

Rufaro Mudzinganyama and Associates/Notice of Privacy Practice

Effective Date: May 17th 2024 (Optometrists)

This Notice outlines the ways in which your medical information may be utilized and shared, as well as how you can access this information.

'Rufaro Mudzinganyama and Associates' are legally obligated to safeguard the privacy of your health information, adhere to the terms outlined in this Notice, and furnish you with a clear understanding of our legal obligations and privacy practices regarding your health information. We will not utilize or disclose your medical information without your written consent, except as specified in this Notice. We retain the right to modify our practices and this Notice, with any changes applying to all medical information in our possession. Upon request, we will provide you with an updated notice.

How 'Rufaro Mudzinganyama and Associates' Me Use or Disclose Your Health Information.

'Rufaro Mudzinganyama and Associates' protects the privacy of your health information. The law permits 'Rufaro Mudzinganyama and Associates' to use or disclose your health information for the following purposes.

1. For Treatment, Payment, and Routine Health Care Operations: The Vision Center will utilize information to deliver prescription ophthalmic goods and services, bill your insurance if applicable, and maintain service records. Additionally, information will be provided to you upon request.
2. As required by law, we may use and disclose your health information to Public Health Officials, Law Enforcement, Health Oversight Activities (such as audits and investigations), Judicial and Administrative bodies, in cases involving deceased persons, for Worker Compensation programs, and to the Food & Drug Administration (FDA) for reporting adverse drug events and quality issues. Additionally, your health information may be disclosed in circumstances involving a serious threat to your health or safety, national security concerns, military or veteran status, or if you become an inmate in a correctional facility.
3. Personal Communications: We may reach out to you for appointment reminders, annual eye examination notifications, and other pertinent information regarding treatment options, alternative health-related benefits, and services that might be beneficial to you. Additionally, we may communicate with individuals involved in your care or responsible for payment.
4. Disclosure to Our Business Associates: We engage in contracts with business associates to provide certain services. In these cases, we may share your health information with these associates so they can fulfill their responsibilities and bill you or your third-party payer for services rendered. To safeguard your health information, we mandate that our business associates uphold appropriate measures for its protection.
5. Victims of Abuse, Neglect, or Domestic Violence: We may share your health information with government authorities, like social services or protective agencies, if we reasonably suspect that you are a victim of abuse, neglect, or domestic violence.

Marketing Communications: We require your written authorization before using your health information to send you any marketing materials. However, we may communicate with you regarding products or services related to your treatment, care, alternative treatments, or providers without requiring authorization.

When 'Rufaro Mudzinganyama and Associates' May not use, or Disclose your Health Information

Except as outlined in this Notice of Privacy Practices, 'Rufaro Mudzinganyama and Associates' will not utilize or disclose your health information without your written consent. If you do provide authorization for 'Rufaro Mudzinganyama and Associates' to use or disclose your health information for another purpose, you have the right to revoke this authorization in writing at any time.

You have the following rights with respect to your health information.

1. You are entitled to request limitations on specific uses and disclosures of your health information. To do so, you must fill out the "Restriction of Use of Patient Information" form. Please note that any restrictions will only apply to the facilities where you receive services.
2. You have the right to access and obtain copies of your health information held by the Vision Center, typically including prescription and billing records. To do so, please fill out a "Request Medical Records Release" form and submit it to the location where you received services. There may be a fee for copying, mailing, or other necessary supplies associated with fulfilling your request. In some cases, we may deny your request, but you can request a review of any denial.
3. You are entitled to request amendments to any incorrect or incomplete health information held by Rufaro Mudzinganyama and Associates. To initiate this process, please complete a "Request to Amend Medical Records" form at the service location. While we are not obligated to amend your health information, we will inform you of the procedure to address any disagreement with our decision.
4. You are entitled to receive a record of disclosures of your health information made by us since January 1, 2016, except for those related to treatment, payment, healthcare operations, information provided to you, and certain government functions. To request this record, please complete a "Request for Accounting of Disclosures" form and send it to the address provided below. You may specify a timeframe, not exceeding six years. We will inform you of any associated costs, and you can adjust or withdraw your request accordingly.
5. You have the option to request communication of your health information through alternative means or at different locations. For instance, you can ask us to communicate medical matters only in writing or to a different address. To request confidential communication, complete a "Request for Alternative Communication" form at the service location, specifying your preferred method and location for communication. We will accommodate all reasonable requests.

To exercise any of these rights, please reach out to the service location or submit a written request to Rufaro Mudzinganyama and Associates.

Changes to this Notice of Privacy Practices

Rufaro Mudzinganyama and Associates reserve the right to amend this Privacy Notice at any time in the future. However, until such an amendment is made, we are legally obligated to comply with this Notice.

For More Information or to Report a Problem.

If you have any questions or need further information regarding our privacy practices, please contact the HIPAA Coordinator at the address provided above. If you believe your privacy rights have been violated, you can file a written complaint using our form with HIPAA Privacy at 922 W. Walnut, Rogers, AR 72756-3540, or with the Secretary of Health and Human Services.