

Becvar Optometry, L.L.C. Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PROTECTED MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. Becvar Optometry, L.L.C. is permitted to make uses and disclosures of protected health information for treatment, payment, and health care operations, as described in the following examples:
 - a. For treatment.
 - b. For Payment.
 - c. For health care operations.
2. Becvar Optometry, L.L.C. is permitted or required, under specific circumstances, to use or disclose protected health information without the individual's written authorization.
3. Other uses and disclosures will be made only with the Individual's written authorization, and the individual may revoke such authorization.
4. Becvar Optometry, L.L.C. intends to engage in (1) one or more of the following activities:
 - a. Becvar Optometry, L.L.C. may contact the individual to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual or patient.
 - b. A group health plan, or a health insurance issuer or HMO with respect to a group health plan, may disclose protected health information to the sponsor of the plan.
5. The Individual has the following rights regarding protected health information:
 - a. The right to request restrictions on certain uses and disclosures of protected health information. Becvar Optometry, L.L.C. is not required to agree to a requested restriction, however.
 - b. The right to receive confidential communications of protected health information as applicable.
 - c. The right to inspect and copy protected health information, as provided in the Privacy Regulation.
 - d. The right to amend protected health information, as provided in the Privacy Regulation.
 - e. The right to receive an accounting of disclosures of protected healthy information.
 - f. The right to obtain a paper copy of the Notice from the covered entity upon request. This right extends to an individual who has agreed to receive the Notice electronically.
6. Becvar Optometry, L.L.C. is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and Privacy practices with respect to protected health information.
7. Becvar Optometry, L.L.C. is required to abide by the terms of the Notice currently in effect.
8. Becvar Optometry, L.L.C. reserves the right to change the terms of this Notice. The new Notice provisions will be effective for all protected health information that it maintains.
9. Becvar Optometry, L.L.C. will provide individuals or patients with a revised notice upon request.
10. Individuals may complain to Becvar Optometry, L.L.C. and to the Secretary of the Department of Health and Human Services, without fear of retaliation by the organization, if they believe their privacy rights have been violated. A brief description of how the individual may file a complaint follows: Send written request to the contact name and address below.
11. Becvar Optometry, L.L.C.'s contact person for matters relating to complaints is:
 - a. Allen G. Becvar, O.D. and/or Stacy A. Becvar, O.D.
 - b. 1109 Club Village Drive, Ste. 106 Columbia, MO 65203
 - c. Phone: (573) 441-2020
12. This Notice is first in effect on April 14, 2003.
13. Becvar Optometry, L.L.C. elects to limit the uses or disclosures that it is permitted to make, as follows: Only as permitted by HIPAA rules and regulations.

I hereby acknowledge that I have received a copy of Becvar Optometry, L.L.C.'s Notice of Privacy Practices.

(Individual's name)

Date: _____

Becvar Optometry, L.L.C.

Becvar Optometry
1109 Club Village Dr., Ste. 106
Columbia, MO 65203
Ph: (573) 441-2020

Diamond Eyecare
823 Eastland Plaza
Jefferson City, MO 65101
Ph: (573) 893-4223

HIPAA

HIPAA is an acronym for a federal law enacted in 1996, the Health Insurance Portability and Accountability Act. We are required by April 14, 2003 to be compliant. Therefore, we are requesting that you read and sign the attached Privacy Notice. These laws were enacted to protect your health information, service and privacy.

By reading and signing these forms:

1. It enables you as a patient to make informed choices when seeking care and reimbursement for care based on how your personal health information is used.
2. It enables you to find out how your information may be used and what disclosures of your information have been made.
3. It generally limits release of information to the minimum reasonably needed for the purpose of disclosure.
4. It gives you the right to examine and obtain a copy of your health records and request corrections.

By reading and not signing these forms:

1. You will be required to pay for services rendered on that day and file your own insurance claims.
2. We will not be able to remind you or your appointments by phone or by mail.
3. Only written prescriptions can be used. We cannot call to notify your pharmacist of needed medications, nor an optical laboratory of your prescription for lenses.
4. We will not be able to consult with your physician to obtain medical information pertinent to your eye care.
5. We cannot make appointments to other health care providers for any further treatment that may be needed.
6. You lose your right to protect your health information.

We will be happy to answer any questions you have concerning these matters.