

LAGRECA EYE CLINIC, PC
DBA: THE EYE CLINIC SURGICENTER & AMBULATORY SURGERY CLINIC

NOTICE OF PRIVACY PRACTICES

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

A federal regulation called the "HIPAA Privacy Rule" requires that we provide detailed notice in writing of our privacy practices. Because this rule requires us to address many issues, this notice is lengthy.

OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU

In this Notice, we describe the ways we may use and disclose health information about our patients. The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a patient, or where there is a reasonable basis to believe the information can be used to identify a patient. This information is called "protected health information" or "PHI". This notice describes your rights as our patient and our obligations regarding the use and disclosure of PHI. We are required by law to:

- Maintain the privacy of PHI about you;
- Provide you this Notice of our legal duties and privacy practices with respect to PHI; and
- Comply with the terms of our Notice of Privacy Practices currently in effect.
- Obtain authorization: Certain uses and disclosures require an individual authorization. Including uses and disclosures for marketing purposes, disclosures that constitute a "sale" of PHI.
- Restrict access: No uses or disclosures may be made without an individual authorization for a purpose that is not explicitly described in the NPP.
- Safeguard your PHI: We have policies in place to protect, test for potential security risks, and an investigation policy if a breach occurs.
- Notify you: Individuals have the right to be notified of a security breach that compromises the privacy of their PHI.
- Refuse to disclose: No use or disclosure of genetic information may be made for insurance underwriting purposes (applicable only to health plan NPPS).
- Comply with all applicable requirements of the Privacy Rule and all requirements of the Security Rule with respect to electronic PHI (rather than simply to implement safeguards to ensure the security of such PHI)
- Comply with the Privacy Rule's provisions governing the covered entity when acting to fulfill the covered entity's Privacy Rule obligations (such as preparing or distributing NPPs or notices to individuals of breaches of the security affecting their PHI).
- Enter into written HIPAA-compliant BAA's that conform to the Privacy and Security Rules' specifications with any subcontractors that create or receive PHI on behalf of a business associate.
- Report to the covered entity any breach of "unsecured" PHI without "unreasonable delay" and in no event later than 60 days after discovering the breach.
- Train our employees, agents, business associates, and others working under our control on all of the HIPAA and HITECH requirements and restrictions on a continual basis.

We reserve the right to revise this Notice and to make such revisions effective for all PHI we may already have about you. If and when this Notice is revised, we will post it in our office. We will also provide you with a copy of the revised Notice upon your request made to our Privacy Official.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

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

Treatment: We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. For example, we may use and disclose PHI when you need a prescription, study, or other health care related services. We may also use and disclose PHI about you when referring you to another medical provider. For example, if you are referred to another physician, we may disclose PHI to that physician.

Payment: We may use and disclose PHI in order to bill and collect payment for treatment and services provided to you. Prior to providing treatment or services, we may share details with your health insurance carrier regarding the services you are scheduled to receive. For example, we may ask for treatment approval from your health insurance carrier before we provide services. We may use and disclose PHI to determine if your health insurance carrier will cover the cost of care we provide. 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 disclose PHI to insurance carriers providing you with additional coverage. We may disclose limited PHI to consumer reporting agencies regarding 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 HIPAA Privacy Rule for the payments activities of that health care provider, company, or health plan. For example, we may allow a health insurance carrier to review PHI for the insurance carrier's activities to determine the insurance benefits to be paid for your services.

Health Care Operations: We may use and disclose PHI in performing business activities, which 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 provided 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. We may use PHI to identify groups of people with similar health 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 the practice or improve their skills.
- Cooperating with outside organizations that assess the quality of 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 staff may become certified as having expertise in a specific field.
- Cooperating with various people who review our activities. For example, PHI may be seen by doctors reviewing the services provided to you, and 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 analysis.
- Business management and general administrative activities of our practice, including managing our activities related to complying with the HIPAA Privacy Rule and other legal requirements.
- Creating “de-identified” information that is not identifiable to any individual.

If another health care provider, carrier, or health plan required to comply with the HIPAA Privacy Rule 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 bills, qualifications, and performances 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 care provider or company. We may also disclose PHI for the health care operations of an “organized health care arrangement” in which we participate. An example of same is the joint care provided by a hospital and the doctors who see patients at the hospital.

Communication from this office: We may contact you to remind you of appointments and to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you.

OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION

Uses and Disclosures of Which You Have The Opportunity to Agree or Object

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 to:

Individuals Involved In Your Care or Payment For Your Care: We may disclose PHI 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), 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 in to this office and are unable to communicate normally for some reason, we may find it is in your best interest to give our 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 also may 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, or other things that contain PHI about you.

Marketing: We prohibit using PHI without an authorization to make certain types of communication newly deemed to constitute “marketing” under the Final Rule if payment is received from a third party whose product or service is promoted in the communication (with narrow exceptions such as for refill reminders where the payment is limited to the cost of making the communication).

Fundraising: We prohibit using PHI without an authorization to make fundraising communications, unless each communication provides a means for the recipient to opt out of receiving any further such communications and the opt-out mechanism entails no more than “normal cost” for the recipient.

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 and 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. Any 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 or death;
- To report neglect or abuse;
- To report reactions to medications or problems with products or devices regulated by the federal Food and Drug Administration or other activities related to quality, safety, or effectiveness of FDA-regulated products they may be using;
- To notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease; or
- To report to your employer, under limited circumstances, information related primarily to workplace injuries 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 examples, audits, investigations, inspections, licensure and disciplinary activities and other activities conducted by health oversight agencies to monitor the health care systems, government health care programs, and compliance with certain laws.

Lawsuit 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 proves 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 disclosure is:

- About 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 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, material witness, or missing person;
- About a crime or suspected crime committed at our office; or
- In response to a medical emergency not occurring at the office, if necessary to report a crime, including the nature 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 organ, eye, or tissue donation and transplantation.

Research: We may use and disclose PHI about you for research purposes under certain limited circumstances. We must obtain a written authorization to use and disclose PHI about you for research purposes except in situations where a research project meets specific, detailed criteria established by the HIPAA Privacy Rule to ensure the privacy of PHI.

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 persons who are able to help prevent the threat.

Specialized Governmental Functions: Under certain circumstances 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 and others.

Disclosures Required by HIPAA 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 HIPAA 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 (those requests are described in Section III of this Notice).

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRE YOUR AUTHORIZATION

Workers' Compensation: We may disclose PHI as authorized by workers' compensation laws or other similar problems that provide benefits for work-related injuries.

Sale of PHI: We prohibit the sale of PHI without an individual authorization (with limited exceptions) – nothing that a "sale" of PHI includes any disclosure of PHI in exchange for remuneration, even if the ownership of the PHI remains with the "seller".

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 revoke your authorization at any time, except to the extent we have taken action based on the authorization.

III. 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 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 than 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 without 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 this request, please include the information you want to restrict, how you want it restricted, and to whom those restrictions 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 your work. You must make your request in writing to our Privacy Official. You must specify how you would like to be contacted such as mail to a street address or post office box. We are required to accommodate *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 we maintain. This includes your medical and billing records but does not include 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 in advance. Should you request a copy of your PHI, we reserve the right to charge you a reasonable fee for the copying, postage, and labor and supplies used in meeting your request.

Electronic Copy: You have the right to request access to electronic copies of your PHI.

Right to Withhold: You have the right to require a health care provider to withhold from any health plan/insurer information pertaining to treatment the individual paid for out of pocket (applicable only to provider NPPs).

Right to Amend: You have the right to request that we amend PHI about you as long as such information is kept by our office. To make this request, you must submit same in writing to our Privacy Official. You must also provide us with a reason for such request. We may deny our 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 and "accounting" of certain disclosures that we have made of your PHI. This is a list of disclosures made by us during a specific period of up to six years *other* than disclosures made: for treatment, payment, and health care operations; for use in or for you directly; pursuant to an authorization from you or your personal representative, or for certain notification purposes (including national security, intelligence, correctional, and law enforcement purposes) and disclosures made before April 14, 2003. If you desire to make such a request, please contact our Privacy Official. The first "accounting" you request in a 12-month period will be free of charge, but we may charge you for reasonable costs for providing additional "accounting" in the same 12-month period. We will advise you of these costs.

Right to a Paper Copy of This Notice: You have a right to receive a paper copy of this Notice at any time. To obtain a copy, please contact our Privacy Official.

IV. COMPLAINTS

If you believed 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 same with our office, please contact our Privacy Official.

V. QUESTIONS

If you have any questions about this Notice, please contact our Privacy Official.

This Notice was published and originally became effective on March 17, 2003.

Revised on 8/15/13