

HIPAA - Patient Privacy Policy

PATIENT AUTHORIZATION FOR APPT REMINDERS & SCHEDULING RELATED MATTERS

It is our desire for our staff to use your name, address and/or telephone number for the purpose of contacting you to remind you about scheduled appointments or other appointment related issues, billing questions, or account questions.

PATIENT AUTHORIZATION REGARDING OPTOMETRIC CARE BEING PROVIDED IN AN "OPEN-DOOR" ENVIRONMENT

Optometric care in this office is provided in an "open-door" environment. An "open-door" approach involves the doctor moving from patient care area to patient care area and leaving the doors between patient care areas open. As a result, patients are occasionally within sight of one another and some ongoing routine details of care are discussed within earshot of other patients and staff.

We are requesting this authorization of you due to various interpretations under federal law with respect to what is known as "incidental disclosures" of health information. It is our view that the kinds of matters related in an "open-door" environment are incidental matters, in the event you or someone else would not agree with us, we are providing this disclosure and requesting your authorization.

I also authorize that any of my family members can pick up my glasses or contact lenses prescriptions if so instructed.

The use of this information is intended to make your experience with our office more efficient and productive as well as to enhance your access to quality health care. If you choose not to be in an "open-door" environment, other arrangements will be made for you. Your decision will have no adverse effect on your care from Dr. Chiu or on your relationship with our staff. Your signature indicates your authorization of this activity.

ACKNOWLEDGMENT OF RECEIPT OF PRIVACY PRACTICES

I AGREE TO Dr. Kenneth Chiu & Associates' Patient Privacy Policy.

Name (Printed)

Signature

Date

Dr. Kenneth Chiu & Associates
Optometrists

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