



HIPAA Authorization & Notice of Privacy Practices Policy

Illinois Eye Associates
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POWERED BY
The Abyde logo consists of a blue checkmark symbol followed by the word "Abyde" in a blue, sans-serif font.

HIPAA AUTHORIZATION FORM & NOTICE OF PRIVACY PRACTICES POLICY

Section 164.502(i)

PURPOSE

The purpose of implementing the following HIPAA Authorization Form and Notice of Privacy Practices Policy is to ensure Illinois Eye Associates informs patients of their rights pertaining to the authorized release and security of their protected health information.

POLICY

Illinois Eye Associates mandates that all patients are provided a Notice of Privacy Practices as well as sign a HIPAA Authorization Form before being treated. Illinois Eye Associates acknowledges however that patients may choose not to sign a HIPAA Authorization Form, and that Illinois Eye Associates must still provide treatment to patients who refuse to sign. If refused, Illinois Eye Associates will note within the patient's file that the authorization form was provided and that the patient chose not to sign for their records.

Illinois Eye Associates will also link a copy of Illinois Eye Associates's Notice of Privacy Practices from their website, if applicable, and will ensure that this link is easily accessible to potential and current patients (typically, on the website's homepage).

Illinois Eye Associates is required to provide the Notice of Privacy Practices in plain language that describes:

- How Illinois Eye Associates may use and disclose protected health information about a patient.
- How Illinois Eye Associates may contact the patient.
- The patient's rights with respect to the information and how they may exercise these rights, including how they may complain to Illinois Eye Associates.
- The legal duties of Illinois Eye Associates with respect to the information, including a statement that Illinois Eye Associates is required by law to maintain the privacy of protected health information.



- Whom patients can contact for further information about the policies and procedures of Illinois Eye Associates - This contact is Lindsey Rector
- The notice must also include an effective date.

