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Notice of Privacy Practices

This notice describes how your information may be used and disclosed, and how you can access this information. Please review it carefully.

I have always kept your health information secure and confidential. A new law requires us to continue maintaining your privacy, to give you this notice, and to follow the terms of this notice.

The law permits us to use or disclosed your health information.....

1. to those involved in your treatment. For example, your file may be reviewed by a specialist doctor whom we may involve in your care.
2. for payment for our services to you. For example, we may send a report of your services to your insurance company.
3. for our normal healthcare operations. For example, one of our staff will enter your information in our computer.

We may share your information with our business associates, such as billing service. We have a written contract with each business associate that requires them to protect your privacy.

We may use your information to contact you. For example, we may send you newsletters or other information. We will use whatever address and/or telephone numbers(s) you prefer when we contact you. We also want to call you to remind you about your appointments. If you are not at home, we may leave this appointment information on your answering machine or with the person who answers the telephone.

In an emergency, we may disclose your health information to a family member or another person responsible for your care.

We may release your health information when required to do so by law.

If our office is sold, then your information will become the property of the new owner.

You may request in writing that we not use or disclose your health information as describe above. We will let you know if we can fulfill your request.

You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses.

You have the right to transfer copies of your health information to another practice. We will mail your file copies for you upon written request.

You have the right to see and receive a copy of your health information, with a few exceptions.

We must have your written request regarding the information you want to see. If you also want a copy of your records, then we may charge you a reasonable fee for the copies.

You have the right to request a change or an amendment to your health information. We must have your written request to make such changes. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the requested change or amendment, but will be happy to include your written statement in your file. If we agree to an amendment or change, we will not remove not alter earlier documents, but we will add the new information.

You have the right to receive a copy of this notice.

For more information or assistance regarding privacy of your health information, please contact our office at (510)-523-6339, You may file a complaint with the Department of Health and Human Services, 200 Independence Ave, S.W., Room 509F, Washington, DC, 20201. You will not be retaliated against for filing a complaint.

This notice takes effect April 14, 2003.

Acknowledgement

I have received a copy of the Notice of Privacy Practices. **Date** _____

Signed _____ **Print Name** _____

If signing as a parent or guardian, please note the name of the patient here _____