

Notice of Privacy Practices

The purpose of this notice is to describe how your medical information is used, whom it is disclosed to, and how you gain access to it.

SightMD, as a healthcare provider, is permitted by law to collect, use and disclose your “protected health information” or medical record for the purpose of treatment, payment, internal business operations, or as required by law for reporting purposes. You have certain rights including access to your information and some control over who has access to your information. SightMD agrees to abide by the terms of this notice but reserves the right to change the terms at any time. Should we do so, we will notify you in writing.

1. Use and Disclosure of Protected Health Information:

When you sign a consent form to be treated, your protected health information is used to treat you, to bill you or your insurance company for your care, and to make decisions on how to provide healthcare services for you. Your physician, office staff, and others outside of the medical group i.e. your insurer, are allowed access to this information. Some examples of uses and disclosures of your protected health information are for:

- Treatment by your doctor
- NSEC to determine if we meet the needs of our patients
- Reporting public health risks
- Law enforcement
- Worker compensation
- Payment for your treatment by you or your insurance
- Your Rights Regarding Your Protected Health Information
- Reporting adverse events of medications or medical devices to the FDA
- Appointment reminders
- Coroners, funeral directors
- Organ or tissue donation

2. Your Rights Regarding Your Protected Health Information:

- You have the right to inspect and to obtain a copy of your protected health information for as long as the group maintains your records.
- You have the right to restrict or limit the use of your protected health information that we use for treatment, payment, or operations. You can restrict the release of your health information to family or friends unless they have your written or verbal permission.
- You have the right to request an accounting of disclosures made of your health information.
- You have the right to amend your protected health information.
- You have the right to request confidential communications as long as it is done in writing.
- To amend your health information, your request must be given in writing along with a reason for doing so. Your request can be denied if the information originated outside North Shore Eye Care; it is outside the information you are entitled to inspect or copy, or if the information in the record is incorrect.
- For example, you can specify that we only contact you at work, at home, or by mail, etc. If you feel your privacy rights have been violated, you may file a complaint, which will forward to our Compliance officer.

Acknowledgement of Receipt of SightMD Privacy Practices

I, the undersigned, acknowledge that I have received a copy of the SightMD Notice of Privacy Practices. Should I have any questions about the policy, I will discuss them with my physician or the group’s Compliance officer.

Signature: X _____ Date: _____