

Danbury Eye Physicians & Surgeons

Notice of Privacy Practices for Protected Health Care Information

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.

Our goal is to take appropriate steps to attempt to safeguard any medical or other personal information that is provided to us. The Privacy Rule under the Health Insurance Portability and Accountability Act of 1996 (“HIPPA”) requires us to: (i) maintain the privacy of medical information provided to us; (ii) provide notice of our legal duties and privacy practices; and (iii) abide by the terms of our Notice of Privacy Practices currently in effect.

Who Will Follow The Notice

The notice describes the practices of our employees and staff as well as any individuals and/or business entities associated with Danbury Eye Physicians. In addition, these individuals, entities, sites and locations may share Medical Information with each other for treatment, payment and health care operation purposed described in the notice.

Information Collected About You

In the ordinary course of receiving treatment and health care services from us, you will be providing us with personal information such as:

Your name, address, and phone number.

Information relating to your medical history

Your insurance information and coverage.

Information concerning your doctor, nurse or other medical providers.

In addition, we will gather certain medical information about you and will create a record of the care provided to you. Some information also may be provided to us by other individuals or organizations that are part of your “circle of care” – such as the referring physician and you other doctors, your health plan and close friends or family members.

We have available upon your request a copy of the Federal Guidelines and listing of all types of persons, entities, and/or situations in which we might disclose your personal health care information.

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I have received a one -page summary outlining the Privacy Rules under the Health Insurance Portability and Accountability Act of 1996 (“HIPPA”). I acknowledge receipt of this summary as well as the availability upon my request a copy of the Federal Guidelines.

Patient/Responsible Party

Date