

MEDICAL EYE ASSOCIATES, PA

Notice Of Privacy Practices

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT PATIENTS OF MEDICAL EYE ASSOCIATES, PA MAY BE USED AND DISCLOSED, AND HOW ALL INDIVIDUALS CAN GET ACCESS TO INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO PRIVACY

Our organization is dedicated to maintaining the privacy of individually identifiable health information (IIHI). In conducting our business, we will create records regarding patients and the services/benefits that we provide to you. We are required by law to maintain the confidentiality of all health information that identifies our patients. We also are required by law to provide patients with this notice of our legal duties and the privacy practices that we maintain in our organization concerning IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide patients with the following important information:

- How we may use and disclose your IIHI
- Patients' privacy rights with respect to their IIHI
- Our obligations concerning the use and disclosure of your IIHI

The terms of this notice apply to all records containing your IIHI that are created or retained by our organization. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all records that our organization has created or maintained in the past, and for any records that we may create or maintain in the future. Patients may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Cindy Hinnant, Practice Manager
252-291-7008
chinnant@medicaleyenc.com

C. WE MAY USE AND DISCLOSE INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS

The following categories describe the different ways in which we may use and disclose IIHI.

1. Treatment. Our organization may use IIHI to treat patients. We may use or disclose IIHI to health care providers in order to assist them in providing care and treatment. Additionally, we may disclose IIHI to others who may assist in the provision of care of patients and such as spouse, children, or parents.

2. Payment. Our organization may use and disclose your IIHI in order to bill and collect payment for the healthcare services for which we are financially responsible. For example, we may contact a health insurer to certify eligibility for benefits (and for what range of benefits), and we may provide an insurer with details regarding treatment to determine if the insurer will cover, or pay for your treatment. We also may use and disclose IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use IIHI to bill you directly for services and items. We may disclose your IIHI to health care providers and entities to assist in their billing and collection efforts.

3. Health Care Operations. Our organization may use and disclose IIHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our organization may use your IIHI to evaluate the quality of care you received from caregivers whom we recommended, or to conduct cost-management and business planning activities for our practice. We may disclose your IIHI to health care providers and entities to assist in their health care operations.

4. Appointment Reminders. Our organization may use and disclose your IIHI to contact you and remind you of an appointment.

5. Treatment Options. Our organization may use and disclose your IIHI to inform you of potential treatment options or alternatives.

6. Release of Information to Family/Friends. Our organization may release your IIHI to a friend or family member that is involved in your care, or who assists in taking care of you.

7. Disclosures Required by Law. Our organization will use and disclose your IIHI when we are required to do so by federal, state or local law.

D. USE AND DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. Public Health Risks. Our organization may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of:

- maintaining vital records, such as births and deaths
- reporting child abuse or neglect
- preventing or controlling disease, injury or disability
- notifying a person regarding potential exposure to a communicable disease
- notifying a person regarding a potential risk for spreading or contracting a disease or condition
- reporting reactions to drugs or problems with products or devices
- notifying individuals if a product or device they may be using has been recalled
- notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
- notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. Health Oversight Activities. Our organization may disclose your IIHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and Similar Proceedings. Our organization may use and disclose your IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. Law Enforcement. We may release IIHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death, we believe has resulted from criminal conduct
- Regarding criminal conduct at our offices
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

5. Organ and Tissue Donation. Our organization may release your IIHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

6. Research. Our organization may use and disclose your IIHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your IIHI for research purposes except when an Institutional Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following: (i) the use or disclosure involves no more than a minimal risk to your privacy based on the following: (A) an adequate plan to protect the identifiers from improper use and disclosure; (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (C) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (ii) the research could not practicably be conducted without the waiver; and (iii) the research could not practicably be conducted without access to and use of the PHI.

7. Serious Threats to Health or Safety. Our organization may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

8. Military. Our organization may disclose your IIHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

9. National Security. Our organization may disclose your IIHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your IIHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

10. Inmates. Our organization may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

11. Workers' Compensation. Our organization may release your IIHI for workers' compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR IIHI

You have the following rights regarding the IIHI that we maintain about you:

1. Confidential Communications. You have the right to request that our organization communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to Cindy Hinnant, Practice Manager at 1707 Medical Park Drive W, Wilson, NC 27893 specifying the

requested method of contact, or the location where you wish to be contacted. We will accommodate **reasonable** requests. You do not need to give a reason for your request.

2. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your IIHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request** unless the disclosure is to a health plan for purposes of payment for healthcare services or healthcare operations. In this case we must agree to your request; however, you must have paid us in full “out of pocket” in order for us to grant the disclosure. We are not required to agree to your request if it relates to your treatment; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your IIHI, you must make your request in writing to Cindy Hinnant, Practice Manager at 1707 Medical Park Drive W, Wilson, NC 27893. Your request must describe in a clear and concise fashion:

- (a) the information you wish restricted;
- (b) whether you are requesting to limit our practice’s use, disclosure or both; and
- (c) to whom you want the limits to apply.

3. Inspection and Copies. You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Cindy Hinnant, Practice Manager at 1707 Medical Park Drive W, Wilson, NC 27893 in order to inspect and/or obtain a copy of your IIHI. Our organization may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our organization may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our organization. To request an amendment, your request must be made in writing and submitted to Cindy Hinnant, Practice Manager at 1707 Medical Park Drive W, Wilson, NC 274893. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the IIHI kept by or for the practice; (c) not part of the IIHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of Disclosures.

All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of disclosures our organization has made of your IIHI. In order to obtain an accounting of disclosures, you must submit your request in writing to Cindy Hinnant, Practice Manager at 1707 Medical Park Drive W, Wilson, NC 27893. All requests for an “accounting of disclosures” must state a time period, which may not be longer than three (3) years from the date of your request. The first list you request within a 12-month period is free of charge, but our organization may charge you for additional lists within the same 12-month period. Our organization will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact Cindy Hinnant, Practice Manager at 1707 Medical Park Drive W, Wilson, NC 27893.

7. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our organization or with the Secretary of the Department of Health and Human Services. To file a complaint with our organization, contact Cindy Hinnant, Practice Manager at 1707 Medical Park Drive W, Wilson, NC 27893. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

8. Right to Provide an Authorization for Other Uses and Disclosures. Our organization will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your IIHI for the reasons described in the authorization. Please note we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact Cindy Hinnant, Practice Manager at 252-291-7008.

Effective Date: _____ 01/01/2013 _____