

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.

Introduction

At Ocala Eye, we are committed to treating and using protected health information about you in a responsible manner. This Notice describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003, and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit Ocala Eye, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A tool in educating health professionals,
- A source of data for medical research,
- A source of information for public health officials charged with improving the health of this state and the nation,
- A source of data for our planning and marketing,
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of Ocala Eye, the information belongs to you. You have the right to:

- Inspect and copy your health record as provided for in 45 CFR 164.524 and 42 USC § 17935(e). To the

extent that Ocala Eye maintains an electronic health record, you have the right to obtain a copy of such information in an electronic format and to direct Ocala Eye to transmit such copy directly to an entity or person you designate, provided that such designation is clear, conspicuous, and specific,

- Amend your health record as provided in 45 CFR 164.528,
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528 and 42 USC § 17935(c),
- Receive confidential communications of your protected health information,
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522 and 42 USC § 17935(a). You should be aware that Ocala Eye is not required to agree to a requested restriction, unless the disclosure for which restriction is requested is to a health plan for purposes of carrying out payment or health care operations (and not for purposes of treatment) and the information pertains solely to a health care item or service for which Ocala Eye has been paid out of pocket in full,
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to protected health information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. You may obtain a revised notice of privacy practices by calling the office and requesting a revised copy be sent to you or asking for one at the time of your next appointment.

We will not use or disclose for marketing purposes or sell your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the practice's Privacy Officer at (352) 622-5183.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the Privacy Officer and/or OCR is listed below:

Privacy Officer

Ocala Eye
3130 S.W. 32nd Avenue
Ocala, FL 34474

Office for Civil Rights

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

Examples of Disclosures for Treatment, Payment and Health Care Operations

We will use your health information for treatment.

For example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. We may use and disclose medical information about you to doctors, nurses, technicians, or other health care professionals who are involved in taking care of you. Health care professionals may also share medical information in order to coordinate the different services you need, such as lab work and x-rays, or the provision of a prescription(s).

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health care operations.

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

Business associates: There are some services provided in our organization through contracts with business associates. Examples include NextGen Software Company, Credit Bureau, web-based appointment reminders/communication system, transcription service, and consultants. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Appointment and Appointment Reminders: We may ask that you sign in at the Receptionist's desk on the day of your appointment at Ocala Eye. We may use and disclose medical information to contact you as a reminder that you have an appointment for medical care with Ocala Eye or that you are due to receive periodic care from the Practice. This contact may be by phone, in writing, e-mail, text, and may involve the leaving an e-mail, a message on an answering machine, or otherwise which could (potentially) be received or intercepted by others.

Emergencies: We may use or disclose your protected health information in an emergency situation. If this happens, your physician will try to obtain your consent as soon as reasonably practicable after the delivery of treatment.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, the health information relevant to that person's involvement in your care or payment related to your care.

Research: With your authorization, we may disclose information to researchers when their 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.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Treatment Alternatives: We may contact you about treatment alternatives, other health-related benefits or services that may be of interest to you.

Fundraising activities: We may use and disclose your contact information to raise money. If you do not want to be contacted for fundraising efforts, you must notify us.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

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.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Breach Notification

Federal law requires that you be notified without unreasonable delay in the event of a breach of unsecured protected health information. (A breach is an acquisition, access, use, or disclosure of protected health information in a manner which is not permitted under applicable law which compromises the security or privacy of the information.) We will notify you of a breach no later than 60 days from our discovery of the breach, unless another time frame is specified by applicable law. This notice will be given to you by first class mail to the last known address. If the breach includes protected health information for more than 500 individuals, we are required to notify the media as well as Department of Health & Human Services.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that an Ocala Eye staff member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Ocala Eye will do everything possible to ensure your privacy. Maintaining both the confidentiality and the privacy of our patient's personal and medical information is of utmost importance to the staff of Ocala Eye.

NOTICE OF PRIVACY POLICIES

FOR

OCALA EYE, P.A.

and our Affiliates:

OCALA EYE OPTICAL, INC.

OCALA EYE SURGERY CENTER, INC.

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