

METROLINA EYE
A S S O C I A T E S
A Clear Vision of Excellence

www.metrolinaeye.com

Notice of Privacy Practices

This Notice of Privacy Practices describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions about this notice, please contact the Metrolina Eye Associates Practice Administrator.

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," or "PHI," 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. Any new notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may request that a revised copy be sent to you by calling one of our offices or by asking for one at the time of your next appointment.

Uses and Disclosures of Protected Health Information

Your PHI may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purposes of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support operations of the physician's practice.

The following are examples of the types of uses and disclosures of your PHI that the physician's office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made at our offices.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes coordination or management of your health care with a third party when we have the necessary permission from you to disclose your PHI. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose and treat you. In addition, we may disclose your PHI from time-to-time to another physician or health care provider (e. g. a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care service we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for determining medical necessity, and undertaking utilization review activities.

Healthcare Operations: We may use or disclose, as needed, your PHI to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities.

For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

We will share your PHI with third party "business associates" that perform various activities (e.g. billing, transcription services, etc.) for the practice. Whenever an arrangement between our practice and a business associate involves the use or disclosure of PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

- **Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization**

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your physician or physician's practice has taken action in reliance on the use or disclosure indicated in the authorization.

- **Other Permitted and Required Uses and Disclosures That may be Made With Your Authorization or Opportunity to Object**

We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure or all of part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your physician may, using professional judgement, determine whether the disclosure is in your best interest. In this case only the PHI that is relevant to your health care will be disclosed.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement with your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgement. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, of your location, general condition or death. Finally, we may disclose your PHI to an authorized public or private entity to assist in disaster relief effort and to coordinate uses and disclosures to family or other individuals involved in your health care.

- **Other Permitted and Required Uses and Disclosure That May Be Made Without Your Authorization or Opportunity to Object**

We may use or disclose your PHI in the following situations without your authorization. These situations include:

Required By Law: We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any disclosures.

Public Health: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your PHI, if directed by the public health authority.

Communicable Diseases: We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contacting or spreading the disease or condition.

Health Oversight: We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health system; government benefits programs, and other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been the victim of abuse, neglect or domestic violence to the government entity or agency authorized to receive such information.

Food and Drug Administration: We may disclose your PHI to a person company required by the Food and Drug Administration to report adverse events, product recalls, to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Procedures: We may disclose your PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administration tribunal, in certain conditions in response to a subpoena, discovery request or other lawful purpose.

Law Enforcement: We may disclose your PHI for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise requires by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of crime, (4) suspicion that a death has occurred as a result of criminal conduct, (5) in the event a crime occurs on the premises of the practice, (6) medical emergency.

Coroners, Funeral Directors, and Organ Donation: We may disclose your PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in the reasonable anticipation of death. Protected Health Information may be used and disclosed for the cadaveric organ, eye or tissue donation purposes.

Research: We may disclose your PHI to researchers when their research has been approved by an institutional review board that had reviewed the research proposal and established protocols to ensure primacy or your PHI.

Criminal Activity: We may disclose your PHI if we believe that the use or disclosure is necessary to prevent or lesson a serious and imminent threat to the health or safety of a person or the public. We may also disclose your PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose your PHI to individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for purposes of determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision or protection services to the President and others legally authorized.

Workers' Compensation: We may disclose your PHI as authorized to comply with workers' compensation laws and other similar legally- established programs.

Inmates: We may use or disclose your PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care to you.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et.seq.

- **Your Rights**

Following is a statement of your rights with respects to your PHI and brief description how you may exercise these rights.

You have the right to inspect and copy your protected health information.

This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as maintain the PHI. A “designated record set” contains medical and billing records and any other records your physician and the practice uses for making decisions about you. You may make an appointment to review your medical records with the Metrolina Eye Associates Practice Administrator or their designated representative. Your provider may charge fees in accordance with state law for copies of your designated record set.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiles in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact the Metrolina Eye Associates Practice Administrator if you have questions about access to your medical records.

You have the right to request a restriction of your protected health information.

This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes described in the Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If the physician believes it is in your best interest to permit disclosure of your PHI, this information will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. You may request a restriction by completing a Protected Health Information Restriction Sheet, obtainable at the reception desk.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location.

We will accommodate all reasonable requests. We may also condition this accommodation by asking you for information on how payment will be handled or specification of an alternative address or other method of contact. Please make this request in writing to our Practice Administrator.

You may have the right to have your physician amend your protected health information.

This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

This right applies to disclosures for the purposes other than treatment, payment or healthcare operations as described in the Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, as a result of an authorization signed by you for notification purposes. You may request them for the previous six years or shorter time frame. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

You have the right to obtain a paper copy of this notice from us.

Upon request, even if you have agreed to receive this notice electronically.

- **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 Practice Administrator. We will not retaliate against you for filing a complaint, nor will filing a complaint affect your care or treatment.

You may contact our Privacy Contact, the Metrolina Eye Associates Practice Administrator, at 704-234-1930 for further information about the complaint process.

This notice was published and becomes effective on January 1, 2016 and supersedes all previous Notices of Privacy Practices for this organization.