



1581 Sycamore Ave. Suite 10
Hercules, CA 94547
T 510.799.7380
F 510.799.7734
www.herculesoptometry.net

ACKNOWLEDGEMENT of RECEIPT of NOTICE OF PRIVACY PRACTICES

Patient Name: _____

Phone Number: _____

Address: _____

In the course of providing services to you, we create, receive, and store health information that identifies you. It is often necessary to use and disclose this health information in order to treat you, to obtain payment for services from third-party payers, and to conduct health care operations involving our office.

The NOTICE OF PRIVACY PRACTICES (NOTICE) you have been given describes these uses and disclosures in detail. You are free to refer to this notice at any time before you sign this form. As described in the NOTICE, the use and disclosure of your health information for treatment purposes not only includes care and service provided here, but also information necessary for you to receive care from another health professional. Similarly, the use and disclosure of your health information for purposes of third-party payment may include: our submission of your health information to a billing agent or vendor for processing claims or obtaining payment; submission of claims to third-party payers or insurers for claims review, determination of benefits and payment; submission of your health information to auditors hired by third-party payers and insurers; other aspects of payment described in the NOTICE. The NOTICE will be updated whenever our privacy practices change. Copies are available in our office.

When you sign this consent document, you signify that you agree that we can and will use and disclose your health information to treat you, to obtain payment for services, and to perform healthcare operations. You also signify that you have received a copy of the NOTICE.

You have the right to ask us to restrict the uses or disclosures made for purposes of treatment, payment, or healthcare operations, but as described in the NOTICE, we are not obliged to agree to these restrictions. If we agree to restrictions, they are binding on us. The NOTICE describes how to ask for a restriction.

I have read and understood this document. I consent to the use and disclosure of my health information for purposes of treatment, payment for services, and healthcare operations. I acknowledge that I have received the NOTICE from Hercules Optometric Group.

Signature
Parent or Guardian _____

Date



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HEALTH INSURANCE PORTABILITY and ACCOUNTABILITY ACT NOTICE OF PRIVACY PRACTICES

Right to Notice

As a patient, you have the right to a adequate notice of the uses and disclosures of your protected health information. Under the Health Insurance Portability and Accessibility Act (HIPAA), Hercules Optometric Group can use your protected health information for treatment, payment, and healthcare operations.

Treatment: We may use and disclose your health information to a physician or other health care provider in order to provide treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use your and disclose your health information in connection with our healthcare operations, including quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.

Your Authorization

Most activities which do not fall under treatment, payment, or healthcare operations will require your written authorization. Upon signing, you may revoke your authorization in writing through our practice at any time.

Emergency Situation

In the event of your incapacitation or other emergency, we will disclose your information to a family member or other person responsible for your care, using our professional judgement. We will only disclose health information that is directly relevant to the person's involvement in your health care.

Marketing

We will not use your health information for marketing communications without your written authorization.

Required by Law

We may also use or disclose your health information when we are required to do so by law.

Abuse or Neglect

We may disclose your health information to appropriate authorities if we reasonably believe you are a possible victim of abuse, neglect, domestic violence, or other crimes. We may disclose your information to the extent necessary to avert a threat to you or others health and safety

National Security

We may disclose health information of Armed Forces personnel to military authorities or authorized federal agents if required to do so

Appointment Reminder

We may use or disclose your health information to provide you with appointment reminders via phone, e-mail, or letter.

Your Rights

You have the right to restrict the disclosure of your health information. This request must be in writing. The request may be denied if the information is required for treatment, payment, or healthcare operations.

You have the right to receive confidential communications regarding your health information.

You have the right to inspect and copy your health information.

You have the right to amend your health information.

You have the right to receive an account of disclosure of your health information.

You have the right to a paper copy of this Notice of Privacy Practices.

Legal Requirement

Hercules Optometric Group is required by law to maintain the privacy of your protected health information. We are required to abide by the terms of this notice, as currently stated, and reserve the right to change this notice. The policies of any new notice will not be in effect until they are available in our office.

Complaints

If you have complaints about the way your protected health information was handled, you may submit a complaint in writing to our office. You will not be retaliated against for complaints.

Contact Information

For further information about privacy at Hercules Optometric Group, please contact us at 1581 Sycamore Avenue, Suite 10, Hercules, CA 94547, or call 510.799.7380