

Effective date of notice April 1, 2003 | Updated May 24, 2020

NOTICE OF PRIVACY PRACTICES

Rathjens Vision Care, P.C.

1201 Boston Post Rd. #2076 | Milford, CT 06460 | P: 203 878-6574 | F: 203 878-0881

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

USES AND DISCLOSURES

Treatment: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. For example, we may use your health information when writing prescriptions for eyeglasses or contact lenses, referring you to another doctor for care, or getting copies of your health information from another professional you may have seen before us.

Payment: Your health information may be used to seek payment from your health plan or from other sources of coverage, as well as to collect unpaid balances. Your health plan may request and receive information on dates of service, services provided, and medical conditions being treated.

Health Care Operations: Your health information may be used to support the day-to-day activities and management of our office, for example, in financial audits, internal quality assurance, personnel decisions, and managed care participation.

Law Enforcement: Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government-mandated reporting.

Public Health Reporting: Your health information may be disclosed to public health agencies as required by law.

Other disclosures require your specific written authorization. The content of the authorization form is determined by federal law. If you change your mind after authorizing a use or disclosure, you may submit a written revocation of the authorization. Your decision to revoke the authorization will not affect or undo any use or disclosure that occurred before you notified us of your decision.

Unless you object, we will also share relevant information about your care with your family or friends who are helping you with your eye care.

APPOINTMENT REMINDERS

We may call, write, email or text to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call, write, email or text to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we will pre-appoint your next exam with us and call/write/email and/or text you as reminders. We may leave a message with someone else who answers a phone if you are not home.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to ask us to amend or submit corrections to your protected health information if you think that it is incorrect or incomplete.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy 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. If we change our Notice of Privacy Practices, we will post the new notice in our office, have copies available in our office, and will provide you with a revised notice at your next office visit.

REQUESTS TO INSPECT PROTECTED HEALTH INFORMATION

As permitted by federal regulations, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by consulting any Optometric Assistant.

COMPLAINTS

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

John W. Rathjens, O.D.
Rathjens Vision Care, P.C.
1201 Boston Post Rd. #2063
Milford, CT 06460

If you believe your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

FOR MORE INFORMATION

If you want more information about our privacy practices, you can contact the office contact person:

John W. Rathjens, O.D.
1201 Boston Post Rd. #2063
Milford, CT 06460
(203) 530.3000