

Payment

We will use and disclose your protected health information to obtain payment for the health care services we provide you. *For example* – we may include information with a bill to a third-party payer that identifies you, your diagnosis, procedures performed, and supplies used in rendering the service.

Health Care Operations

We will use and disclose your protected health information to support the business activities of your practice. *For example* – we may use medical information about you to review and evaluate our treatment and services or to evaluate our staff's performance while caring for you. In addition, we may disclose your health information to third party business associates who perform billing, consulting, or transcription services for our practice.

Other Ways in Which We May Use and Disclose Your Protected Health Information:

Appointment Reminders

We will use and disclose your protected health information to contact you or mail you a reminder about scheduled appointments or treatments.

Treatment or Services Alternatives

We will use and disclose your protected health information to provide you with information about or to recommend possible alternative treatments or other services that may be of interest to you.

Others Involved in Your Care

When necessary, we will use and disclose your protected health information to a family member, a relative, a close friend, or any other person you identify who is involved in your medical care or payment for care.

Research

We will use and disclose your protected health information to researchers, provided the 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.

As Required by Law

We will use and disclose your protected health information when required to by federal, state, or local law. You may request an accounting of such disclosures at any time (refer to An Account of Disclosures paragraph for details).

To Avert a Serious Threat to Public Health or Safety

We will use and disclose your protected health information to a public health authority that is permitted to collect or receive the information for the purpose of controlling disease, injury, or disability. If directed by that health authority, we will also disclose your health information to a foreign government agency that is collaborating with the public health authority.

Worker's Compensation

We will use and disclose your protected health information for worker's compensation or similar programs that provide health benefits for work-related injuries or illness in accordance with state law.

Inmates

We will use and disclose your protected health information to a correctional institution or law enforcement official if you are an inmate of that correctional institution or under the custody of the law enforcement official. This information would be necessary for the institution to provide you with health care; to protect the health and safety of others; or for the safety and security of the correctional institution.

Your Health Information Rights:

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right to:

A Paper Copy of This Notice

You have the right to receive a paper copy of this notice. If we have not already provided you with a copy, you may obtain a copy by asking our

receptionist at your next visit or by calling and asking us to mail you a copy.

Inspect and Copy

You have the right to inspect and copy the protected health information that we maintain about you in our designated record set for as long as we maintain that information. This designated record set includes your medical and billing records, as well as any other records we use in making medical decisions about you. Any psychotherapy notes about you that may have been included in records we have received from other sources are not available for your inspection or copying by law. We may charge you a fee for the costs of copying, mailing, or other supplies used in fulfilling your request as permitted by law.

If you wish to inspect or copy your medical information, you must submit your request in writing, bearing your signature, to our Privacy Officer at Office Park Eye Center, 6 Office Park Drive, Jacksonville, NC 28546. You may mail or fax in your request, or bring it to our office. We will have 30 days to respond to your request. If any or all of the information is stored off-site, we are allowed up to 60 days to provide the requested information but must inform you of this delay.

Request Amendment

You have the right to request that we amend your medical information if you feel that it is incomplete or inaccurate. You must make this request in writing to our practice manager, stating exactly what information is incomplete or inaccurate, and your reasoning that supports your request.

We are permitted to deny your request if it is not in writing or if it does not include a reason to support the request. By law, we may also deny your request if:

- the information was not created by us, or the person who created it is no longer available to address the requested amendment;
- the information is not part of the records which you are permitted to inspect and copy;
- the information is not part of the designated record set kept by this practice; or