

FRANKLIN EYE CARE, LLC
Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice describes our practices and those of all employees, staff and other Franklin Eye Care, LLC personnel.

Uses and Disclosures of your Health Information:

Treatment. Your health information may be used by our optometric physicians and staff members or disclosed to other health care professionals for the purposes of evaluating your health, diagnosing medical conditions and providing treatment.

Payment. Your health information may be used to seek payment from your health plan, other sources of coverage such as an automobile insurer, or credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health Care Operations. Your health information may be used as necessary to support the day-to day activities and management of Franklin Eye Care. For example, information on the services that you received may be used to support budgeting and financial reporting, activities to evaluate and promote quality and to insure that our practice is meeting various legal requirements.

Public Health Reporting. Your health may be disclosed to public health and governmental agencies as required by law. For example, our practice is required to report certain communicable diseases to the New Jersey State Department of Health.

Additional Uses of Information.

Appointment Reminders. Your health information will be used by our staff to call/send you appointment reminders and notices regarding your optical and contact lens orders.

Information about treatments. Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health-related goods and services that we believe may interest you.

Other Uses and Disclosures Require Your Authorization. Disclosures or uses of your health information for a purpose other than those listed above require 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 we received the written revocation.

Your Rights Regarding your Medical Information

You have the following rights regarding your protected health information:

- *The right to request restrictions on the use of your protected health information. Franklin Eye Care is not required to agree to a requested restriction. A written request should be submitted to the office.
- *The right to receive confidential communications concerning your medical condition and treatment.
- *The right to inspect and copy your protected health information. (A written request must be submitted to the office to inspect or copy protected health information. If you request a copy, a fee may be required).
- *The right to request an amendment or submit corrections to your protected health information.
- *The right to receive an accounting of how and to whom your protected health information has been disclosed.
- *The right to receive a copy of this notice, in large print, if necessary.

Franklin Eye Care, LLC Duties:

We are required by law to maintain the privacy of your protected health information and to provide you with a notice of privacy practices. We are also required to abide by the privacy practices outlined in this notice.

This Notice May Be Amended At Any Time: We may change the terms of this notice at any time. Any revised notice will be effective for all health information that we maintain. The effective date of a revised notice will be noted. You may request a copy of the current notice at any time.

I have read and or received a copy of the Notice of Privacy Practices for Franklin Eye Care, LLC.

Signature: _____ **Date:** _____