Notice of Privacy Practices
For Release of Patient Protected Health Information

DIXIE OPHTHALMIC SPECIALISTS
at Zion Eye Institute

Under new Federal Regulations (HIPAA) all health care providers are required to notify patients of conditions in which personally identifiable health care information may be used or disclosed. In an effort to comply with government regulations and, to both inform and ensure that patients are comfortable with health care disclosures, Dixie Ophthalmic Specialists at Zion Eye Institute would like to notify patients of the following policies:

Personally Identifiable Health Care Information and Demographic Data will be disclosed for the following reasons:

1. **Treatment**: Disclosures may be made to other health care professionals as needed to ensure standards of medical practice and complete medical treatment. Information may also be released to care givers as deemed necessary by the patient or persons with durable power of attorney. Employee access to patient records will be limited to employees that must have access to accomplish medical treatment and billing. Also, appointment reminder telephonecalls will be made to your home, if an answering machine is available a message may be left on that machine unless the patient specifies that this can not be done.

2. **Persons seeking care from an alternate health care provider**: Information may be released to another Health Care Provider upon the patient's request and signed patient release. Information released will be the minimum amount of information requested by the patient or legal representative. Information will be released only one time per each written request. This will ensure that the patient or legal representative is aware each time medical information is requested and who is requesting the information.

3. **If you are referred to Dixie Ophthalmic Specialists at Zion Eye Institute by another health care provider for a consultation,** information concerning that examination and recommended treatment will be automatically released to the referring physician unless otherwise specified in writing by the patient/legal representative at the time of the exam.

4. **Because of a unique relationship with Dixie Ophthalmic Specialists at Zion Eye Institute** can make eye glass prescriptions available to Excellens upon patient request, without requiring written patient authorization or release.

5. **Payment**: Individually identifiable information can or may be disclosed to the patient's health care insurance provider, Workers Compensation provider or other third party billing as requested by the patient. The information released will be the minimum required information to accomplish billing for the individual consultation, examination or treatment of the patient. This information may include patient demographic information, medical information, place of treatment and provider of medical care. No medical information will be released to outside collection groups, however we reserve the right to release the demographic information needed to effectively complete the collection process.

6. Information may be released as required for:
   Government oversight activities: Information may be released as required for audits, investigations, licensure requirements, and inspections for compliance with government programs and laws, or contractual obligation with insurance payers.
   As required by law : Court or administrative order, subpoena, discovery request or other lawful process when requested by National security, intelligence and other federal officials and/or when the patient is an inmate or under the custody of law enforcement. As required by military command.
   Public health responsibilities: Suspected neglect, child abuse, domestic violence, problems with products, reactions to medications, product recalls, disease/infection exposure and to prevent /control disease injury or death.

7. Patient outcome and compliance studies are routinely performed by staff. The information gathered for these studies is patient identifiable but is de-identified for the purpose of reporting. No patient will be identified in any study without prior consent.

Patients have a right to view, obtain a copy of and/or amend their own medical records. Such requests must be made in the form of a signed, written release. Requested amendments in medical records cannot be made to reflect action that may lead to the inference of medical malpractice or insurance fraud. The Health Care Provider reserves the right to make notation to the medical record reflecting the record has been amended. Notations must be in keeping with standards of medical practice. No record will be altered by the patient, Health Care Provider or clinic once any litigation has begun. Litigation may include insurance accident claims, liability claims, or issues of malpractice claim. The Health Care Provider and clinic reserve the right to retain a copy of the original record as an individually identifiable record, not to be released except in case of subpoena.

Patients have a right to an accounting of all disclosures of their own medical records. Disclosures may be made as paper exchanges or electronically i.e. fax, modem or other means of electronic transmission.

Patients have the right to file a grievance with **Dixie Ophthalmic Specialists at Zion Eye Institute** regarding privacy issues, or with The U.S. Department of Health & Human Services, Office of Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 2020. Toll free: 877-696-6775 or http://www.hhs.gov/ocr/hipaa. If you have questions regarding any disclosures of medical or demographic information please, feel free to ask at anytime. We reserve the right to make changes in Privacy Policies.

Patients will be notified of policy changes upon their 1st clinical visit after the change.

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Patient/Legal Representative Signature Date Witness Date

Acknowledging Receipt of Privacy Policy