

NOTICE OF PRIVACY POLICIES

For **Adairsville Eye Associates** Signature: _____

Date: _____

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

Introduction

We are committed to treating and using protected health information about you responsibly. This notice of Health Information Practices describes the personal information we collect and how we disclose this information. It also describes your rights as they relate to your protected health information. This Notice applies to all protected health information as defined by federal regulations.

Uses and Disclosures

- We are permitted to use or disclose your health information **for treatment purposes**. For example, we may provide health information to another doctor or other health care providers to assist them in treating you or dispensing your eyeglasses or lenses.
- We are permitted to use or disclose your health information **for payment**. A bill may be sent to you or a third-party payor such as an insurance carrier. The information on or accompanying the bill may include information that identifies you as well as your diagnosis, procedures and supplies used.
- We are permitted to use or disclose your health information **for regular health operations**. For example, we may use information in your health record for quality control purposes or other administrative purposes to continually improve the quality and effectiveness of the healthcare services we provide. In addition, we may also use your name, address, phone number and clinical records to contact you to provide appointment reminders, recall cards, thank you cards, information about treatment alternatives, or other health related information that may be of interest to you. If you are not available to receive an appointment reminder or other message, a message will be left for you at your contact numbers given to us.

You have the right to refuse to give us authorization to contact you for appointment reminders, recall cards, thank you cards, information about treatment alternatives, or other health related information. If you do not give us authorization to contact you, it will not affect the treatment we provide to you or the methods we use to obtain reimbursement for your care.

Permitted Uses and Disclosures Without Your Consent or Authorization

Under federal law we are permitted to use or disclose your health information without your consent or authorization in these following circumstances:

- We are permitted to use or disclose your health information if we are providing health care services to you based on the orders of another health care provider.
- We are permitted to use or disclose your health information if we provide health care services to you as an inmate.
- We are permitted to use or disclose your health information if we provide health care services to you in an emergency.
- We are permitted to use or disclose your health information if we are required by law to treat you and we are unable to obtain your consent after attempting to do so.
- We are permitted to use or disclose your health information if there are substantial barriers to communicating with you, but in our professional judgment, we believe that you intend us to provide care.

Other than the circumstances described in the preceding five examples, any other use or disclosure of your health information will be only be made with your written authorization.

Your Health Information Rights

Although your health record is the physical property of this practice, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information upon request,
- Inspect and copy your health record as provided for in CFR 164.524,
- Amend your health record as provided in 45 CFR 164.528,
- Obtain an accounting for disclosures of your health information as provided in 45 CFR 164.528,
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information as provided by 45CFR 164.522,
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

Our practice is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our privacy practices change, we will notify you in writing the next time you come in for treatment. We will not use or disclose your health information without your authorization except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation or the authorization according to the procedures included in the authorization.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact our Privacy Officer at (770) 773-1584.

Other Forms of Disclosure

Business Associates:

There are some services provided in our organization that utilize outside agencies. These include software support vendors, electronic clearinghouses and other forms of business associates that provide us a service. To protect your health information, we require each of our business associates to sign a contract with our organization stating they will safeguard your information.

Notification:

We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general information.

Communication with Others:

We may disclose to a family member, other relative, close personal friend or any person you identify; health information relevant to that person's involvement in your care, payment related to your care, or for appointment reminders.

Federal and State Agencies:

As required by law we may disclose health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law Enforcement:

We may disclose health information for law enforcement purposes by law or in response to a valid subpoena.