ROADRUNNER OPTICAL

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This is required by the Privacy Regulations created as a result of Health Portability and Accountability Act (HIPPA) of 1996. Please review it carefully.

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information. We realize that these laws are complicated, however we must provide you with the following important information, Use and disclosure of your health information in certain special circumstances.

The following circumstances may require us to use or disclose your health information:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. For lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by a law enforcement official.
4. When necessary to reduce or prevent a serious threat to your health and safety or the health of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.
5. If you are a member of the United States or foreign forces (including veterans) and if required by the appropriate authorities.
6. To federal officials for intelligence and national security activities authorized by law.
7. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
8. For Worker's Compensation and similar programs.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

1. You can request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work. We will try to accommodate reasonable requests.
2. You can request a restriction in the use or disclosure of your health information for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care, such as family members and friends We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Roadrunner Optical.
4. You may ask us to amend your health information if you believe it is incorrect or incomplete, as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to Roadrunner Optical. You must provide us with a reason that supports your request for an amendment.
5. **You are entitled to receive a copy of this Notice of Privacy Practices. You may obtain a copy of this notice at any time just by asking one of our staff members.**
6. If you believe that your rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, please contact our Office Manager. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
7. You have the right to obtain a written authorization for uses and other disclosures. We will process your written request for other uses and disclosures that are not identified by this notice or permitted by applicable law.

If you have any questions regarding this notice or other health information privacy policies, please contact us at (928) 445-3808.

By signing this form you acknowledge that you have read and understood the Privacy Practices of our office.

X_____ Date _____