

HOWARD B. KUSHNER O.D. NOTICE OF PRIVACY POLICIES

EFFECTIVE DATE: MARCH 1, 2005

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION CAN BE USED AND DISCLOSED, AS WELL AS HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW THE FOLLOWING CAREFULLY.

HOWARD B. KUSHNER O.D. IS REQUIRED BY LAW TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION, TO FOLLOW THE TERMS OF THIS NOTICE, AND TO PROVIDE YOU WITH NOTICE OF ITS LEGAL DUTIES AND PRIVACY PRACTICES WITH RESPECT TO YOUR HEALTH INFORMATION. WE WILL NOT USE OR DISCLOSE YOUR MEDICAL INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION EXCEPT AS DESCRIBED BELOW.

LEGAL REASONS FOR HOWARD B. KUSHNER O.D. TO USE OR DISCLOSE YOUR HEALTH INFORMATION

WE ARE LEGALLY PERMITTED TO USE OR DISCLOSE YOUR HEALTH INFORMATION FOR THE FOLLOWING PURPOSES:

- **TREATMENT, PAYMENT, AND REGULAR HEALTH CARE OPERATIONS-** WE MAY USE ANY INFORMATION WE OBTAIN TO DISPENSE AND PROVIDE PRESCRIPTION OPHTHALMIC GOODS AND SERVICES TO YOU, BILL YOUR INSURANCE CARRIER IF YOU HAVE COVERAGE, AND TO RECORD AND MONITOR THE SERVICE PROVIDED TO YOU. FURTHER INFORMATION WILL BE PROVIDED TO YOU UPON YOUR WRITTEN REQUEST.
- **AS AND WHEN REQUIRED BY LAW-** WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION TO PUBLIC HEALTH OFFICIALS, ENFORCEMENT, HEALTH OVERSIGHT ACTIVITIES (AUDITS, INVESTIGATIONS, ETC.), FOR JUDICIAL AND ADMINISTRATIVE PURPOSES, DECEASED PERSON INFORMATION, WORKERS COMPENSATION PROGRAMS, FEDERAL DRUG ADMINISTRATION, OR IF THERE IS A SERIOUS THREAT TO YOUR HEALTH OR SAFETY, WE MAY ALSO USE OR DISCLOSE YOUR INFORMATION IN TIMES OF NATIONAL SECURITY IF YOU ARE IN THE MILITARY OR ARE A VETERAN OF THE ARMED FORCES WHEN REQUESTED, OR IF YOU BECOME AN INMATE IN A CORRECTIONAL FACILITY.
- **PERSONAL COMMUNICATIONS-** WE MAY CONTACT YOU TO PROVIDE APPOINTMENT REMINDERS, ANNUAL EYE EXAMINATIONS, AND OTHER INFORMATION ABOUT TREATMENT ALTERNATIVES OR OTHER HEALTH-RELATED BENEFITS AND SERVICES THAT MAY BE OF INTEREST TO YOU, AS WELL AS COMMUNICATE WITH INDIVIDUALS INVOLVED WITH YOUR CARE OR PAYMENT FOR YOUR CARE.
- **DISCLOSURE TO OUR BUSINESS ASSOCIATES-** SOME SERVICES ARE PROVIDED BY US THROUGH CONTRACTS WITH BUSINESS ASSOCIATES. WHEN THESE SERVICES ARE CONTRACTED FOR, WE MAY DISCLOSE YOUR HEALTH INFORMATION TO OUR BUSINESS ASSOCIATES SO THEY CAN PERFORM THE TASK SPECIFIED IN SAID CONTRACT. TO PROTECT YOUR HEALTH INFORMATION, WE REQUIRE THE BUSINESS ASSOCIATE TO APPROPRIATELY SAFEGUARD ANY INFORMATION WE MAY PROVIDE TO THEM.
- **VICTIMS OF ABUSE, NEGLECT, OR DOMESTIC VIOLENCE-** WE MAY DISCLOSE YOUR HEALTH INFORMATION TO A GOVERNMENT AUTHORITY, SUCH AS A SOCIAL SERVICE OR PROTECTIVE SERVICES AGENCY IF WE REASONABLY BELIEVE YOU ARE A VICTIM OF NEGLECT OR DOMESTIC VIOLENCE.

EXCEPT AS DESCRIBED, WE MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT WRITTEN AUTHORIZATION.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION.

- YOU CAN REQUEST TO RESTRICT CERTAIN USES AND DISCLOSURES OF YOUR HEALTH INFORMATION. WE ARE NOT REQUIRED TO AGREE TO YOUR REQUESTS. YOU CAN ALSO REQUEST TO INSPECT OR OBTAIN A COPY OF YOUR HEALTH INFORMATION. WE MAY CHARGE YOU FOR ANY EXPENSES INCURRED IN THE PROCESS OF FULFILLING YOUR REQUESTS.
- YOU CAN REQUEST THAT YOUR HEALTH INFORMATION BE AMENDED IF IT IS INCORRECT OR INACCURATE. WE ARE NOT REQUIRED TO CHANGE YOUR HEALTH INFORMATION IN CERTAIN CIRCUMSTANCES AND WILL PROVIDE YOU WITH INFORMATION REGARDING THE PROCEDURE FOR ADDRESSING ANY DISAGREEMENT YOU MAY HAVE WITH THE DENIAL OF YOUR REQUEST.
- IF YOU HAVE A REQUEST PERTAINING TO YOUR RIGHTS AS LISTED ABOVE, PLEASE CONTACT US. ALL REQUESTS **MUST** BE IN WRITING. REQUESTS MAY BE SENT TO HOWARD B. KUSHNER O.D., 3 FRANKLIN SQ, 1ST FL, SARATOGA SPRINGS, NY 12866.

PATIENT (OR GUARDIAN) SIGNATURE _____
DATE _____