

Notice of Privacy Practices

Insight Vision Center, PLLC

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.

INSIGHT VISION CENTER, PLLC is permitted to make uses and disclosures of protected health information for:

- **Treatment**— i.e.: ordering and obtaining off site tests/results, writing prescriptions, ect.
- **Payment**— i.e.: submitting insurance claims on your behalf for treatment rendered.
- **Health care operations**— i.e.: internal business planning activities and quality of care evaluation.

INSIGHT VISION CENTER, PLLC is permitted or required, under specific circumstances, to use or disclose protected health information without the individual's written authorization, including but not limited to:

- **Disclosures required by law**
- **Disclosures to avert serious threats to health or safety**
- **Disclosures with reference to workers' compensation**

Other uses and disclosures will be made only with the individual's written authorization, and the individual may revoke such authorization. (Please see below for identifying person to whom you would like to allow disclosures of otherwise protected information.)

INSIGHT VISION CENTER, PLLC 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. INSIGHT VISION CENTER, PLLC will routinely contact patients via telephone at home and/or work and, unless otherwise requested, may leave messages on the appropriate voice mail or answering service regarding appointments, test results, etc.

The individual has the following rights regarding protected health information:

- The right to request restrictions on certain uses and disclosures of protected health information. INSIGHT VISION CENTER, PLLC is not required to agree to a requested restriction, however.
- The right to receive confidential communications of protected health information, as applicable.
- The right to inspect and copy protected health information, as provided in the Privacy Regulation.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of disclosures of your protected health information.
- 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.

INSIGHT VISION CENTER, PLLC 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. INSIGHT VISION CENTER, PLLC is required to abide by the terms of the notice currently in effect.

INSIGHT VISION CENTER, PLLC 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. INSIGHT VISION CENTER, PLLC will provide individuals or patients with a revised Notice by posting new regulations in each office.

Individuals may complain to INSIGHT VISION CENTER, PLLC if they believe their privacy rights have been violated. The contact person for matters relating to complaints is:

Francis DiPaolo, M.D.
Privacy Official

Notice first in effect 4.14.2009

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