

Patient Privacy

Our Pledge to Protect Your Privacy

Aran Eye Associates the "Practice" values and is committed to protecting the privacy of health information we create or receive about you. Health Information that identifies you ("protected health information," or "health information") includes your medical record and other information relating to your care or payment for care.

Our Notice of Privacy Practices

The Practice will provide you with a *Notice of Privacy Practices* - that explains our privacy practices and your rights regarding your health information. The first time you receive services, the Practice will provide you with a copy of our current Notice and ask you to acknowledge its receipt. The Practice may need to change its privacy policies and practices from time to time and will update the Notice accordingly.

You may ask for a copy of our current Notice at any time in any of the patient registration areas throughout the Practice, including clinics, and it is publicly posted in a number of places. You may also view and print a copy of our current Notice by clicking on *Notice of Privacy Practices*.

Your Rights Regarding Health Information About You

An important part of the Practice's Notice is the section that explains your rights regarding your health information. Our Notice explains that you (or your personal representative) have the right to:

- **Inspect or Copy:** You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information. We reserve the right to charge a fee to cover the cost of providing your health information records to you.
- **Request an Amendment or Addendum:** If you believe that the health information the Practice has on file about you is incorrect or incomplete, you may ask us to amend the health information. To request an amendment you must file an appropriate written request with the Health Information Management Services (HIMS) Department. In addition, you must provide a reason that supports your request. The Practice can only amend information that we created or that was created on our behalf. If your health information is accurate and complete, or if the information was not created by the Practice, we may deny your request to amend. If we deny your request, we will share with you in writing with our reasons for doing so. Requests to amend your health information must be in writing. Your written request must describe each item that you want changed (for example: History and Physical on 3/1/2003 and Clinic Visit Note on 4/14/2003) and the reason you are requesting the change.

Even if we deny your request to amend, you have the right to submit a written addendum to the Health Information Management Services (HIMS) Department. Addendums may not exceed 250 words for each item or statement in your record you believe is incomplete or incorrect. Requests for an addendum must be in writing.

Please send your request to Health Information Management Services, 1097 SW LeJeune Road. Coral Gables, Florida 33134. The HIMS Department will review your request when it is received and process your request within sixty (60) days of receipt. In certain situations, the Privacy Office may require an additional thirty (30) day extension to process your request.

- **An Accounting of Practice Disclosures:** You have the right to request an “accounting of disclosures” which is a list describing how we have shared your health information with outside parties. This accounting is a list of the disclosures we made of your health information for purposes other than treatment, payment, health care operations, and certain other purposes consistent with law. You may request an accounting of disclosures for up to six years before the date of your request. If you request an accounting more than once during a twelve month period, we will charge a reasonable fee.

To request an accounting of disclosures, you may mail it to Health Information Management Services 1097 SW LeJeune Road, Coral Gables, Florida 33134. If you have questions about completing the form, please call (305) 442-2020.

- **Request Restrictions:** You have the right to request restrictions on certain uses or disclosures of your health information. For example, you may request that your name not appear in the Practice's Patient Directory while you are here as an inpatient. Requests for restrictions must be in writing. In most cases, we are not required to agree to your requested restriction. However, if we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or comply with the law. If we do not accept your request, we will reply to you in writing with the reason.

We are legally required to accept certain requests not to disclose health information to your health plan for payment or health care operations purposes as long as you have paid out-of-pocket and in full in advance of the particular service included in your request. If the service or item is part of a set of related services, and you wish to restrict disclosures for the set of services, then you must pay in full for the related services. It is important to make the request and pay before receiving the care so that we can work to fully accommodate your request. We will comply with your request unless otherwise required by law.

Some examples of restriction requests that the Practice cannot honor include:

- Requests to restrict medical students or residents from accessing your health information.
- Requests restricting the Practice from giving your name to an insurance company that will be asked to pay a portion of your bill.
- Requests restricting the Practice from reporting your identity and condition to an agency or organization where the Practice is required by law to do so.

To make a restrictions request, please send a request to ARAN EYE ASSOCIATES Privacy Office, 1097 SW LeJeune Road, Coral Gables, Florida 33134. If you have questions about completing the form, please call (305) 442-2020. Alternatively, you may request restrictions during the registration process at the Practice.

To terminate a restriction that the Practice has accepted, send your request in writing to ARAN EYE ASSOCIATES Privacy Office, 1097 SW LeJeune Road, Coral Gables, Florida 33134 or fax it to (305) 442-7098. Please include a copy of your original restrictions request or the date, patient name and medical record number that appeared on your accepted request.

The Practice may terminate a restriction that it had previously accepted, but must inform you in writing of the termination. In this situation, the termination only applies to your personal health information created or received after you have been notified of the termination.

- **Request Confidential Communications:** You have the right to request that we communicate with you about your health information or medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work, rather than at your home. We will not ask you the reason for your request. We will work to accommodate all reasonable requests. Your request must be in writing and specify how and where you wish to be contacted.

To make a confidential communications request, mail a request to the ARAN EYE ASSOCIATES Privacy Office, ARAN EYE ASSOCIATES Privacy Office, 1097 SW LeJeune Road, Coral Gables, Florida 33134. If you have questions about completing the form, please call (305) 442-2020. Alternatively, you may request restrictions during the registration process at the Practice.

- **Receive a Copy of the Practice's Notice of Privacy Practices:** You may ask for a printed copy of the Practice's Notice of Privacy Practices anytime you are visiting one of our facilities. The Notice is available in any of the admitting and registration areas.