

## NOTICE OF PRIVACY PRACTICES

EFFECTIVE APRIL 14, 2003

THIS NOTICE 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: Privacy Officer:  
Eye & Laser Center of Starkville, 100 Walker Way, Starkville, MS 39759  
662-320-6555

### PURPOSE

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use or disclose your "Protected Health Information" to carry out treatment, payment, or healthcare operations and for other purposes that are permitted or required by law. Protected Health Information is information about you that may identify you and that relates to your past, present, or future physical or mental health or conditions and related health care services. This also describes your rights in regard to your Protected Health Information, including your right to access and control such information.

### ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE

You will be asked to provide a signed acknowledgement of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your Protected Health Information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgement. If you decline to provide a signed acknowledgement, we will continue to provide your treatment, and will use and disclose your protected information for treatment, payment, and health care operations when necessary.

### WHO WILL FOLLOW THIS NOTICE

This Notice describes Eye & Laser Center of Starkville's practices and those of:

- All physicians, associates, and other Eye & Laser Center of Starkville personnel.
- All departments of Eye & Laser Center of Starkville.
- All employees, staff, and other personnel that work for or with Eye & Laser Center of Starkville.

All these persons, entities, and departments follow the terms of this notice. In addition, these persons, entities, and departments may share your Protected Health Information with each other for treatment, payment, or Eye & Laser Center of Starkville operations for purposes as described in this notice.

### OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION

We understand that your Protected Health Information about you and your health is personal. We are committed to protecting your Protected Health Information about you. We create a record of the care and services you receive at the Eye & Laser Center of Starkville. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by the Eye & Laser Center of Starkville, whether made by the Eye & Laser Center of Starkville personnel or obtained from other doctors who may have treated you.

This notice will tell you about the ways in which we may use and disclose your Protected Health Information. We also describe your rights and certain obligations we have regarding the use and disclosure of your Protected Health Information.

We are required by law to:

- Make sure that your Protected Health Information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to your Protected Health Information about you.
- Follow the terms of the notice that is currently in effect.

### HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose your Protected Health Information that we have and share with others. Each category of uses or disclosures provides a general explanation and provides some examples of uses. Not every use or disclosure in a category will be listed. The explanation is provided for your general information only.

**Treatment.** We may use your Protected Health Information about you to provide you with medical treatment or services. We may disclose your Protected Health Information about you to doctors, nurses, technicians, or other Eye & Laser Center of Starkville personnel who are involved in taking care of you at the Eye & Laser Center of Starkville. For example, your health information may be disclosed to a corrective lens provider to obtain appropriate glasses or contact lenses for you. We also may disclose your Protected Health Information about you to people outside the Eye & Laser Center of Starkville who may be involved in your medical care, such as family members, a personal attendant, clergy, or others we use to provide services that are part of your care, such as therapists or physicians. We may use your Protected Health Information to notify you by telephone, mail, or e-mail of scheduled or recommended appointments for care.

**Payment.** We may use and disclose your Protected Health Information about you so that the treatment and services you receive at the Eye & Laser Center of Starkville may be billed to payment may be collected from you, an insurance company, or third party. For example, we may need to give your health plan information about treatment you received at the Eye & Laser Center of Starkville so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**Healthcare Operations.** We may use and disclose your Protected Health Information about you for Eye & Laser Center of Starkville operations. These uses and disclosures are necessary to run the Eye & Laser Center of Starkville and make sure that all of our patients receive quality care. For example, we may use your Protected Health Information to review our treatment and services and to evaluate the performance of staff in caring for you. We may also use your Protected Health Information to decide what additional services the Eye & Laser Center of Starkville should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, and other Eye & Laser Center of Starkville personnel for review and learning purposes. We may also combine the Protected Health Information we have with your Protected Health Information from other medical practices to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of your Protected Health Information so others may use it to study healthcare and healthcare delivery without learning the identities of specific patients.

**Treatment Alternatives.** We may use and disclose your Protected Health Information about you to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services.** We may use and disclose your Protected Health Information about you to relay health-related benefits or services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care.** We may release your Protected Health Information about you to a friend or family member who is involved in your medical care. This would include, but is not limited to, persons named in any durable health care power of attorney or similar document provided to us. We may also give information to someone who helps pay for your care. In addition, we may disclose your Protected Health Information about you to an entity assisting in disaster relief effort so that your family can be notified about your condition, status, and location.

**Research.** Under certain circumstances, we may use and disclose your Protected Health Information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of your Protected Health Information, trying to balance the research needs with patients' need for privacy of their Protected Health Information. Before we use or disclose your Protected Health Information for research, the project will have been approved through this research approval process. We may, however, disclose your Protected Health Information about you to people preparing to conduct a research project; for example, to help them look for patients with specific medical needs, so long as the Protected Health Information they review does not leave the Eye & Laser Center of Starkville. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at the Eye & Laser Center of Starkville.

**As Required By Law.** We will disclose your Protected Health Information about you when required to do so by federal, state, or local law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose your Protected Health Information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

## SPECIAL SITUATIONS

**Organ and Tissue Donation.** If you are an organ donor, we may release your Protected Health Information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, we may release your Protected Health Information about you as required by military command authorities. We may also release your Protected Health Information about foreign military personnel to the appropriate foreign military authority. We may use and disclose to components of the Department of Veterans Affairs your Protected Health Information about you to determine whether you are eligible for certain benefits.

**Workers' Compensation.** We may release your Protected Health Information about you for Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose your Protected Health Information about you for public health activities. These activities generally include the following :

- To prevent or control disease, injury, or disability;
- To report births or deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products; to notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.** We may disclose your Protected Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

**Lawsuits or Disputes.** If you are involved in a lawsuit or dispute, we may disclose your Protected Health Information about you in response to a valid court or administrative order. We may also disclose your Protected Health Information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** We may release your Protected Health Information if asked to do so by a law enforcement official:

- In response to a valid court order, subpoena, warrant, summons, or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at The Eye & Laser Center of Starkville; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

**Coroners, Medical Examiners, and Funeral Directors.** We may release your Protected Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release your Protected Health Information about deceased patients of the Eye & Laser Center of Starkville to funeral directors as necessary to carry out their duties upon the request of the patient's family.

**National Security and Intelligence Activities.** We may release your Protected Health Information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others.** We may disclose your Protected Health Information about you to authorized federal officials so they may provide protection to the President of the United States of America, or other authorized persons, or foreign heads of state, or conduct special investigations.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your Protected Health Information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; (3) for the safety and security of the correctional institution; or (4) to obtain payment for services provided to you.

## YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION ABOUT YOU

You have the following rights regarding your Protected Health Information we maintain about you:

**Right to Inspect & Copy.** You have the right to inspect and copy your Protected Health Information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes and other mental health records under certain circumstances.

To inspect and copy your Protected Health Information that may be used to make decisions about you, you must submit your request in writing to the Eye & Laser Center of Starkville's Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy your Protected Health Information in certain very limited circumstances. If you are denied access to your Protected Health Information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by the Eye & Laser Center of Starkville will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend.** If you feel that the Protected Health Information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Eye & Laser Center of Starkville. To request an amendment, your request must be made in writing and submitted to the Eye & Laser Center of Starkville's Privacy Officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of your Protected Health Information kept by or for the Eye & Laser Center of Starkville;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of your Protected Health Information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the Eye & Laser Center of Starkville's Privacy Officer. Your request must state a time period that may not be longer than six years and not include dates before April 14, 2003. Your request should indicate what form you want the list, for example, on paper or electronically. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the Protected Health Information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the Protected Health Information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Eye & Laser Center of Starkville's Privacy Officer. In your request, you must tell us

- (1) what information you want to limit;
- (2) whether you want to limit our use, disclosure or both; and
- (3) to whom you want the limits to apply, for examples, disclosures to your spouse.

**Right to Confidential Communications.** You have the right to request to receive communications from us on a confidential basis by using alternative means for receipt of information or by receiving the information at alternative locations. We must accommodate your request, if it is reasonable. You are not required to provide us with an explanation as to the basis of your request. Contact the Privacy Officer if you require such confidential communications.

**Right to a Paper Copy of this Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, request a copy from the Eye & Laser Center of Starkville's Privacy Officer in writing.

#### CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for your Protected Health Information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at the Eye & Laser Center of Starkville office. The notice will contain on the first page the date of the last revision and effective date. In addition, each time you visit the Eye & Laser Center of Starkville for treatment or health care services you may request a copy of the current notice in effect.

#### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Eye & Laser Center of Starkville Privacy Officer. You may also submit a complaint to the Secretary of the Department of Health and Human Services at The Office of Civil Rights, The U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Washington, D.C. 20201, (202) 619-0257 or toll free (877) 696-6775.

To file a complaint with the Eye & Laser Center of Starkville contact: Eye & Laser Center of Starkville Privacy Officer, 100 Walker Way, Starkville, MS 39759. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

#### OTHER USES OF YOUR PROTECTED HEALTH INFORMATION

Other uses and disclosures of your Protected Health Information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose your Protected Health Information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your Protected Health Information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.