment to the security of your PHI.

Healthcare Operations: We may use or disclose, as needed, your PHI in order to support the business activities of this office. These activities include, but are not limited to, quality assessment activities, credentialing, employee review activities, training of staff, licensing, and conducting or arranging for other business activities. In addition, we may use your PHI in verifying and receiving insurance authorization and eligibility.

Because we believe that regular care is very important, we will remind you of a scheduled appointment or that it is time for you to contact us to make an appointment. Additionally, we may contact you to follow up on services that have been provided, or to inform you of services that may be of interest to you or your family.

Other uses or disclosures that can be made without consent or authorization: As required, and without your authorization, we may use or disclose your PHI in the following situations as required by Federal, State or Local law, Public Health issues, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal Proceedings, Law Enforcement, Criminal Activity, Military Activity and Workers' Compensation. Other permitted and required uses and disclosures will be made only with your consent.

This new law is careful to describe your responsibilities and rights regarding your PHI.

Inspect and copy your PHI. You have the right to read, review and copy your PHI, including your chart and billing records. If you would like a copy of your records, please let us know. We may charge you a reasonable fee to duplicate and assemble your copy.

Request a restriction of your PHI. You have the right to request restrictions on certain uses and disclosures of your PHI. Our office will make every effort to honor reasonable restriction preferences from our clients.

Confidential Communications. You have the right to request that we communicate with you in a certain way. You may request that we only communicate your PHI with you and no other family members or through mailed communications that are sealed. We will make every effort to honor your reasonable requests for confidential communications.

Amend your PHI. You have the right to request that we amend your PHI. Your request must be in writing, and it must explain why the information should be amended.

Accounting of certain disclosures. You have the right to request a list of the disclosures we have made of your PHI. This request must be made in writing.

Right to receive a copy of this notice. You may request a copy of this notice at any time from our office.

We reserve the right to change the terms of this notice and will inform you of the revisions. We encourage you to express any concerns you may have regarding the privacy of your information to us. This notice was published and becomes effective on/or before April 14, 2003.

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 objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our Main Office (520) 327-6215.