

# HIPAA Privacy Policy for Retina Vision Consultants 360

## Introduction

At Retina Vision Consultants 360, we are committed to protecting the privacy and confidentiality of your health information in accordance with the Health Insurance Portability and Accountability Act (HIPAA). This policy outlines how we use and protect your personal health information (PHI).

## What is HIPAA?

HIPAA is a federal law that establishes standards for the protection of health information, including how your medical records are handled, shared, and protected by healthcare providers.

## Your Rights Under HIPAA

As a patient, you have the following rights regarding your health information:

- **Right to Access:** You may request to see or obtain a copy of your medical records.
- **Right to Request Correction:** You can ask us to correct any inaccuracies in your records.
- **Right to Request Confidential Communications:** You may request that we communicate with you in a specific way or at a specific location.
- **Right to Notice of Privacy Practices:** You have the right to be informed about how your health information is used and disclosed.
- **Right to Request Restrictions:** You can ask us to limit the way we share your information, but we are not required to agree to all requests.

## How We Use Your Health Information

We may use and disclose your health information for the following purposes:

- **Treatment:** To provide you with medical care, such as performing eye exams, treatments, or procedures.
- **Payment:** To bill your insurance provider or you directly for the services provided.
- **Healthcare Operations:** To conduct business activities such as quality assurance, audits, and improving patient care.
- **Legal and Regulatory Requirements:** To comply with legal obligations, including court orders or subpoenas.

## **Who We Share Your Information With**

We may share your health information with:

- **Other Healthcare Providers:** To ensure coordination of care with your other providers.
- **Insurance Companies:** To process claims for services rendered.
- **Healthcare Contractors:** Third-party companies that assist with billing or electronic health record maintenance.
- **Government Agencies:** For compliance with public health requirements or audits.

## **Security of Your Health Information**

We use physical, administrative, and technical safeguards to protect your health information. These measures include secure storage, encryption, and limiting access to authorized personnel only.

## **Breach Notification**

If a breach of your health information occurs, we will notify you promptly and take steps to mitigate any harm caused.

## **Acknowledgement of Receipt**

By signing this policy, you acknowledge that you have received and understand this HIPAA Privacy Notice.

## **Changes to This Policy**

We reserve the right to amend this policy at any time to reflect changes in our practices or to comply with new legal requirements. You will be notified of any significant changes.

## **Patient Acknowledgement and Signature**

I have read and understood the HIPAA Privacy Policy of Retina Vision Consultants 360. I acknowledge that I have been provided with a copy of the policy and have had the opportunity to ask questions regarding the use and protection of my health information.

By signing below, I consent to the use and disclosure of my health information as outlined in this policy.

**Patient Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_