

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

\*\*\*\*\*

PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

\*\*\*\*\*

**OUR THOUGHTS ABOUT YOUR PROTECTED HEALTH INFORMATION:** We understand that your medical information is personal to you, and we are committed to protect the information about you. As our patient, we create paper and electronic medical records about your health. Your eye care as well as your protected health information is our number one concern. We need this record to provide for your care and to comply with certain legal requirements.

**OUR LEGAL DUTY:** We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in the Notice while it is in effect. This Notice takes effect (04/15/03), and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

### **USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE**

**OPERATIONS:** The following categories describe the different ways we may use and disclose PHI for treatment, payment, or health care operations. The examples included in each category do not list every use or disclosure that may fall within that category.

**MEDICAL TREATMENT:** After surgery, we provide group post-op instructions before you see your doctor. We use previously given medical information about you to provide you with current or prospective medical treatment services. Therefore, we may, and most likely will, disclose medical information about you to other doctors, nurses, technicians, hospital personnel, Opticians, and Optical staff who are involved in your eye care. For example, a doctor to whom we refer you for ongoing or further care may need a copy of your medical records. We will share only the "minimum necessary" information to handle the task.

Different areas of the Practice also may share medical information about you including your record, prescriptions, both medical and optical, requests for lab work, and x-rays. We also may discuss your medical information with you to recommend possible treatment options or alternatives that may be of

interest to you. We also may disclose medical information about you to people outside the Practice who may be involved in your medical care after you leave the Practice; this may include your family members, or other personal representatives authorized by you or a legal mandate (a parent, guardian, or other person who has been named to handle your medical decisions for you, should you become incompetent). We may give the date of your next visit, as well as the finished paperwork finished by your doctor to be returned to your nursing facility. If you fail your driver's test, it may be necessary for us to give information either verbally or written to the Division of Motor Vehicles on your behalf to secure your driver's license. If you are applying for disability, we may have to give information about your health, in order for you to secure the disability you are applying for. If you need assistance of the Blind Commission, we may have to share your medical information with them.

**PAYMENT**: We may use and disclose PHI so that we may bill and collect payment for the treatment and services provided to you. Before providing treatment or services, we may share details with your health plan concerning the services you are scheduled to receive. For example, we may ask for payment approval from your health plan before we provide care or services. We may use and disclose PHI to find out if your health plan will cover the cost of care or services. We may use and disclose PHI to confirm you are receiving the appropriate amount of care to obtain payment for services. We may use and disclose PHI for billing, claims management, and collection activities. We may use and disclose PHI to insurance companies providing you with additional coverage. We may use and disclose PHI to consumer reporting agencies relating to collection of payments owed to us.

We may also disclose PHI to another health care provider or to a company or health plan required to comply with the HIPPA Privacy Rule for the payment activities of that health care provider, company, or health plan. For example, we may allow a health insurance company to review PHI for the insurance company's activities to determine the insurance benefits to be paid for your care.

**HEALTH CARE OPERATIONS**: We may use and disclose PHI in performing business activities that are called health care operations. Health care operations include doing things that allow us to improve the quality of care we provide and to reduce health care costs. We may use and disclose PHI about you in the following health care operations:

- ◆ Reviewing and improving the quality, efficiency and cost of care that we provide to our patients. For example, we may use PHI about you to develop ways to assist our physicians and staff in deciding how we can improve the medical treatment we provide to others.
- ◆ Improving health care and lowering costs for groups of people who have similar health problems and helping to manage and coordinate the care for these groups of people. We may use PHI to identify groups of people with similar health care problems to give them information, for instance, about treatment alternatives and educational classes.
- ◆ Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you and our other patients.
- ◆ Providing training programs for students, trainees, health care providers, or non-health care professionals (for example, billing personnel) to help them practice or improve their skills.
- ◆ Cooperating with outside organizations that assess the quality of the care that we provide.
- ◆ Cooperating with outside organizations that evaluate, certify, or license health care providers or staff in a particular field or specialty. For example, we may use or disclose PHI so that one of our technicians may become certified as having expertise in a specific field of medicine.

- ◆ Cooperating with various people who review our activities. For example, PHI may be seen by doctors reviewing the services provided to you, and by accountants, lawyers, and others who assist us in complying with the law and managing our business.
- ◆ Assisting us in making plans for our practice's future operations.
- ◆ Resolving grievances within our practice.
- ◆ Reviewing our activities and using or disclosing PHI in the event that we sell our practice to someone else or combine with another practice.
- ◆ Business planning and development, such as cost-management analyses.
- ◆ Business management and general administrative activities of our practice, including managing our activities related to complying with the HIPPA Privacy Rule and other legal requirements.
- ◆ Creating "de-identified" information that is not identifiable to any individual, and disclosing PHI to a business associate for the purpose of creating a de-identified information, regardless of whether we will use the de-identified information.
- ◆ Creating a "limited data set" of information that does not contain information directly identifying a patient. Our ability to disclose this information to others under limited conditions is discussed later in this Notice.

If another health care provider, company, or health plan that is required to comply with the HIPPA Privacy Rule also has or once had a relationship with you, we may disclose PHI about you for certain health care operations of that health care provider or company. For example, such health care operations may include: reviewing and improving the quality, efficiency, and cost of care provided to you; reviewing and evaluating the skill, qualifications, and performance of health care providers; providing training programs for students, trainees, health care providers, or non-health care professionals; cooperating with outside organizations that evaluate, certify, or license health care providers or staff in a particular field or specialty; and assisting with legal compliance activities of that health provider or company.

We may also disclose PHI for the health care operations of any "organized health care arrangement" in which we participate. An example of an organized health care arrangement is the joint care provided by a hospital and the physicians who see patients at the hospital.

**APPOINTMENT AND PATIENT RECALL REMINDERS:** We may use and disclose medical/personal information to contact you as a reminder or your appointment or that you are due to receive periodic care from the practice. This contact may be by phone, either at home or at work, in writing, leaving a message on your answering machine, or otherwise which could be received or intercepted by others.

## **OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION FOR WHICH YOU HAVE THE OPPORTUNITY TO AGREE OR OBJECT:**

**INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE:** We may use and disclose PHI about you in some situations where you have the opportunity to agree or object to certain uses and disclosures of PHI about you. If you do not object, we may make these types of uses and disclosures of PHI.

- ◆ We may disclose PHI about you to your family member, close friend or any other person identified by you if that information is directly relevant to the person's involvement in your care or payment for your care.
- ◆ If you are present and able to consent or object (or if you are available in advance), then we may only use or disclose PHI if you do not object after you have been informed of your opportunity to object.
- ◆ If you are not present or you are unable to consent or object, we may exercise professional judgment in determining whether the use or disclosure of PHI is in your best interests. For example, if you are brought into this office and are unable to communicate normally with your physician for some reason, we may find it is in your best interest to give your prescription and other medical supplies to the friend or relative who brought you in for treatment.
- ◆ We may also use and disclose PHI to notify such persons of your location, general condition, or death. We also may coordinate with disaster relief agencies to make this type of notification.

- ◆ We may also use and disclose PHI to notify such persons of your location, general condition, or death. We also may coordinate with disaster relief agencies to make this type of notification.
- ◆ We may also use professional judgment and our experience with common practice to make reasonable decisions about your best interests in allowing a person to act on your behalf to pick up filled prescriptions, medical supplies, X-rays, or other things that contain PHI about you.

**OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT:** We may use and disclose PHI about you in the following circumstances without your authorization or opportunity to agree or object, provided that we comply with certain conditions that may apply.

**REQUIRED BY LAW:** We may use and disclose PHI as required by federal, state, or local law to the extent that the use or disclosure complies with the law and is limited to the requirements of the law.

**PUBLIC HEALTH ACTIVITIES:**

We may use or disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health, including the following activities:

- ◆ To prevent or control disease, injury, or disability;
- ◆ To report disease, injury, birth, or death;
- ◆ To report child abuse or neglect;
- ◆ To report reactions to medications or problems with products or devices regulated by the federal Food and Drug Administration (FDA) or other activities related to quality, safety, or effectiveness of FDA-regulated products or activities;
- ◆ To locate and notify persons of recalls of products they may be using;
- ◆ To report to your employer, under limited circumstances, information related primarily to workplace injuries or illnesses, or workplace medical surveillance.

**ABUSE, NEGLECT, OR DOMESTIC VIOLENCE:** We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse, or neglect.

**HEALTH OVERSIGHT ACTIVITIES:** We may disclose PHI to a health oversight agency for oversight activities including, for example, audits, investigations, inspections, licensure and disciplinary activities, and other activities conducted by health oversight agencies to monitor the health care system, government health care programs, and compliance with certain laws.

**LAWSUITS AND OTHER LEGAL PROCEEDINGS:** We may use or disclose PHI when required by a court or administrative tribunal order. We may also disclose PHI in response to subpoenas, discovery requests, or other required legal process when efforts have been made to advise you of the request or to obtain an order protecting the information requested.

**LAW ENFORCEMENT:** Under certain conditions, we may disclose PHI to law enforcement officials for the following purposes where the disclosure is:

- ◆ About a suspected crime victim if, under certain limited circumstances, we are unable to obtain a person's agreement because of incapacity or emergency;
- ◆ To alert law enforcement of a death that we suspect was the result of criminal conduct; required by law;
- ◆ In response to a court order, warrant, subpoena, summons, administrative agency request, or other authorized process;
- ◆ To identify or locate a suspect, fugitive, medical emergency not occurring at the office, if necessary to report a crime, including the nature of the crime, the location of the crime or the victim and the identity of the person who committed the crime.

**CORONERS, MEDICAL EXAMINERS, FUNERAL DIRECTORS:** We may disclose PHI to a coroner or medical examiner to identify a deceased person and determine the cause of death. In addition, we may disclose PHI to funeral directors, as authorized by law, so that they may carry out their jobs.

**ORGAN AND TISSUE DONATION:** If you are an organ donor, we may use or disclose PHI to organizations that help procure, locate, and transplant organs in order to facilitate an organ, eye, or tissue donation and transplantation.

**RESEARCH:** Under certain circumstances, we may use and disclose medical information about you for research purposes regarding medications, efficiency of treatment protocols and the like. All research projects are subject to an approval process, which evaluates a proposed research project and its use of medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We will obtain an Authorization from you before using or disclosing your individually identifiable health information unless the authorization requirement has been waived. If possible, we will make the information non-identifiable to a specific patient. If the information has been sufficiently de-identified, and authorization for the use or disclosure is not required. These instances are rare.

**MARKETING HEALTH-RELATED SERVICES:** We will use or disclose your health information when we are required to do so by law.

**TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY:** We may use or disclose PHI about you in limited circumstances when necessary to prevent a threat to the health or safety of a person or to the public. This disclosure can only be made to a person who is able to help prevent the threat.

**SOCIALIZED GOVERNMENT FUNCTIONS:** Under certain conditions, we may disclose PHI:

- ◆ For certain military and veteran activities, including determination of eligibility for veterans benefits and where deemed necessary by military command authorities;
- ◆ For national security and intelligence activities;
- ◆ To help provide protective services for the President of the United States and others;
- ◆ For the health or safety of inmates and others at correctional institutions or other law enforcement custodial situations or for general safety and health related to correctional facilities.

**WORKERS' COMPENSATION:** We may disclose PHI as authorized by workers' compensation laws or other similar programs that provide benefits for work-related injuries or illness.

**SCHOOL OR WORK RELEASE:** We may be asked to give you a written notice that you were in our practice for your employer, or for a child to return to school or that you had an office visit at our practice.

**DISCLOSURES REQUIRED BY HIPPA PRIVACY RULE:** We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPPA Privacy Rule. We are also required in certain cases to disclose PHI to you upon your request to access PHI or for an accounting of certain disclosures of PHI about you (these requests are described "Your Rights Regarding Protected Health Information About You" below).

**INCIDENTAL DISCLOSURES:** We may use or disclose PHI incident to a suit or disclosure permitted by the HIPPA Privacy Rule as long as we have reasonably safeguarded against such incidental uses and disclosures and have limited them to the minimum necessary information.

**LIMITED DATA SET DISCLOSURES:** We may use or disclose a limited data set (PHI that has certain identifying information removed) for the purpose of research, public health, or health care operations. This

information may only be disclosed for research, public health, and health care operations purposes. The person receiving the information must sign an agreement to protect the information.

**OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRE YOUR AUTHORIZATION:** All other uses and disclosures of PHI about you will only be made with your written authorization. If you have authorized us to use or disclose PHI about you, you may later revoke your authorization at any time, except to the extent we have taken action based on the authorization.

**YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU:** Under federal law, you have the following rights regarding PHI about you:

**RIGHT TO REQUEST RESTRICTIONS:** You have the right to request additional restrictions on the PHI that we may use or disclose for treatment, payment and health care operations. You may also request additional restrictions on our disclosure of PHI to certain individuals involved in your care that otherwise are permitted by the Privacy Rule. *We are not required to agree to your request.* If we do agree to your request, we are required to comply with our agreement except in certain cases, including where the information is needed to treat you in the case of an emergency. To request restrictions, you must make your request in writing to our Privacy Official. In your request, please include (1) the information that you want to restrict; (2) how you want to restrict the information (for example, restricting use to this office, only restricting disclosure to persons outside this office, or restricting both); and (3) to whom you want those restrictions to apply.

**RIGHT TO RECEIVE CONFIDENTIAL COMMUNICATIONS:** You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. For example, you may request that we contact you at home, rather than at work. You must make your request in writing. You must specify how you would like to be contacted (for example, by regular mail to you post office box and not your home). We are required to accommodate only *reasonable* requests.

**RIGHT TO INSPECT AND COPY:** You have the right to request the opportunity to inspect and receive a copy of PHI about you in certain records that we maintain. This includes your medical and billing records but does not include psychotherapy notes or information gathered or prepared for a civil, criminal, or -administrative proceeding. We may deny your request to inspect and copy PHI only in limited circumstances. To inspect and copy PHI, please contact our Privacy Official. If you request a copy of PHI about you, we may charge you a reasonable fee for the copying, postage, labor and supplies used in meeting your request.

**RIGHT TO AMEND:** You have the right to request that we amend PHI about you as long as such information is kept by or for our office. To make this type of request, you must submit your request in writing to our Privacy Official. You must also give us a reason for your request. We may deny your request in certain cases, including if it is not in writing or if you do not give us a reason for the request.

**RIGHT TO RECEIVE AN ACCOUNTING OF DISCLOSURES:** You have the right to request an "accounting" of certain disclosures that we have made of PHI about you. This is a list of disclosures made by us during a specified period of up to 6 years, *other than* disclosures made: for treatment, payment, and health care operations; for use in or related to a facility directory; to family members or friends involved in your care; to you directly; pursuant to an authorization of you or your personal representative; for certain notification purposes (including national security, intelligence, correctional, and law enforcement purposes); certain incidental disclosures that occur as a result of otherwise permitted disclosures as part of a limited data set of information that does not directly identify you and disclosures made before April 14, 2003. If you wish to make such a request, please contact our Privacy Official identified on the last page of this Notice. The first list that you request in a 12-month period will be free, but we may charge you for our reasonable costs of providing additional lists in the same 12-month period. We will tell you about these costs, and you may choose to cancel your request at any time before costs are incurred.

**RIGHT TO A PAPER COPY OF THIS NOTICE:** You have a right to receive a paper copy of this Notice at any time. You are entitled to a paper copy of the Notice even if you have previously agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please contact our Privacy Official listed in this Notice.

**COMPLAINTS:** If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, please contact our Privacy Official at the address and number listed below. We will not retaliate or take action against you for filing a complaint.

**QUESTIONS:** If you have any questions about this Notice, please contact our Privacy Official at the address and telephone number listed below.

**PRIVACY OFFICIAL CONTACT INFORMATION:** You may contact our Privacy Official at the following address and phone number:

**Ask for the Privacy Official**

**Wilmington office**  
1717 Shipyard Boulevard  
Suite 140  
Wilmington NC 28403  
(910) 796-8600

**Supply office**  
6 Doctor's Circle  
Suite 2  
Supply NC 28462  
(910) 755-0033

1-888-532-3937

Date Effective: April 14, 2003  
printed date: April 7, 2003