



## Privacy Notice

### Notice of Privacy Practices

**This Notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

### Introduction

At Parkwood Eye Center, P.A. we are committed to treating and using protected health information about you responsibly. This Notice of Privacy Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your health information. This Notice was first effective on April 1, 2003 and applies to all protected health information as defined by federal regulations.

### Understanding Your Health Record/Information

Each time you visit Parkwood Eye Center, P.A. (PEC), a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment;
- Means of communication among the many health professionals who contribute to your care;
- Legal document describing the care you received;
- Means by which you or a third-party payer can verify that services billed were actually provided;
- A tool in educating health professionals;
- A source of information for public health officials charged with improving the health of this state and the nation;
- A source of data for our operations; and
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

### Your Health Information Rights

You have certain rights with respect to the information we maintain about you. Specifically, you have the right to:

- Obtain a paper copy of this Notice upon request;
- Inspect and copy your health record;
- Request an amendment to your health record;
- Obtain an accounting of disclosures of your health information according to federal guidelines;
- Request a restriction on certain uses and disclosures of your information. We are not required to agree to a requested restriction unless the restriction relates to disclosures of your health information to a health plan when you have paid out of pocket in full for the health care item or service;
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken in reliance on the authorization;
- Opt out of fundraising communications between yourself and PEC; and
- To be notified following a breach of your unsecured health information.

You can exercise these rights by contacting the Privacy Officer at the phone number below.

## Our Responsibilities

PEC 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 or amendment; 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 privacy practices and to make the new practices effective for all protected health information we maintain. Should our information practices change, we will revise this Notice and make the revised Notice available on PEC's website and will post the notice in clear and prominent locations within PEC facilities. You may obtain a copy of this Notice at any time upon your request.

**We will not use or disclose your health information without your authorization except as described in this Notice.** We will not disclose your health information that contains psychotherapy notes without your authorization except as may be specifically permitted by federal guidelines. We will not disclose your health information without your authorization for marketing purposes, unless the communication is face to face or in the form of a promotional gift of nominal value. We will not sell your health information without your authorization. If you have previously provided an authorization and then revoke it, we will cease the use or disclosure of your health information after we have received the written revocation of the authorization. Other uses and disclosure not described in this Notice will be made only with your authorization.

## Disclosures for Treatment, Payment & Health Care Operations

- We may use your health information for treatment purposes without your authorization. For example, we may share your health information with other health care providers who are treating you.
- We may use your health information for payment purposes without your authorization. For example, we may share your health information with your insurance company so that we are paid for health care provided to you.
- We may use your health information for health care operations purposes without your authorization. For example, we may use your health information to train physicians and nurses.

## Other Disclosures of Your Health Information

**Business associates:** There are some services provided to PEC through contracts with third parties we call business associates. For example, we may use a copy service when making copies of health records. When we ask these third parties to provide services, we may disclose your health information to them so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to sign contracts requiring them to appropriately safeguard your information.

**Directory:** Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

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

**Threat to health or safety:** We may disclose health information, subject to federal guidelines, to prevent or lessen serious and imminent threat to the health or safety of a person or the public.

**Disaster relief:** Unless you notify us that you object, we may use or disclose health information to disaster relief organizations for disaster relief purposes.

**Communication with family:** Unless you notify us that you object, health professionals, using their best judgment, may disclose to a family member, relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment for your care.

**Research:** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Decedents:** We may disclose health information to coroners, medical examiners, and funeral directors to help them carry out their duties with respect to decedents.

**Organ procurement organizations:** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Reminders:** We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

**Fundraising:** We may contact you as a part of a fundraising effort, but you do have the right to opt out of receiving fundraising communications by contacting our Privacy Officer at the number below.

**Workers compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Public Health:** As authorized by law, we may disclose your health information to public health or legal authorities charged with maintaining vital statistics or preventing or controlling disease, injury, or disability.

**Government functions:** We may use and disclose health information for certain government functions, including military activities and national security. Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of others.

**Judicial and administrative proceedings:** Subject to limitations, we may disclose health information about you in the course of judicial and administrative proceedings or in response to a court order.

**Required by law:** We may use and disclose health information about you as required by federal, state, local law.

**Health oversight activities:** We may disclose health information to health oversight agencies for oversight activities authorized by law, including audits and investigations of PEC.

**Abuse, Neglect or Domestic Violence:** We may disclose health information to a government authority when the disclosure relates to victims of domestic violence, abuse, or neglect, or the neglect or abuse of a child or an adult who is physically or mentally incapacitated.

**Law enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena or court order.

## For More Information or to Report a Problem

If you have questions, would like additional information, or would like to exercise your rights described above, you may contact the Privacy Officer at (336) 835-3400. If you believe your privacy rights have been violated, you can file a complaint with the Hospital's Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below: Office for Civil Rights • U.S. Department of Health and Human Services • Sam Nunn Atlanta Federal Center • Suite 16T70 • 61 Forsyth Street, S.W. • Atlanta, GA 30303-8909 Phone: (800) 368-1019 • Fax: (404) 562-7881 • TDD: (800) 537-7697 • Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)