

The Eye Clinic of Monroe, AMC

Notice of Health Information Privacy Practices

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. This notice of health information privacy practices is effective April 15, 2003.

UNDERSTANDING YOUR HEALTH RECORD AND INFORMATION

Each time you visit a hospital, physician, or other healthcare provider, 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 is often referred to as your health or medical record and serves as a basis for planning your care and treatment, a means of communication among the many health professionals who may contribute to your care, the means by which you or a third-party payer can verify that services billed were actually provided, and 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 the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:
request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, although this entity is not required to agree to any requested restriction

- receive confidential communications of protected health information as provided by 45 CFR 164.522
- obtain a paper copy of the notice of information practices upon request
- inspect and obtain a copy of your health record as provided for in 45 CFR 164.524
- amend your health record as provided in 45 CFR 164.526
- obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- request communications of your health information by alternative means or at alternative locations
revoke your authorization to use or disclose health information except to the extent that action has already been taken.

OUR RESPONSIBILITIES

This organization is required by law to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to 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
- accommodate reasonable requests you may have to communicate health information by alternative means or alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change materially, we will mail a revised notice to your last known address. We will not use or disclose your health information without your authorization, except as described in this notice.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If have questions and would like additional information, please contact our designated Privacy Official:

Kerri Harrist or Dayna Freeman
3101 Mercedes Drive
Monroe, Louisiana 71201
318-325-2020

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Official either orally or in writing, or you may file with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS

We will use your health information for treatment. *For example:* Information obtained by the physician, nurse, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Such information may be shared with other health care providers involved in your treatment.

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 operations. *For example:* Members of the office staff 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 healthcare and service we provide.

Business associates: There are some services provided in our organization through contacts with business associates. Examples include certain laboratory tests, a copy service we use when making copies of your health record, and billing clearinghouses. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

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, health information relevant to that person's involvement in your care or payment related to your care.

Research: 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.

Funeral directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

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.

Marketing: 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.

Fund raising: We may contact you as part of a fund-raising effort.

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.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

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

Oversight: Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force 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.

Appointment Reminders: We may also use your health information to contact you to provide appointment reminders including but not limited to, voicemail messages, postcards, letters 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 only with your written authorization. You may revoke such authorization, if given, as provided by 45 CFR ' 508(b)(5).

The Eye Clinic of Monroe, AMC
Acknowledgment of Receipt of Notice of Health Information Privacy Practices

I, (patient name) _____, acknowledge receipt of this
(PLEASE PRINT)
Notice of Health Information Privacy Practices.

Signature of Patient or Person Authorized to Consent/Relationship
(PLEASE SIGN)

This ____ day of _____, 20__

I, _____, certify that I have made a good faith effort to obtain written acknowledgement of receipt of this **Notice of Health Information Privacy Practices**, from patient _____, but the acknowledgement was not obtained because: _____

_____.

Signature of representative of The Eye Clinic of Monroe, AMC.

This ____ day of _____, 20__.

This document must remain in the patient's chart at all times