

Drs. Ryan and Amber Fritsch, O.D.
Precision Eye Care, PLLC
667 South Mt. Juliet Rd, Mt. Juliet TN 37122
(p)615-758-2344 (f)615-758-8868
seeclear@precision-eye.com
Contact: Dr. Amber R. Fritsch dramberfritsch@precision-eye.com



Precision Eye Care
Health. Vision. Style.

NOTICE OF PRIVACY PRACTICES

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.

Treatment, Payment, and Health Care Obligations

The most common reason why we use or disclose your health information is for treatment, payment, or health care operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you; testing or examining your eyes; prescribing glasses, contact lenses, or eye medications and faxing them to be filled; referring you to another doctor or clinic for eye care; or getting copies of your health information from another professional that you may have seen before us. Examples of how we use or disclose your health information for payment purposes are: asking you about your health or vision care plans, or other sources of payment; preparing and sending bills or claims. "Health care operations" mean those administrative and managerial functions that we have to do in order to run our office. We routinely use your health information inside our office for these purposes without any special permission.

Uses and Disclosures for Other Reasons without Permission

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us. Such uses or disclosures are: (1) when a state or federal law mandates that certain health information be reported for a specific purpose; (2) for public health purposes, such as contagious disease reporting, investigation or surveillance, and notices to and from the Federal Drug Administration regarding drugs or medical devices; (3) disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence; (4) uses and disclosures for health oversight activities, such as for the licensing of doctors, for audits by Medicare or Medicaid, or for investigation of possible violation of health care laws; (5) disclosures for judicial and administrative proceedings; (6) disclosures for law enforcement purposes; (7) uses or disclosures for health related research; (8) uses and disclosures to prevent a serious threat to health or safety; (9) disclosures of de-identified information; (10) disclosures relating to worker's compensation programs; (11) disclosures of a "limited data set" for research, public health, or health care operations; (12) incidental disclosures that are an unavoidable by-product of permitted uses or disclosures; (13) disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information. 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.

Other Uses and Disclosures

We will not make any other uses or disclosures of your health information unless you sign a written "authorization form". The content of an "authorization form" is determined by federal law. If we ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization we cannot make or use the disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing.

Your Rights Regarding Your Health Information

The law gives you many rights regarding your health information. You can ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations; ask us to communicate with you in a confidential way; ask to see or get photocopies of your health information; ask us to amend health information if you think that it is incorrect or incomplete; get a list of the disclosures that we have made of your health information within the past six years; and get additional paper copies of this Notice of Privacy Practices upon request.

Complaints

If you think that we have not properly respected the privacy of your 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 contact person at the address, fax, or e-mail shown at the beginning of this Notice.

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

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I received a copy of Precision Eye Care's Notice of Privacy Practices

Patient Name (print): _____

Signature: _____ Date: _____