



## NOTICE OF PRIVACY POLICIES

THIS NOTICE OF PRIVACY PRACTICES APPLIES TO THE FOLLOWING ORGANIZATIONS & OUR AFFILIATES:

OCALA EYE OPTICAL, INC.  
OCALA EYE SURGERY CENTER, INC.

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/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.

**YOUR RIGHTS** When it comes to your health information, you have certain rights. This section explains your rights & some of our responsibilities to help you.

**GET A COPY OF YOUR MEDICAL RECORD** -- You can ask to see or get a copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**ASK US TO CORRECT YOUR MEDICAL RECORD** -- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

**REQUEST CONFIDENTIAL COMMUNICATIONS** -- You can ask us to contact you in a specific way (IE, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

**ASK US TO LIMIT WHAT WE USE OR SHARE** -- You can ask us not to use or share certain health info for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

**GET A LIST OF THOSE WITH WHOM WE’VE SHARED INFO** -- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**GET A COPY OF THIS PRIVACY NOTICE** -- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**CHOOSE SOMEONE TO ACT FOR YOU** -- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights & make choices about your health info. We will make sure they have authority and can act for you before we take any action.

**FILE A COMPLAINT IF YOU FEEL YOUR RIGHTS HAVE BEEN VIOLATED** -- You can complain if you feel we have violated your rights by contacting us using the information on the back page.

You can file a complaint with the US Dept of Health & Human Services Office for Civil Rights by sending a letter to 200 Independence Ave SW, Washington, DC 20201, visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/) or calling 1-877-696-6775. We will not retaliate against you for filing a complaint.

### **YOUR CHOICES**

For certain health info, you can tell us your choices about what we share. If you have a clear preference for how we share your info in the cases described below talk to us. Tell us what you want us to do & we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share info with your family, close friends, or others involved in your care
- Share info in a disaster relief situation
- Include your info in a hospital directory.

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

And in these cases we never share your info unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

## **OUR USES AND DISCLOSURES** How do we typically use or share your health information?

**TREAT YOU** -- We can use your health information and share it with other professionals who are treating you (Example: A doctor treating you for an injury asks another doctor about your overall health condition).

**RUN OUR ORGANIZATION** -- We can use and share your health info to run our practice, improve your care, & contact you when necessary (Example: We use health information about you to manage your treatment & services).

**BILL FOR YOUR SERVICES** -- We can use & share your health info to bill & get payment from health plans or other entities (Example: We give info about you to your health insurance plan so it will pay for your services).

How else can we use or share your health info? We are allowed or required to share your info in other ways, usually that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more info see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

**HELP WITH PUBLIC HEALTH AND SAFETY ISSUES** We can share health information about you for certain situations such as: Preventing disease; Helping with product recalls; Reporting adverse reactions to medications; Reporting suspected abuse, neglect, or domestic violence; Preventing or reducing a serious threat to anyone's health or safety.

**DO RESEARCH** -- We can share health information about you with organ procurement organizations.

**COMPLY WITH THE LAW** -- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**RESPOND TO ORGAN AND TISSUE DONATION REQUESTS** -- We can share health information about you with organ procurement organizations.

**WORK WITH A MEDICAL EXAMINER OR FUNERAL DIRECTOR** - We can share health info with a coroner, medical examiner, or funeral director if an individual dies.

**ADDRESS WORKERS' COMPENSATION, LAW ENFORCEMENT, AND OTHER GOVT REQUEST** – We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

**RESPOND TO LAWSUITS AND LEGAL ACTIONS** -- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**OUR RESPONSIBILITIES** We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**CHANGES TO THE TERMS OF THIS NOTICE**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

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