

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.

During the course of your visit with us, a record of the care and services you receive is created. We understand that this information is personal, and we are committed to protecting it. The purpose of this notice is (1) to tell you about the ways we may use and share medical information, (2) to describe your rights concerning this information, and (3) to describe the responsibilities we have regarding the use and disclosure of your medical information.

Our Legal Duty

Law Requires Us to

1. Keep your medical information private
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information
3. Follow the terms of this notice.

We Have the Right to:

1. Change our privacy practices and update the terms of this notice at any time, provided that the changes are permitted by law
2. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep including information previously created or received before the changes

Notice of Change to Privacy Practices

When we make an important change in our privacy practices, we will notify you of the change by mail

USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following are some ways that we are allowed to use and disclose medical information. Although there are additional ways that we are allowed to use your medical information, if they are not listed below we will not use or disclose your medical information for any purpose, without your specific written authorization. In addition, this office does not disclose your personal information for advertising or marketing purposes. Also, this office will not contact you with regards to raising funds for any fund-raising activities.

For Treatment: We may use medical information about you to provide treatment or services. We may disclose medical information about you to other health care providers that are, or will be, taking care of you. For example, if we thought you might have a significant cataract, you would likely be referred to a specialist for possible surgery. Your medical information would then be sent to him or her to facilitate your treatment.

For Payment: We may use and disclose your medical information for payment purposes when we submit request for payment from your insurance company. In addition, the health insurance company (or other business associate helping us obtain payment) may request information from us regarding medical care given. We would then provide information to them about you and the care given.

For Health Care Operations: We may use and disclose your medical information for our health care operations. Such health care operations may include measuring the quality of our services or assessing the performance of our employees. Health care operations may also include clinical guideline development, staff training programs, and obtaining legal services or other business services that are necessary to the operation of this practice.

Communication with Family: Using our best judgment, we may disclose to a family member, other relative, or close personal friend, or any other person you identify as appropriate, your health information relevant to their involvement in your care. Unless you object, we may use or disclose your health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location and about your general condition.

Disaster Relief: We may use and disclose your medical information to assist in disaster relief efforts.

Workers Compensation: If you are seeking compensation through Workers Compensation, we may disclose your health information to the extent necessary to comply with laws related to Workers Compensation.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability, including child abuse or neglect. We may also disclose information to the Food and Drug Administration relating to adverse events associated with defects or problems with products to enable recalls, repairs or replacements of those products. Based on our knowledge of your health information, we may also notify a person who may have been exposed to a disease or who is at risk for contraction or spreading a disease or condition.

Employers: We may release health information about you to your employer if we provide health care services to you at the request of your employer, and the health care services we have provided were either to conduct an evaluation related to medical surveillance of the workplace or to whether you have a work-related illness or injury. In such circumstances, we will give you a written notice of such release of information to your employer. Any other disclosures to your employer will be made only if you execute a specific authorization for the release of that information to your employer.

For Specialized Governmental Functions: As allowed or required by law, we may disclose health information of military personnel and veterans for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

Coroners, Medical Examiners, and Funeral Directors: We may share the medical information of a person who has died with a coroner, medical examiner, funeral director, or an organ procurement organization in order to help them carry out their duties.

Victims of Abuse, Neglect, or Domestic Violence: We may use and disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety or to the health or safety of others. We may share medical information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or who has escaped from legal custody.

Health Oversight Activities: We may disclose medical information to a governmental agency providing legally authorized health oversight of clinical activities, including civil, administrative, or criminal investigations or proceedings, audits, inspections, licensure or disciplinary actions, or other authorized activities.

Law Enforcement: We may disclose your health information for law enforcement purposes as required by law, such as when required by a court order or subpoena.

Appointment Reminders: We may use your name and address for the purpose of sending you appointment postcards or otherwise reminding you of your appointments.

YOUR INDIVIDUAL RIGHTS

1. You may look at, or by written request, get copies of, your medical information. You may request (in writing) that communication of your health information be made by alternative means or to a different location.
2. You may receive an accounting of all the times we or our business associates shared your medical information for purposes other than treatment, payment, and

health care operations.

3. You may request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
4. You may request that we change certain parts of your medical record. We may deny your request if you ask us to amend information that we did not create, or to amend information that is accurate and complete, or you ask us to change information that is not part of the information that you are permitted to inspect and copy. If we deny your request, we will provide you with a written explanation. You may then respond with a statement of disagreement that will be added to our record of the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to inform others, including people you name, of the change and to include the changes in any future sharing of information.
5. You may have a paper copy of this notice.
6. You may revoke authorization that you made previously to use or disclose your health care information by delivering a written revocation to our office, applicable to future use or disclosure.
7. If there is a breach of your personal health information, you will be notified by mail.
8. If you pay out-of-pocket in full for your healthcare, you have the right to restrict disclosure of personal health information to your insurance carrier.

IF YOU HAVE QUESTIONS OR COMPLAINTS

If you have questions concerning these health care information policies, we will try to answer them. If you think that we may have violated your privacy rights, please contact our Privacy Officer, Dr. Connie Woldorff, and she will try to address your complaints. You may also submit a written complaint to:

Office of Civil Rights, US Dept of Health and Human Services, Atlanta Federal Center Suite 3870
61 Forsyth Street, S.W., Atlanta, GA 30303-8909

If you have a complaint, we cannot and will not require you to waive the right to file a complaint with the Office of Civil Rights as a condition of receiving treatment in this office.