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**ADVANCED EYE CARE CENTERS OF CLEVELAND, INC.**

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**Carl F. Asseff, MD JD**  
6595 Brecksville Rd. Suite 2  
Independence, OH 44131  
(216) 520-2045

**RECEIPT NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT**

At Advanced Eye Care Centers of Cleveland, Inc., we believe your health information is personal. We keep records of the care and services that you receive at our facility. We are committed to keeping your health information private, and we are also required by law to respect your confidentiality. Our attached Notice of Privacy Practices describes potential uses and disclosures of your health information by our practice and outlines your medical privacy rights.

Sign this form below to acknowledge the following:

- I have received Notice of Privacy Practices for Dr. Carl F. Asseff – Advanced Eye Care Centers of Cleveland, Inc.
- I understand that the Notice of Privacy Practices explains how Advanced Eye Care Centers of Cleveland, Inc. may use and disclose health information that identifies me.
- I consent to let Advanced Eye Care Centers of Cleveland, Inc. use and disclose health information about me as described in the Notice of Privacy Practices. In doing so, I consent to the release of health information about me to my insurer, other third party payers, and any agents or consultants that help Advanced Eye Care Centers of Cleveland, Inc. get paid or assist in my treatment or its health care operations.

Name: (please print)\_\_\_\_\_

Signature: \_\_\_\_\_ Date:\_\_\_\_\_

Name of Personal Representative: (please print)

\_\_\_\_\_  
Signature of Personal Representative:

\_\_\_\_\_  
Date:\_\_\_\_\_

Relationship to Patient:

\_\_\_\_\_

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Independence, OH 44131  
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## NOTICE OF PRIVACY PRACTICES

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

This Notice describes the privacy practices of Carl F. Asseff, MD – Advanced Eye Care Centers of Cleveland, Inc. Our goal is to take appropriate steps to attempt to safeguard any medical or other personal information that is provided to us. The Privacy Rule under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires us to (i) maintain the privacy of medical information provided to us (ii) provide notice of our legal duties and privacy practices, and (iii) abide by the terms of our Notice of Privacy Practices currently in effect.

### **HOW ADVANCED EYE CARE CENTERS OF CLEVELAND, INC. MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

When you become a patient of Dr. Carl F. Asseff, we will use your health information for a variety of purposes. The following categories describe some of the ways that we will use and disclose your health information.

**Required Disclosures.** We are required to disclose health information about you to the Secretary of Health and Human Services, upon request, to determine our compliance with HIPAA and to you, in accordance with your right to access and right to receive and accounting of disclosures, as described below.

**Treatment.** We may use health information about you in your treatment, condition and medical care needs. This may also include conversations with other physicians. For example, we may use your medical history, such as any presence or absence of diabetes, to assess the health of your eyes.

**Payment.** We may use and disclose health information about you to bill for our services and to collect payment from you or your insurance company. For example, we may need to give a payer information about your current medical condition so that it will pay us for the eye examinations or other services that we have furnished you. We may also need to inform your payer of the treatment you are going to receive in order to obtain prior approval or to determine whether the service is covered.

**Health Care Operations.** We may use and disclose information about you for the general operation of our business. These uses and disclosures help us to operate, maintain and improve patient care. For example, we may arrange for auditors or other consultants to review our practices, evaluate our operations and tell us how to improve our services.

**Legal Matters.** We will disclose health information about you outside Advanced Eye Care Centers of Cleveland, Inc. when required to do so by federal, state, or local law, or by the court process. We may disclose health information about you for public health reasons, like reporting births, deaths, child abuse or neglect, reactions to medications or problems with medical products. We may release health information to help control the spread of disease or to notify a person whose health or safety may be threatened. We may disclose health information to a health oversight agency for activities authorized by law, such as for audits, investigations, inspections and licensure.

**Disclosures to Persons Assisting in Your Care or Payment of Your Care.** We may disclose information to individuals involved in your care or in the payment of your care. This includes people and organizations that are part of your “circle of care” – such as your spouse, your other doctors, or an aide who may be providing services to you. We may also use and disclose health information about a patient for disaster relief efforts and to notify persons responsible for a patient’s care about a patient’s location, general condition or death. Generally, we will obtain your verbal agreement before using or disclosing health information in this way. However, under certain circumstances, such as in an emergency situation, we may make these uses and disclosures without your agreement.

**Contacting You.** We may use and disclose health information to reach you about appointments and other matters. We may contact you by mail, telephone or email. We may leave voice messages at the telephone number you provide us with and we may respond to your email address.

**Treatment Alternatives.** We may use and disclose your personal health information in order to tell you about or recommend possible treatment options, alternatives or health-related services that may be of interest to you.

**Worker’s Compensation.** We may use and disclose your personal health information to comply with worker’s compensation law and other similar legally established programs.

**Fundraising.** We may use your protected health information to contact you in an effort to raise funds for our operations.

#### **AUTHORIZATIONS FOR OTHER USES AND DISCLOSURES**

We are required to obtain written authorization from you for any other uses and disclosures of medical information other than those described above. For example, you may want us to release medical information to your employer or to your child’s school. These kinds of uses and disclosures of your health information will be made only with your written authorization. You may revoke the authorization, in writing, at any time, but we cannot take back any uses or disclosures of your health information already made with your authorization.

#### **YOUR RIGHTS REGARDING HEALTH INFORMATION**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**Right to Restrictions.** You have the right to ask for restrictions on the ways we use and disclose your health information for treatment, payment and health care operation purposes. You may also request that we limit our disclosures to persons assisting your care or payment for your care. We will consider the request but we are not required to accept it. You must submit your request in writing.

**Right to Inspect and Obtain Copy.** Except under certain circumstances, you have the right to inspect and copy medical, billing and other records used to make decisions about you. If you ask for copies of this information, we may charge you a fee for copying and mailing.

**Right to Amend.** If you believe that information in your records is incorrect or incomplete, you have the right to ask us to correct the existing information or add missing information. Under certain circumstances, we may deny your request, such as when the information is accurate and complete.

**Right to Accounting.** You have a right to receive a list of certain instances when we have used or disclosed your medical information. We are not required to include in the list uses and disclosures for your treatment, payment for services furnished to you, our health care operations, disclosures to you, disclosures you give us authorization to make and uses and disclosures before April 14, 2003, among others. If you ask for this information from us more than once every twelve months, we may charge you a fee.

**Right to Request Confidential Communications.** You have the right to request that you receive communications containing your protected health information from us by alternative means or at alternative locations. For example, you may ask that we only contact you at home or by mail.

**Right to a Paper Copy of this Notice.** You have the right to a copy of this notice in paper form. You may ask us for a copy at any time.

To exercise your rights, please contact us in writing at: Dr. Carl F. Asseff, MD, Advanced Eye Care Centers of Cleveland, Inc., 6595 Brecksville Road, Suite 2, Independence, Ohio, 44131. When making a request for amendment, you must state a reason for making the request.

#### **CHANGES TO THIS NOTICE**

We reserve the right to make changes to this notice at any time. We reserve the right to make the revised notice effective for personal health information we have about you as well as any information we receive in the future. In the event there is a material change to this notice, the revised notice will be posted. In addition, you may request a copy at any time.

#### **COMPLAINTS/COMMENTS**

If you have any complaints or comments concerning our privacy practices, you may contact the Secretary of the Department of Health and Human Services, at 200 Independence Avenue SW, Room 509F, HHH Building, Washington DC 20201 (e-mail: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)) You may also contact us at Advanced Eye Care Centers of Cleveland, Inc., 6595 Brecksville Road, Suite 2, Independence, Ohio, 44131, (216) 520-2045.

***You Will Not Be Retaliated Against Or Penalized By Us For Filing A Complaint.***

To obtain more information, concerning this notice, you may contact our Privacy Officer at Advanced Eye Care Centers of Cleveland, Inc., 6595 Brecksville Road Suite 2, Independence, OH 44131, (216)520-2045.

This notice is effective as of March 19<sup>th</sup>, 2005.