

**GULANI VISION INSTITUTE**  
**ARUN C. GULANI, M.D., M.S.**

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

In 1996, the federal government set forth new guidelines to protect patients' right to privacy. It is important to us, that you understand your rights according to the Health Insurance Portability and Accountability Act (HIPAA). The responsibility of Gulani Vision Institute is to guard your privacy. It is our duty to maintain the privacy of your Protected Health Information (PHI).

PHI (protected health information) may be used to carry out treatment, payment or healthcare operations in our practice. You have the right to review this notice prior to signing it and not to sign it. If unsigned, you understand this office may choose not to render treatment. Our practice has the right to change privacy practices and the terms of the notice may change and be revised.

Your health information may be used to help treat your disease or problem and it may be disseminated to other health care providers in your best interest to help provide you with excellent health care. PHI may also be used in communicating with other doctors who are taking care of you, insurance companies for payment and for our internal operations.

Though your eye health is your own prime responsibility and it is important that you follow up on your appointments and reach us in case of any confusion or emergency, Gulani Vision Institute may if needed (this does not replace your own responsibility) send post-card reminders for appointment dates, may contact you by phone, may leave voice messages and send out emails. With your consent we will also send patient statements to your home or other designated location as long as they are marked Personal and Confidential. By your signature below, you authorize us to use and disclose information about you to help in your treatment. All other uses and disclosures will be made only with your approval.

Sometimes patient care is provided in an open treatment area. While special care is taken to maintain patient privacy others may overhear some patient information while receiving treatment. Should you be uncomfortable with this, please bring this to the attention of our privacy officer.

Our patients have the right to request restrictions on uses and disclosure of PHI (protected health information) for the purpose of treatment, payment and healthcare operation purposes. Should our patients choose to revoke this consent, it must be given in writing to the practice, i.e. should the patient choose to limit how his or her personal health care information is disseminated for the purpose of treatment, payment and healthcare operation. However, the Institute is not required to agree to your requested restriction.

You may also revoke this authorization in writing to Dr. Gulani.

Though our track record of satisfied patients worldwide is legend, if for any reason you feel your privacy has been violated, you have the right to make a complaint to our institute. We respect your right to file a complaint and there will be no retaliation in doing so. Please report any such violations to:

Administrator: Gulani Vision Institute  
8075 Gate Parkway W. Ste. 102  
Jacksonville, FL 32216

If you would like further information about our privacy policies and practices, please contact:

Gulani Vision Institute  
8075 Gate Parkway W. Ste. 102  
Jacksonville, FL 32216  
(904)-296-7393

This notice is effective May 5, 2020.