

NOTICE OF PRIVACY PRACTICES

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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.

THIS NOTICE IS EFFECTIVE 04-15-03 UNTIL FURTHER NOTICE.

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 OPERATIONS

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; calling to let you know your glasses or contact lenses are ready; 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; and collecting unpaid amounts (either ourselves or through a collection agency). "Health care operations" mean those administrative and managerial functions that we have to do in order to run our office. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; and outside storage of our records.

We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside of our offices for these reasons, we will usually ask you for special written permission.

APPOINTMENT REMINDERS

We may call or write to remind you of scheduled appointments, or that it is time to make an appointment. We may mail you an appointment postcard or leave a reminder message on your answering machine if you are not home.

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 will apply to us; some may never come up at our office at all. Such uses or disclosures are:

-EMERGENCY SITUATIONS

In the event of your incapacity or an emergency situation, we will disclose health information to a family member, or another person responsible for your care, using our professional judgement. We will only disclose health information that is directly relevant to the person's involvement with your healthcare.

-REQUIRED BY LAW

We may also use or disclose your health information when we are required to do so by law.

-ABUSE OR NEGLECT

We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your or other people's health or safety.

-NATIONAL SECURITY

We may disclose the health information of Armed Forces personnel to military authorities under certain circumstances. We may disclose health information to authorized federal officials required for lawful intelligence, counterintelligence and other national security activities. We may disclose health information of inmates or patients to the appropriate authorities under certain circumstances.

YOUR AUTHORIZATION

Most uses and disclosures that do not fall under the above categories will require your written authorization. Upon signing, you may revoke your authorization (in writing) through our practice at any time.

MARKETING

We will not use your health information for marketing communication without your written consent.

YOUR RIGHTS AS A PATIENT

You have the right to restrict the disclosure of your protected health information (in writing). The request for restriction may be denied if the information is required for treatment, payment or health care operations.

-You have the right to receive confidential communications regarding you protected health information.

-You have the right to inspect and copy your protected health information.

-You have the right to amend your protected health information.

-You have the right to receive an account of disclosures of your protected health information.

-You have the right to a paper copy of this notice of privacy practices.

LEGAL REQUIREMENTS

Skyline Family Eyecare/Eileen M. Curtin, O.D. is required by law to maintain the privacy of your protected health information. We are required to abide by the terms of this notice as it is currently stated, and reserve the right to change this notice. The policies in any new notice will not be in effect until they are posted to this site, or are available within our office.

COMPLAINTS

If you have complaints regarding the way your protected health information was handled, you may submit a complaint in writing to our office. You will not be retaliated against in any manner for a complaint.

CONTACT INFORMATION

For further information about Skyline Family Eyecare's privacy policies, please contact Dr.Curtin at the address shown at the beginning of this Notice.