

## NOTICE OF PRIVACY PRACTICES

Effective date of notice: September 23, 2013

**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.**

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This Notice describes how we protect your health information and what rights you have regarding it.

### TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reason why we use or disclose your health information is for treatment, payment, or health care operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment; testing or examining your eyes; prescribing glasses, contact lenses, or eye medications and faxing them to be filled; referring you to another doctor or clinic for eye care or other services; or getting copies of your health information from another professional that you may have seen before us. Examples of how we use or disclose your health information for payment purposes are: asking you about your health or vision care plans, or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency or attorney). "Health care operations" mean those administrative and managerial functions that we have to do in order to run our office. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; participation in managed care plans; defense of legal matters; business planning; and outside storage of our records. We routinely use your health information inside our office for these purposes without any special permission.

### USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our office at all. Such uses or disclosures include but are not limited to:

- when a state or federal law mandates that certain health information be reported for a specific purpose;
- for public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the Federal Food and Drug Administration regarding drugs or medical devices;
- disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;
- uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws;
- disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- disclosure to a medical examiner to identify a deceased person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- uses and disclosures to prevent a serious threat to health or safety;
- disclosures relating to worker's compensation programs;
- disclosures related to inmates;
- disclosures relating to military, national security and intelligence activities or for the protection of the President;
- disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information.

Unless you object, we will also share relevant information about your care with your family or friends you have identified as being involved in your eye care.

### OTHER USES AND DISCLOSURES

We will obtain your written authorization if we would like to disclose your protected health information for the following reasons: 1) for marketing purposes, including subsidized treatment communications; 2) disclosures that constitute the sale of your health information; and 3) other uses and disclosures not described in this Notice. The content of an "authorization form" is determined by Federal law. You may initiate the process if you would like your information sent to someone else. You will need to supply us with a properly completed "authorization form". If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing to the office manager or doctor at the practice at which you receive care or the practice that requested your authorization.

While we will make every attempt to secure your protected health information, we are required to notify you of any breach in your unsecured protected health information.

### APPOINTMENT REMINDERS

We may call, write, text or email to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we will mail you an appointment reminder on a post card, and/or leave you a reminder message on your home answering

machine or with someone who answers your phone if you are not home.

## YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information. To exercise any of the rights below, send a written request to the office manager or doctor at the address, fax, or e-mail of the practice at which you receive care. You can:

- ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this (except as otherwise stated in this Notice), but if we agree, we must honor the restrictions that you want.
- ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using e-mail to your personal e-mail address. We will accommodate these requests if they are reasonable and if you pay us for any reasonable additional costs we may incur.
- ask to see or to get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 30 days of asking us. If we cannot provide a copy of your health information within 30 days, we will send you a written statement explaining our delay and give you a date on which your request will be completed, which will not be later than 60 days from the date of your request. You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally available.
- ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know received the wrong information, and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have one 30 day extension of time to consider a request for amendment if we notify you in writing of the extension.
- get a list of the disclosures that we have made of your health information within the past six years (or a shorter period if you want). By law, the list will not include: disclosures for purposes of treatment, payment or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30 day extension of time if we notify you of the extension in writing.
- get additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you got one electronically or in paper form already.

We will comply with your request to restrict disclosure of your health information if the disclosure is for the purpose of carrying out payment or health care operations and you have paid for services out-of-pocket, in full. Your request must be in writing and that request should identify: 1) the information to be restricted; 2) the type of restriction being requested (i.e. on the use of information, the disclosure of information, or both); and 3) to whom the limits should apply. If such a request to restrict the disclosure of your health information for purposes of carrying out payment or health care operation where you have paid for services out-of-pocket, in full, is made, we will honor your request, except where we are required by law to make a disclosure.

## OUR NOTICE OF PRIVACY PRACTICES

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. We must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office, have copies available in our office, and post it on our website.

## FOR MORE INFORMATION OR COMPLAINTS

If you think that we have not properly respected the privacy of your health information, you are free to complain to us and/or the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. You may complain in writing, in person, or by phone by contacting the manager of this office or the Privacy Officer at 910-692-3937 or via email at [mwest@pinehursteyes.com](mailto:mwest@pinehursteyes.com).. We can provide you with a complaint form, or if you prefer, you may also submit the specifics of your complaint in your own format. If you want more information about our privacy practices or specific information on how to file a complaint, call, visit or contact the person listed below.

HIPPA PRIVACY OFFICER  
160 Fox Hollow Road  
Pinehurst, NC 27874  
Phone (910) 692-3937 Fax (910) 338-3296

**ACKNOWLEDGEMENT OF RECEIPT** You will be asked to provide a separate acknowledgement of receipt. You may request a