

RETINA ASSOCIATES OF ORANGE COUNTY

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Diseases and Surgery of the Retina, Macula and Vitreous

Notice of Privacy Practices

It is our desire to communicate to you the new Federal Laws (HIPAA-Health Portability and Accountability Act) written to protect the confidentiality of your health information. We do not ever want to delay treatment because you are afraid your personal health history might be unnecessarily made available to other outside of our office.

The most significant variable that has motivated the Federal government to legally enforce the importance of the privacy of health information is the rapid evolution of computer technology and its use in healthcare. The government has appropriately sought to standardize and protect the privacy of the electronic exchange of your health information.

This has challenged us to review not only how your health information is used within our computers, but also with the internet, phone faxes, copy machine and charts. In accordance, we have developed policies and procedures which make sure your health information will be used only for the purposes of providing your treatment, obtaining payment and conducting health care operations.

To Provide Treatment:

We will use your health information within our office to provide you with the best health care possible. This may include administrative and clinical office procedures to schedule and coordinate care between physician, technician, back office assistants, and business office staff.

In addition, we may share your health information with referring physicians, primary care physicians, clinical and pathology laboratories, pharmacies or health care facilities and personnel providing your treatment.

To Obtain Payment:

Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automotive insurer, or workers compensation. For example, your health plan may request and receive information on dates of service, the services provided, and the medial condition being treated.

Appointment Reminders and Caregivers:

Your health information will be used by our staff to send you appointment reminders, missed appointments or to reschedule your appointment. These communications may include postcards, letters or telephone reminders. We may share you health information with those you tell us will be helping you with your home treatment, medications or payments.

Other Uses and Disclosures Require Your Authorization:

Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization.

However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

Signature : _____ Print Name: _____