



Effective 04/14/2003 (Revised 08/26/2013)

## Charlotte Ophthalmology Clinic Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The Health Insurance Portability & Accountability Act of 1996 "HIPAA" is a federal program that requires that all medical records and other individual identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. "HIPAA" provides penalties for covered entities that misuse personal health information.

As required by "HIPAA", we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operations.

- **Treatment** means providing, coordinating, or managing healthcare and related service by one or more health care provider. An example of this would include a physical examination.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be filing a claim for your visit to your insurance company for payment.
- **Health care operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

Any other uses and disclosures will be made with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosure to family members, other relatives, close personal friends, or any other person identified by you, We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree, in writing, to remove it.
- The right to reasonable request to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting disclosure of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

## **HITECH ADMENDMENTS:**

- **Cash Patients** The HITECH act states if a patient pays out of pocket in full for their services they can request that the information regarding the service not be disclosed to the patient's insurance company.
- **Access to Electronic Health Records** The HITECH act expands this right, giving individuals the right to access their own E-health records in electronic format.
- **Accounting of all E-Health Disclosures** Effective January 1, 2014, The HITECH act requires that COC is able to provide an accounting of all E Health record disclosures used to carry out treatment, payment, and health care operations for up to 3 years from the date of request.
- **Restrictions on Marketing** The HITECH act restricts marketing and the sale of PHI. It is COC policy to never sell PHI, but COC may use PHI such as demographic information or email addresses to market third party products that the clinic offers. We may do this by either mail or email. You have the right to revoke this in writing at anytime.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective April 14, 2003 (revised August 26 2013) and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health and Human Services, Office for Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

### **Please contact us for information:**

Charlotte Ophthalmology Clinic  
4335 Colwick Road  
Charlotte, NC 28211  
704-364-7400

### **For more information about HIPAA or to file a complaint:**

The U.S Department of Health & Human Services  
Office of Civil Rights  
200 Independence Avenue, S.W.  
Toll free: 1-877-696-6775