

**Basin Vision Center, P.C.
1531 Bleistein Avenue, Cody
307-587-4206**

**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.**

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 briefly describes how we protect your health information and what rights you have regarding it.

The most common reason why we use or disclose your health information is for treatment, physician referral, payment or health care operations. Examples of how we use or disclose information are: setting up an appointment, testing or examining your eyes, asking about you health or vision care plans, preparing and sending bills or claims, and collecting unpaid amounts.

In some limited situations, the law requires us to use or disclose your health information without your permission. Such uses or disclosures are:

- when a state or federal law mandates that certain health information be reported for a specific purpose; i.e. FDA investigations, suspected abuse or neglect, subpoenas, criminal investigations, workers compensations claims, Medicaid and Medicare audits;
- incidental disclosures that are an unavoidable by-product of permitted uses;
- disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of you health information;

Unless you object, we may share information about your care with you family who are helping you with your eye care.

We will not make any other disclosures of you health information unless you sign a written "authorization form."

APPOINTMENT REMINDERS

We may call or write to remind you of scheduled appointments or recall notices. We may also call or write to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we will mail you an appointment reminder on a post card and/or leave you a reminder message on you home answering machine or with someone who answers your phone if you are not home.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION ALLOW YOU TO:

- ask us to restrict our 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 more confidential way. We will accommodate these requests if they are reasonable, and if you pay us for any extra cost.
- ask to see or to get photocopies of you health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 30 days of asking us.
- ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us.
- get a list of the disclosures that we have made of you health information. By law, the list will not include: disclosures for purposes of treatment, payment or health care operations; disclosures with you authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. You are entitled to one such list per year without charge.
- get additional paper copies of this Notice of Privacy Practices upon request.

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. We reserve the right to change this notice at any time as allowed by law.

COMPLAINTS

If you think that we have not properly respected the privacy of you health information, you are free to complain to us or the U.S. Department 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 the office at the address shown at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone.

FOR MORE INFORMATION

If you want more information about our privacy practices, call or visit the office at the address or phone number shown at the beginning of this Notice.

-----tear here-----

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I have been offered and/or received a copy of Basin Vision Center, P.C.'s Notice of Privacy Practices:

Patient name _____

Signature _____ Date _____