

James F. Matthews OD PA

Notice of Privacy Practices

James F. Matthews OD PA may, in accordance with this Notice and without asking for your express consent or authorization, use and disclose your Personal Health Information (PHI) for the purpose of:

- **Treatment:** To health care professionals, whether on our staff or not, so that we may provide, coordinate, plan and manage your health care.
- **Payment:** To get paid for services provided you, we may provide your PHI, directly or through a billing service, to a third party who may be responsible for your care, including insurance companies and health plans.
- **Health Care Operations:** We may need to compile, use and disclose your PHI to evaluate the performance of our personnel in providing care to you.
- **Advice of Appointment and Services:** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Family/Friends:** To a family member, other relative, a close personal friend, or any other person identified by you, of their involvement with your care or the payment for your care.

Other Uses and Disclosures Permitted by Law without your consent or authorization:

- **De-Identified:** Information related to your care but does not identify you.
- **Business Associate:** An entity that assist us in undertaking some essential function such as submitting claims to insurance companies.
- **Personal Representative:** A person who has the authority to represent you in making decision related to your care.
- **Emergency Situations:** For the purpose of obtaining or rendering emergency.
- **Workers' Compensation:** If you are involved in a Workers' Compensation claim to an individual or entity that is part of the Workers' Compensation system.
- **Other State and Federal Agencies as required by Law.**

You have the right to:

- Inspect and copy your PHI as provided by federal law. If request is denied, you have the right to have the denial reviewed as set forth by law.
- Revoke any authorization or consent previously given.
- Request special restrictions on certain uses and disclosures of your PHI and amend your PHI as provided by federal law.
- Receive accounting of disclosures of your PHI as provided by federal law.

I acknowledge receipt of a copy of this Notice and my understanding and my agreement to it terms.

Please print name: _____ Date: _____

Signature: _____

