



Lewyckj • Taglia • Felton Eye Clinics

We Care For Your Eyes

[www.ltfeyeclinics.com](http://www.ltfeyeclinics.com)

## LTF Eye Clinics Patient Rights and Responsibilities

LTF Eye Clinics provides ophthalmology surgery services. To promote patient safety, we encourage you to speak openly with your healthcare team, be well-informed, and take part in care decisions and treatment choices. Join us as active members of your health care team by reviewing the rights and responsibilities listed below for patients and patient representatives.

### **You or your designee have the right to:**

#### **Respectful and Safe Care**

- Be given considerate, respectful and compassionate care.
- Be given care in a safe environment, free from abuse and neglect (verbal, mental, physical, or sexual).
- Know the names, roles, and credentials of your health care team.
- Have your culture and personal values, beliefs and wishes respected.
- Be treated without discrimination based on race, color, national origin, age, gender, sexual orientation, gender identity or expression, disability, religion, ethnicity, or language.
- Ask for an estimate of charges before care is provided.

#### **Effective Communication and Participation in Your Care**

- Get information from your doctor/provider about:
  - ♦ Your diagnosis
  - ♦ Outcomes of care
  - ♦ Unanticipated outcomes of care
  - ♦ Instructions for your care after surgery
- Be involved in your plan of care/treatment and involve your family in decisions about care if you chose.
- Refuse care.

#### **Understand Facility Ownership**

- Select a different healthcare facility for your care.
- Understand that your physician may have an ownership interest in this facility.

#### **Informed Consent**

- Give permission (informed consent) before any non-emergency care for procedures requiring informed consent, including risks and benefits of the proposed treatment and alternatives to the proposed treatment.
- Agree or refuse to be part of a research study without affecting your care.
- Agree or refuse to allow pictures or video for purposes other than your care.

#### **Privacy and Confidentiality**

- Have privacy and confidential treatment and communication about your care.
- Be given a copy of our HIPAA Practices

### **You or your designee have the responsibility to:**

- Provide accurate and complete information about your health, address, phone number, date of birth, insurance carrier and employer.
- Provide a responsible adult to stay with you during your surgery and make sure you return home safely (if applicable).
- Notify us if you cannot keep your appointment.
- Be respectful of your healthcare team, including the doctors, nurses, technicians, and support staff.
- Be considerate in language and conduct of other people and property, including others' privacy.
- Be in control of your behavior if you are feeling angry.
- Ask questions if there is anything you do not understand.
- Report unexpected changes in your health.
- Take responsibility for your care and follow post-surgical instructions (if applicable).
- Understand the consequences for refusing care.
- Leave valuables at home. We cannot take responsibility for valuables brought with you to LTF Eye Clinics.
- Keep all information about staff and other patients private.
- Do not use cellphones or other devices to take pictures, videos or recordings without permission from staff.
- Submit payments in a timely manner or contact us to discuss your financial obligations.



**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ CAREFULLY**

*The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a Federal program that requests that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. This Act gives you, the patient, the right to understand and control how your personal health information ("PHI") is used. HIPAA provides penalties for covered entities that misuse personal health information.*

1. As required by HIPAA, we prepared this explanation of how we are to maintain the privacy of your health information and how we may disclose your personal information.
2. We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operation.
3. Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include referring you to a retina specialist.
4. Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collections activities, and utilization review. An example of this would include sending your insurance company a bill for your visit and/or verifying coverage prior to a surgery.
5. Health Care Operations include business aspects of running our practice, such as conducting quality assessments and improving activities, auditing functions, cost management analysis, and customer service. An example of this would be new patient survey cards.
6. We may also create and distribute de-identified health information by removing all reference to individually identifiable information.
7. We may contact you, by phone or in writing, to provide appointment reminders.
8. You may have the following rights with respect to your PHI:
  - The right to request restrictions on certain uses and disclosures of PHI, including those related to disclosures of family members, other relatives, close personal friends, or any other person identified by you. We are, however required to honor a request restriction except in limited circumstances. If we do agree to the restriction, we must abide by it unless you agree in writing to remove it.
  - The right to reasonable requests to receive confidential communications of Protected Health Information by alternative means or at alternative locations.
  - The right to inspect a copy of your PHI.
  - The right to amend your PHI.
  - The right to receive an accounting of disclosures of your PHI.
  - The right to obtain a paper copy of this notice from us upon request.
  - The right to be advised if your unprotected PHI is intentionally or unintentionally disclosed.

We are required by law to maintain the privacy of your Protected Health Information and to provide you the notice of our legal duties and our privacy practice with respect to PHI.

*This notice is effective as of September 1, 2013 and it is our intention to abide by the terms of the Notice of Privacy Practices and HIPAA Regulations currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provision effective for all PHI that we maintain. We will post and you may request a written copy of the revised Notice of Privacy Practice from our office.*