



Notice of Privacy Practices

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

TREATMENT

Asheville Eye Associates and any physician examining and /or treating you to release to any subsequent treating physician any medical information and/or records concerning diagnosis and treatment.

PAYMENT

Medical records and/or information will be shared with third party payers, such as insurance companies or the Social Security Administration or its intermediaries or carriers when requested for use in connection with determining a claim for payment.

COMMUNICATION REMINDERS

We may use or disclose your health information to provide you with reminders, including but not limited to voicemail messages, postcards, letters or emails.

HEALTHCARE OPERATIONS

Medical record information may be used in performing the following activities:

1. Customer service
2. Compliance management
3. Underwriting, premium rating and other insurance activities
4. Reviewing competence or qualifications of healthcare professionals
5. Quality improvement
6. Conducting or arranging for medical review, legal services and auditing functions, including fraud and abuse detection compliance programs
7. Business planning and development

YOUR RIGHTS

You have the right to request restrictions regarding usage/disclosure of information

You have the right to receive confidential communications

You have the right to inspect and copy protected health information

You have the right to amend incorrect or incomplete protected health information

You have the right to receive an accounting of disclosures

You have the right to receive a more detailed copy of the Notice of Privacy Practices

Additional HIPPA compliance notification information is available. Please ask to speak to the privacy officer if you have any questions.