

HENRY EYE CLINIC (HEC)

Notice of Privacy Practices

Effective Date: April 01, 2013

This notice was most recently revised on September 1, 2015

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION**

PLEASE READ CAREFULLY

THIS NOTICE IS PROVIDED ON BEHALF OF HEC

We understand that medical information about you and your health is personal and confidential, and we are committed to protecting your medical information. We create a record of the care and services you receive at HEC. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways 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 protected health information.

When we refer to “you” or “your” in this Notice, we refer to the patient. When we refer to types of disclosures of information to “you” we mean disclosure to the patient, the patient’s guardian, or the person legally authorized to receive information about the patient.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes permitted or required by law. “Protected Health Information” (PHI) is information about you or your minor child, including demographic data such as name, address, phone numbers, and other identifying information that may identify you that relates to your past, present or future physical or mental health and related health care services.

We are required to give you this Notice and to maintain the Privacy of Protected Health Information. We must abide by this Notice, but we reserve the right to change the privacy practices described in it.

You may complain to us or to the U.S. Secretary of Health and Human Services if you believe your privacy rights have been violated. To file a complaint with us; you may send a letter describing the violation to the HEC. There will be no retaliation for filing a complaint.

If you have questions or need more information, contact the HEC Privacy Officer at:

(479) 442-5227

YOUR RIGHTS

You have the following rights relating to your protected health information.

You may:

- Obtain a paper copy of this Notice
- Request in writing a restriction on certain uses and disclosures of your information. We are not required to agree to the requested restrictions, unless you are requesting to restrict certain information from your health plan and you or someone on your behalf has paid for your HEC services in full. Both the request for the restrictions and the payment in full must be made prior to any of the services being provided.
- Make a reasonable request to receive confidential communications of your PHI from us by alternative means or at alternative locations.
- Inspect or obtain a copy of records used to make decisions about you. You will be charged a fee for the cost of copying, mailing, or other supplies. We are allowed to deny this request under certain circumstances. In some situations, you may ask for a review of this denial by a licensed healthcare professional identified by HEC who was not involved in the original denial decision. We will comply with the outcome of this review.
- Request that we amend your record, if you feel the information is incomplete or incorrect; however, we are allowed to deny this request in certain circumstances. We may ask you to put these requests for amendments in writing and provide a reason that supports your request.
- Obtain a record of certain disclosures of your PHI.
- Provide us with written authorization (or permission) for uses and disclosures of your PHI that are not covered by the Notice or permitted by law. Except to the extent that the use or disclosure has already occurred, you may revoke (or cancel) this authorization. The request to cancel must be in writing.

To inspect or obtain a copy of your records, send a written request to the Clinic Manager at HEC. All other requests must be sent to the HEC Privacy Officer.

OUR RESPONSIBILITIES

We are required to maintain the privacy of your PHI, abide by the terms of this Notice, make this Notice available to you, and notify you if a breach of your health information occurs.

EXAMPLE OF USES AND DISCLOSURES

We will use your PHI for treatment. Information obtained by a nurse, doctor, or other healthcare worker will be put into the medical record and used to plan and manage your treatment. We may communicate with and provide reports or other information to your doctor or other authorized persons who are in your care, including healthcare providers outside

of HEC. We may disclose your PHI to other healthcare providers, public health reporting entities or health care plans for treatment, payment or operational purposes.

We will use your PHI for payment. A bill will be sent to you and/or your insurance company with information about your diagnosis, procedures and supplies used. We may also disclose limited information about your bill to other to obtain payment.\

Business Associates. We may share some of your PHI with outside people or companies who provide services for us, such as typing physician reports.

Patient Directory. Unless you tell us not to, we may disclose your name, location in the facility, and general condition to people who ask for you by name. If provided by you, your religious affiliation may also be given to members of the clergy.

Notification. We may use or disclose PHI to notify a family member or other person involved in your care, your location and general condition unless you tell us not to do so.

Communication with family. A doctor, nurse or other healthcare worker may share PHI with a family member, a close personal friend, or a person that you identify, if they are involved in your care or in payment for your care, unless you tell us not to do so.

Research. Your PHI may be used for research purposes in certain circumstances with your permission. Permission is required for the disclosure of your PHI for research.

Coroners, Medical Examiners, Funeral Directors. We may disclose PHI to these people, to the extent allowed by law, so that they may carry out their duties.

Organ Donor Organizations. If you are an organ donor, we may share your PHI with the organ donation agency for the purpose of tissue or organ donation in certain circumstances or as required by law.

Food and Drug Administration (FDA). We may share your PHI with certain government agencies like the FDA so they can recall drugs or equipment.

Workers' Compensation. We may disclose your PHI for workers' compensation claims.

Public Health. We may give your PHI to public health agencies who are charged with preventing or controlling disease, injury or disability or as required by law.

Communicable Disease. We may disclose PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Correctional Institution. If you are an inmate of a correctional institution, we may disclose your PHI to the institution or law enforcement as needed for your health or the health and safety of others.

Law Enforcement. We may disclose your PHI for law enforcement purposes as required by law.

As Required by Law. We must disclose your PHI when required by federal, state or local law.

Health Oversight. We must disclose your PHI to a health oversight agency for activities authorized by law, such as investigations and inspections. Oversight agencies are those that oversee the health care system, government benefit programs, such as Medicaid, and other government regulatory programs.

Abuse or Neglect. We must disclose your PHI to government authorities that are authorized by law to receive reports of suspected child abuse or neglect involving children or endangered adults.

Legal Proceedings. We may disclose your PHI in the course of any judicial or administrative proceeding, in response to a court order, and in a certain conditions, in response to a subpoena, discovery request or other lawful process, as allowed by law.

Required Uses and Disclosures. We must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the HIPAA Privacy Regulations.

To Avoid Harm. We may use and disclose your information, when necessary, to prevent a serious threat to your health or safety or the health and safety of the public or another person.

For Specific Government Functions. In certain situations, we may disclose PHI of military personnel and veterans. We may disclose PHI for national security activities required by law.

OTHER USES OF MEDICAL INFORMATION

Any use or disclosure of medical information not covered by this Notice or the laws that apply to such use or disclosure will be made only with written authorization (permission). You may cancel this authorization at any time, but you must put this in writing. If you cancel this authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization unless we are required to do so by law. We are unable to withdraw any disclosures we have already made.