

# 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

This notice applies to the confidential information and records we have about you known as your Personal Health Information, or PHI. We are required by law to maintain the privacy of your PHI. Please review this notice carefully.

### USE OF YOUR PERSONAL HEALTH INFORMATION (PHI)

Your PHI can be used by us for:

- Your comprehensive treatment
- Billing purposes, including third party payers and collections
- Efficient running of our office, including appointment reminders
- Under special situations your PHI may be used without your permission to prevent a serious threat to your health or public safety, if you are an organ donor, as required by local, state, federal or military law, or for worker's compensation.
- With your permission, or using our professional judgement when you are incapable of giving your permission, your PHI may be given to family or friends. No other disclosures will occur without your signed permission.

### YOUR RIGHTS

- You may request restrictions on certain uses and disclosure of your PHI. We may not agree and we cannot take back any disclosures already made.
- You may request to inspect and copy (at a charge) any part of your PHI
  - You may request in writing that your PHI be amended.
  - You have the right to choose how and where you receive your PHI.
- You may request an "accounting of disclosures" made of your PHI for purposes other than treatment, payment and healthcare operations.
  - You have the right to receive a printed copy of this notice.

### COMPLAINTS

If you believe your privacy rights have been violated, you should call the matter to our attention. All requests or complaints should be made in writing to Maas Opticians, Inc. or to the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

### CHANGES TO THIS NOTICE

As permitted by law, we may have to change this notice from time to time which will affect all of your current and future PHI.

THIS NOTICE EFFECTIVE ON APRIL 14, 2003

## Acknowledgement of Receipt of Notice of Privacy Practices

**Maas Opticians, Inc.**  
907 West Seventh Street  
Frederick, MD 21701  
301-662-1451

Patient Name: \_\_\_\_\_

Patient Number: \_\_\_\_\_ Patient Phone Number: \_\_\_\_\_

Patient Address: \_\_\_\_\_

***Signing this document signifies that you have  
received a copy of our Notice of Privacy  
Practices.***

In the course of providing service to you, we create, receive and store health information that identifies you. It is often necessary to use and disclose this health information in order to treat you, to obtain payment for our services, and to conduct healthcare operations involving our office. The ***Notice of Privacy Practices*** you have been given describes these uses and disclosures in detail.

**I acknowledge that I have received the *Notice of Privacy Practices* from Maas Opticians, Inc.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date