

MARCH 1, 2003

PRIVACY POLICY

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED. PLEASE READ IT CAREFULLY.

In compliance with new federal laws, our office is required to inform our patients of privacy policies concerning patient information. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that any health care records and any other identifiable health information disclosed to us in any form be kept confidential. Our office policy is to protect your privacy. Any patient health information will not be released without your permission, except in instances outlined below. HIPAA does not require us to have written permission for treatment, payment, or health care operations provided by this office. Examples of this would be:

- 1) Treatment of injury or prescribing glasses
- 2) Calling to remind you of your appointment, or notifying you in writing that it is time to schedule an appointment.
- 3) Providing information to family or friends that are directly involved in your care.
- 4) Coordination of medical services with other health care providers if deemed necessary.
- 5) Obtaining reimbursement, billing, or collection activities.
- 6) Filing insurance claims on your behalf or verifying coverage and benefits of your insurance.
- 7) Business aspects of running our office, such as customer service issues, or quality assessment.

In addition to routine treatment, payment, and health care operations, your personal information may be disclosed in the following instances:

- 1) As required by federal, state, or local laws
- 2) To report abuse or neglect
- 3) For judicial or law enforcement purposes, including subpoenas
- 4) If there is a serious threat to you or another individual, and then only to a person or organization to help prevent the threat.
- 5) In cases of National Security or a National Epidemic
- 6) U.S. or foreign military forces (including veterans), if required by appropriate authorities.
- 7) Medical Examiner or coroner for identification purposes, to organizations that handle organ donations, if you are an organ donor.

Patient's Rights:

The patient has the right to restrict our uses and disclosures. To request a restriction, send a written request to our office. Other rights include requesting copies of your records, amending your health information, and filing complaints with our office or the U.S. Dept. of Health if you feel your rights have been violated. Complaints can be directed to this office by mail and addressed to Dr. Stuever, 1619 N. 5th, Ponca City, OK 74601. Complaints filed with the U.S. Department of Health should be sent to The U.S. Department of Health and Human Services, Office of Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201