

# BayAreaRetinaAssociates

M E D I C A L   G R O U P

*Diseases and Surgery of the  
Retina and Vitreous*

**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.**

Each time you visit Bay Area Retina Associates or another healthcare facility, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This notice applies to all of the records of your care generated by the office

## **Our Responsibilities**

We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. We will abide by the terms of this notice and notify you if we cannot agree to a requested restriction. We will accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

## **Uses and Disclosures - How we may use and disclose Medical Information about you**

The following categories describe examples of the way we use and disclose medical information:

### **For Treatment:**

We may use medical information about you to provide you treatment or services. We may disclose medical information about you to doctors, nurses, ophthalmic personnel, visiting medical students, or other office personnel who are involved in taking care of you at the office.

We may also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you.

### **For Payment:**

We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information about your care so they will pay us or reimburse you for the treatment. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.

### **We may also use and disclose medical information:**

To business associates we have contracted with to perform the agreed upon service and billing for it; to remind you that you have an appointment for medical care; to assess your satisfaction with our services; to tell you about possible treatment alternatives; to tell you about health-related benefits or services.

### **Individuals Involved in Your Care or Payment for Your Care:**

We may release medical information about you to a friend or family member who is involved in your medical care or who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

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(800) 573-8462 x 107

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

**Future Communications:**

We may communicate to you via newsletters, mail outs or other means regarding treatment options, health related information, disease-management programs or activities our practice is participating in.

**As required by law, we may also use and disclose health information for the following types of entities, including but not limited to:**

Food and Drug Administration, Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability, Correctional Institutions, Workers Compensation Agents, Organ and Tissue Donation Organizations, Military Command Authorities, National Security and Intelligence Agencies and Law Enforcement/Legal Proceedings: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

**Your Health Information Rights**

Although your health record is the physical property of the healthcare practitioner or the medical group that compiled it, you have the right to:

**Inspect and Copy:**

You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this medical and billing records, but does not include psychotherapy notes. We may deny your request to inspect and copy in certain very limited circumstances.

**Amend:**

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

**An Accounting of Disclosures:**

You have the right to request an accounting of disclosures. This is a list of the disclosures we make of medical information about you.

**Request Restrictions:**

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

**Request Confidential Communications:**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will agree to the request to the extent that it is reasonable for us to do so. For example, you can ask that we use an alternative address for billing purposes.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the hospital by contacting the main number and asking for the Facility Privacy Official or with the Secretary of the Department of Health and Human Services. To file a complaint with the hospital, contact the Privacy Official. All complaints must be submitted in writing. You will not be penalized for filing a complaint.