



## NOTICE OF PRIVACY PRACTICES

### Carolina Cataract & Laser Center

**Effective Date: September 1, 2013**

*The following information explains how your medical information may be used and disclosed as a patient of this practice. It also explains your privacy rights as covered under federal HIPAA regulations and how you can get access to your protected information. Please review it carefully and contact Carolina Cataract & Laser Center with questions: (843) 797-3676.*

Carolina Cataract & Laser Center understands the importance of patient privacy and has implemented policies and procedures to protect your information. Our office uses an electronic medical records (EMR) system which captures and stores all of your information in electronic format. This information is stored on a secure server and only accessed by internal employees or doctors that have a direct need to review your information in order to provide patient care. We may receive your personal records from other doctors or insurance companies and we may share your information with other doctor offices, surgery centers or insurance companies as allowed to enable us to meet our professional or legal obligations.

We are required by law to provide to patients notice of this privacy policy and specifics on how personal information may be used. We are required by law to notify affected individuals following a breach of personal health information and to implement policies and procedures that ensure all information is kept secure, safe and private to the fullest extent possible.

#### **How This Medical Practice May Use or Disclose Your Health Information**

Your medical record is the property of Carolina Cataract & Laser Center, but the information in the medical record belongs to you. The law permits you access to your medical record and requests for copies of your medical record will be granted within a reasonable period of time. Although our practice does not currently charge patients for their own medical records, the law does allow medical practices to charge an administrative fee for these records to help offset the administrative expense associated with the request. The law permits us to use or disclose your health information for the following purposes:

1. Treatment. We use medical information to provide you medical care. We may share your information with other medical offices that are sharing in your care, a surgery center where you may be having surgery, a pharmacy to dispense prescribed medication to you, or to an insurance company that is requesting information to assist in the payment of your medical claims. Employees may also have access to your information when they are involved in providing you the care you need.
2. Payment. We use and disclose medical information about you to obtain payment for the services we provide. Your insurance policy requires this sharing of information as part of your insurance

contract with them and we are obligated to provide requested information related to your care as requested.

3. Health Care Operations. Any vendor that provides services to this practice has entered into a “Business Associates” agreement with Carolina Cataract & Laser Center. All Business Associates are obligated to follow the same protocol to protect the security and confidentiality of your medical information. An example is our billing company that needs access to patient information in order to submit claims and process payments from your insurance company. Another example is our IT company or EMR vendor, who may inadvertently gain access to patient medical information while performing services with our practice.
4. Appointment Reminders. We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.
5. Notification and Communication with Family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed us otherwise, in the event of your death. Requests to share your medical information with parties other than yourself, your insurance company, another medical practice or as required by law will only be granted with your signed permission on a medical release form.
6. Sale of Health Information. We will not sell your health information at any time.
7. Public Health. We may, and are sometimes required by law, to disclose your health information to public health authorities for purposes related to: Preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.
8. Health Oversight Activities. We may, and are sometimes required by law, to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by federal and South Carolina law.
9. Judicial and Administrative Proceedings. We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.
10. Law Enforcement. We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

11. Coroners. We may, and are often required by law, to disclose your health information to coroners in connection with their investigations of deaths.
12. Organ or Tissue Donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
13. Public Safety. We may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
14. Proof of Immunization. We will disclose proof of immunization to a school where the law requires the school to have such information prior to admitting a student.
15. Specialized Government Functions. We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.
16. Worker's Compensation. We may disclose your health information as necessary to comply with worker's compensation laws. For example, to the extent your care is covered by worker's compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or worker's compensation insurer.
17. Change of Ownership. In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.
18. Breach Notification. In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current email address, we may use email to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.
19. Research. We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.

## **Your Health Information Rights**

1. Right to Request Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.
2. Right to Request Confidential Communications. You have the right to request that you receive your health information in a specific way or at a specific location. We will comply with all

reasonable requests submitted in writing which specify how or where you wish to receive these communications.

3. Right to Inspect and Copy. You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We may charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary, as allowed by federal and state law. We may deny your request under limited circumstances.
4. Right to Amend or Supplement. You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about this medical practice's denial and how you can disagree with the denial.
5. You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, please contact our office.

### **Changes to this Notice of Privacy Practices**

We reserve the right to amend our privacy practices and the terms of this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment.

### **Complaints**

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our office: (843) 797-3676 or by written submission to the office of Health and Human Services at [www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf](http://www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf)