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770-998-3937

LEGAL NOTICE OF PRIVACY POLICIES - HIPAA

This notice describes how your medical information may be used and disclosed as well as how you can gain access to this information. It is important that you review this carefully.

The Health Insurance Portability and Accountability Act (HIPAA) created national standards for the transfer of health care data between health care payers, insurance plans, and providers. Dr. Fowler and associates are required to comply with this law. Dr. Fowler and associates are also required to provide you with a privacy notice that describes their legal duty with respect to your health information, the uses and disclosures that we may make of your health information, and your rights concerning how we may handle your health information. This form will serve as your legal copy of such notice.

THE MOST COMMON WAYS YOUR HEALTH INFORMATION MAYBE BE USED AND DISCLOSED WITHOUT YOUR AUTHORIZATION:

- For treatment of eye disease, vision problems, or other medical concerns that Dr. Fowler and associates refer out for consultations to other physicians when necessary.
- For payment purposes, such as determining insurance eligibility and coverage, benefit coordination, payments of claims, billing and collections, and determining medical necessity.
- For health care operations such as professional review as well as practice management.

OTHER WAYS THE LAW MAY ALLOW OR REQUIRE US TO SHARE YOUR HEALTH INFORMATION WITHOUT YOUR CONSENT:

- When state or federal law mandates the reporting of health information for a specific purpose.
- For public health purposes such as reporting contagious disease or to report a serious public health threat.
- Disclosure to the appropriate authorities in cases of suspected abuse, neglect, or domestic violence.
- For insurance audits.
- Disclosures for law enforcement purposes and judicial or administrative proceedings.
- Disclosures regarding de-identified information.
- Disclosures to “business associates” who perform health care operations for Dr. Fowler and who commit to respect the privacy of your health information.

You may access all health information by calling Hazel Family Eyecare at 770-998-3937 or emailing us at info@hazeleyecare.com. All information requested will be sent within 1-2 business days.

Due to HIPAA laws, doctor’s offices must keep your information confidential. We have given you our policies regarding how we process your information separately. Please sign below stating you have read our statement. Your signature simply represents that we attempted to share with you our HIPAA policies.

Patient/Guardian Name (Printed): _____

Patient/Guardian Name (Signature): _____

Patient Date of Birth: _____

Today's Date: _____

