

## **Fountains Eyecare Center**

314 D Fountains Pkwy

Fairview Heights, IL 62208

[www.fountainseyecarecenter.com](http://www.fountainseyecarecenter.com)

### **Notice of Privacy Practices**

The intent of this notice is to describe how medical information about you may be used and disclosed and your right to have access to this information. Please read it carefully. If you have any questions, please address them to our privacy officer. Our reception desk can assist you in this regard.

**Fountains Eyecare Center** is a provider of eyecare to our patients in a partnership relationship with a number of referring physicians, optometrist, and other practitioners. Information about privacy addressed in this notice may be accessed by the following: Any and all health care professionals, i.e. ophthalmologist, optometrist, ophthalmic technicians, optometric technicians, contact lens technicians, opticians, lab technicians, billing and insurance department personnel and reception personnel in this office as well as in any other affiliate office and any business associate or partner of **Fountains Eyecare Center** with whom we share your health information.

### **Our Pledge to our Patients**

**Fountains Eyecare Center** appreciates that medical information about you is personal and we are committed to protecting this information about you. Your medical information with this notice applies to all records of your eyecare and health care that we maintain whether these records are created by the staff of this office or your personal or primary care physician. Your personal or primary care physician may elect to have different policies in place regarding the use and disclosure of your medical information. This office is required under present law to:

- Keep any and all medical and health information about you
- Make this privacy policy available to you outlining our legal duty and privacy policies with regard to your medical and health data
- Strictly follow and enforce the privacy policy currently in effect

### **Fountains Eyecare Center may use and disclose your medical and health information for:**

- Treatment (sending your medical and health records to another health care provider or a specialist as part of a referral)
- Obtaining payment or treatment (filling of insurance claims to your insurance company and or Medicare and Medicaid)
- Supporting our current medical operation (comparisons of medical data for improving overall patient care and treatment)

This office may use or disclose your medical and or health information without your prior authorization for several reasons. These reasons include public health records, abuse reporting, health care audits, research studies, workers compensation, and neglect reporting. We also use or disclose your medical and health information when required by law. This office may also contact you regarding appointment reminders, possible treatment options, alternative healthcare and or benefits of services that may be of benefit to you. This office will use or disclose your medical and or health information to a friend or family member who is directly involved in your medical care.

### **Patient rights regarding medical and health information**

In most cases you have the right to request a copy of your medical information or to look at that information maintained by this office as part of your patient care. In order to do this, you must submit in writing a request to review your information or to receive copies of that information. If copies are requested, this office reserves the right to charge for those copies or for the mailing or handling of that information. In the event that this office denies your request to review or receive a copy of your medical or health information, you have the right to submit in writing a request for a review of the denial decision. At any time you have the right to correct or amend your information if you feel that the information contained by this office is incorrect. This office reserves the right to deny your request to amend or correct your information if the amendment or correction was not directly created by this office or its staff. Again, if your request to amend or correct is denied, you have the right to request in writing, the decision by this office not to amend or correct your information. You have the right to a list of any or all request where this office has disclosed your medical or health information other than those cases where you have authorized for treatment or insurance payment of services or treatment. The right to such a list is for any or all disclosures or uses of your medical or health information on or after April 14, 2003. This office reserves the right to charge for such a listing of disclosure or usage of your medical or health information. You may request medical information about you either in written paper form, by e-mail or by fax but all such releases will be in a confidential form of your choosing. Your written request for release of your medical or health information must be in writing and must specifically state the manner in which you desire the information be released to you. You may request in writing that we do not disclose or use your medical and or health information for treatment or payment or to those persons involved in your care except when specifically authorized by the request. Any or all request or appeals must be submitted in writing to the Privacy Officer listed on the bottom of this page. If you feel that your privacy rights may have been violated or you disagree with any decision of this office in regard to your medical and or health information, you may contact the Privacy Officer listed at the bottom of this page. You have the right to send a written complaint to the U.S. Department of Health and Human Service Office of Civil Rights. Our Privacy Officer can provide you with that address information.

**Fountains Eyecare Center** appreciates the opportunity to provide your eyecare needs.

#### **Privacy Officers:**

**Dr. W. Eric Jones – Administrator**

**Phone (618)622-3013**

**Shelley Jessup – Manager**

**Fax (618)622-3014**