

Notice of Privacy Practices

Huntington Eye Medical Group ~ Jeffrey C. Hong, MD

HIPPA PATIENT RIGHTS

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.

Our commitment here at **HUNTINGTON EYE MEDICAL GROUP** is to serve our patients with professionalism and caring, being sure at all times to protect the privacy and security of all Protected Health Information.

During the course of serving your interests it may be necessary to share information with other health care providers or business associates. The following are examples of instances where information may be shared:

- During treatment, we may find it necessary to acquire a laboratory analysis.
- For payment purposes, we may use the services of a billing service.
- During health care operations, we may need a second opinion.

Restrictions: You have the right to restrict disclosure of your health information.

Confidential Communications: You have the right to request that we communicate with you in private and have no family members present. We will make every effort to honor your reasonable requests.

Inspect & Copy your information: You have the right to read, review and copy your health information. There may be a fee to duplicate your records.

Amend your Health Information: You have the right to ask us to update or modify your records. Restrictions may apply.

Documentation of Health information: You have the right to ask us for description of how and where your health information was used by our office for any reason other than treatment, payment or health operations.

REQUEST A PAPER COPY OF THIS NOTICE: You have the right to obtain a copy of the Notice of Privacy Practices directly from our office at any time.

We here at **HUNTINGTON EYE MEDICAL GROUP** are committed to obeying all Federal, State and Local laws and regulations regarding Privacy Practices. If any other uses or disclosures than the ones listed above are needed, information will only be released with the written authorization of the individual in question. This written authorization may be revoked at any time by the individual, as provided for by law.

If you have any questions or comments regarding your Protected Health Information, feel free to contact our office.

“I have read and understand the above Notice of Privacy Practices”

SIGNATURE

DATE