

Debra M. Bernstein O.D.
Squint Optometry PLLC
68 Main Street, Irvington, NY 10533
P (914) 231-7557 | F (914) 231-7558

NOTICE OF PRIVACY PRACTICES

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This Notice describes how we protect your health info and what rights you have regarding it.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reason why we use or disclose your health info is for treatment, payment or health care operations. Examples of how we use or disclose info are: setting up appointments; examining your eyes; prescribing glasses, contact lenses, or eye medications; preparing insurance claims; participating in managed care health and vision plans; and business planning. Unless you object, we will also share relevant info with family or friends helping you with eye care.

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law requires us to use or disclose your health info without your permission. Not all of these situations apply to us and some never come up at all. Such uses or disclosures include: when a state or federal law mandates it for a specific purpose; for public health purposes, such as contagious disease reporting; disclosures for health oversight activities such as the licensing of doctors; for audits by Medicare or Medicaid; disclosures in response to subpoenas or court orders; disclosures relating to worker's compensation programs; disclosures for research, public health, or health care operations; disclosures to those who perform health care operations for us and commit to respect your privacy.

We will not make any other uses or disclosures of your health info unless you sign a written "authorization form." The content of an authorization form is determined by federal law. If we initiate the process and ask you to sign an authorization form, you do not have to sign it and then we cannot make the use or disclosure.

APPOINTMENT REMINDERS

We may call or email to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or email to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we will mail or email you an appt reminder and/or call you at a contact telephone number that you provide to us.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health info. In each instance, if you want to exercise any of these rights, please send a written request to our office. You can:

- ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want.
- ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health info to a different address, or by using email to your personal email address.
- ask to see or to get photocopies or electronic copies of your health info. By law, there are a few limited situations in which we can refuse. You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation.
- ask us to amend your health info if you think it is incorrect or incomplete. If we agree, we will amend the info within 60 days. We will send the corrected info to persons who we know received the wrong info, and others you specify. If we do not agree, you can write a statement of your position, and we will include it with your health info along with any rebuttal statement that we may write.
- get a list of the disclosures that we have made of your health info within the past six years (or a shorter period if you want). By law, the list will not include: disclosures for purposes of treatment, payment or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures.
- if you pay for your treatment out of pocket, you can request that we not disclose your health information to an insurance plan and we will comply.

OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. If we change this Notice, the new privacy practices will apply to your health info that we already have, as well as to future info. If we change our Notice of Privacy Practices, we will have copies available in our office and post it on our Web site.

COMPLAINTS

If you think that we have not properly respected the privacy of your health info, you are free to complain to us or the U.S. Dep't of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to our office. If you prefer, you can discuss your complaint in person or by phone.

**If you want more information about our privacy practices, call or visit the office at the address or phone number shown above.