

**NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION**

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

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out **TREATMENT, PAYMENT or HEALTH CARE OPERATIONS** and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected Health Information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

**Typical Uses and Disclosures of Medical Information:**

We collect medical information from you. Within our office, we restrict the disclosure of this information to doctors, nurses, technicians and insurance and billing personnel. Outside our office, we restrict the disclosure to those people, entities and agencies for whom you authorize disclosure such as other healthcare providers (doctors, nurses, extended care facilities), insurance companies, billing agencies, hospitals and surgery sites, or those agencies and entities for whom legal and administrative requirements demand disclosure such as:

- When required by law
- Public health activities (deaths, child abuse, neglect, domestic violence, problems with products, reactions to medications, product recalls, disease/infection exposure, disease/injury/disability control/prevention)
- Health oversight activities (audits, investigations, inspections)
- Judicial and administrative proceedings (court order)
- Appropriate law enforcement requests (to identify or locate a suspect, fugitive, material witness, or missing person)
- Deceased person information to coroners, medical examiners, funeral directors
- Organ and tissue donation
- Research, provided authorization is IRB-approved or privacy board-approved
- Emergencies or to avert serious threat to health or safety
- Specialized government functions (military, inmate)
- Worker’s Compensation
- For the Defense of Medical Professional Liability claims.

We may contact you for Appointment Reminders, and we may provide you with information about health-related or product benefits and services, or products.

Each patient is given a copy of the Privacy Notice and an opportunity to review and understand it.

## **PATIENT PRIVACY RIGHTS**

### **You Have The Right To:**

- Inspect and copy medical information from your chart. You may submit a written request to our office and pay the copy fee and receive a copy of your record. We must respond within 30 days if the record is readily available and within 60 days if it is not readily available.
- Amend medical information in your chart. You may identify inaccurate or incomplete information in your chart. You can do this with a written request to amend your chart directed to our office. We must respond within 60 days.
- Receive an accounting of any disclosures made from your record over the last six years, starting April 14, 2003. You can get this with a written request directed to our office. We must respond within 60 days.
- Request restrictions as the amount of medical information we disclose. This is limited as noted above, and your request may not supercede the typical disclosures noted above. You may revoke or restrict consent. We are not required to agree to a requested restriction.
- Request confidential communications. All communications in our office are confidential. You may specifically request that all communications be confidential with a written request directed to our office.

### **Our Responsibilities Under HIPPA:**

We are required by Law to maintain the privacy of your personal health information, and to provide you notice of our legal duties and privacy practices and adhere to this notice.

We are required to abide by the terms of the notice currently in effect.

We reserve the right to make changes to this notice. We will post a notice that the notice has been changed and the effective date of the change, copies will be made available upon request.

### **Complaints**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Contact, **Debora Kaplan, Administrator**, for further information about the complaint process at:

**Suncoast Eye Center/Eye Surgery Institute  
14003 Lakeshore Blvd.,  
Hudson, Florida 34667.**

**(727) 868-9442 or 1-800-282-6341**

This notice was published and becomes effective on **April 14, 2003.**