

**BLUE RIDGE EYE CENTER, P.A.
NOTICE OF PRIVACY PRACTICES**

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.

We understand that your health information is personal to you, and we are committed to protecting the information about you. This Notice of Privacy Practices describes how we will use and disclose protected information and data we received or create related to your health care.

Our Duties: We are required by law to maintain the privacy of your health information, and to give you this notice describing our legal duties and privacy practices. We are also required to follow the terms of the Notice currently in effect.

How We May Use And Disclose Health Information About You: We will not use or disclose your health information without your authorization, except in the following situations:

Treatment: We will use and disclose your health information while providing, coordinating or managing your health care. For example, information obtained by a technician, Ophthalmologist, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your Ophthalmologist will put in your record his expectations of the members of your healthcare team. Members of your healthcare team will then record how you are responding to treatment. We may also provide other healthcare providers with your information to assist them in treating you.

Payment: We will use and disclose your medical information to obtain or provide compensation or reimbursement for providing your healthcare. For example, we may send a bill to you or your health plan. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. We also may disclose information about you to your health plans so that your health plan may determine your eligibility for payment for certain benefits.

Other Uses: We may also use and disclose your personal health information for the following purposes: We may contact you by telephone regarding a future appointment. Should you not be home, we will leave your appointment time with a family member, significant other, or on your telephone answering machine; we may furnish information about your health related benefits and services that may be of interest to you.

Business Associates: There are some services provided in our organization through contracts with business associates. We may disclose your health information to our business associate so they can perform the job we've asked them to do. However, we require the business associate to take precautions to protect your health information.

Notification of Family: We may use or disclose information to notify or assist a family member, personal representative, or other person responsible for your care of your location and general condition.

Communication with Family: We 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 with your care.

Research: Consistent with applicable law we may disclose information to researchers when their research has been approved by an institutional review board that has reviewed proposal and established protocols to ensure the privacy of you health information.

Organ procurement Organizations: Consistent with applicable law, we may disclose health information to organ procurement organizational other entities engaged in the procurement, banking, or transplantation of corneas for the purpose of tissue transplant.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events, product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.

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, including child abuse and neglect.

Threats to Public Health or Safety: As required by law and standards of ethical conduct, we may use or disclose health information to the necessary authorities, if we believe, in good faith, that such use or disclosure is necessary to prevent or minimize a serious and imminent threat to your health or safety or that of the public.

Victims of Abuse, neglect, or Domestic Violence: We may disclose your health information to appropriate governmental agencies, such as adult protective or social services agencies, if we reasonably believe you are a victim of abuse, neglect, or criminal investigations.

Health Oversight: In order to oversee the health care system, governmental benefits programs, entities subject to governmental regulation and civil rights laws for which health information is necessary to determine compliance, we may disclose your health information for oversight activities authorized by law, such as audits and civil, administrative, or criminal investigations.

Court Proceedings: We may disclose your health information in response to requests made during judicial and administrative proceedings, such as court orders or subpoenas.

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Law Enforcement: Under certain circumstances, we may disclose your health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, crimes on our premises, and crimes in emergencies.

Specialized Government Functions: We may use or disclose health information for specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; military purposes; or for the evaluation and health of members of the foreign service.

Worker's Compensation: We may disclose health information when authorized and necessary to comply with laws relating to workers compensation or other similar programs.

Prohibition on Other Uses or Disclosure: We may not make any other use or disclosure of your personal health information without your written authorization. Once given, you may revoke the authorization by writing to the contact person listed at the end of this notice. Understandably, we are unable to take back any disclosure we have already made with your permission.

Individual Rights you have rights concerning the confidentiality of your health information.

You have the right to request restrictions on the health information we may use and disclose for treatment, payment, and health care operations. We are not required to agree to these requests. To request restrictions please send a written request to the address listed at the end of this notice.

You have the right to receive confidential communications of health information about yourself in a certain manner or at a certain location. For instance, you may request that we only contact you at work or by mail. To make such a request, you must write to us at the address listed at the end of this notice, and tell us how or where you wish to be contacted. We must accommodate all reasonable requests.

You have a right to inspect or copy your health information. You must submit your request in writing to the address listed at the end of this notice. If you request a copy of your health information we may charge you a fee for the cost of copying, mailing or other supplies. In certain circumstances we may deny your request to inspect or copy your health information. If you are denied access to your health information, you may request that the denial be reviewed. The Ophthalmologist will then 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.

You have the right to amend health information. If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, you must submit your request in writing to the address listed at the end of this notice. We may deny your request to amend your health information if it is not in writing or does not provide a reason to support your request. We may also deny your request if:

- The information was not created by us, unless the person that created the information is no longer available to make the amendment.
- The information is not part of the health information kept by or for us.
- The information is not part of the information you would be permitted to inspect or copy.
- The information is accurate and complete.

You have the right to receive an accounting of disclosures of your health information. You must submit your request in writing to the address listed at the end of this notice. The right to receive an accounting of disclosures does not apply to disclosures made: to the patient, to others involved in the patient's care or payment for that care, or for treatment, payment and health care operations. Your request may state a time period, no longer than 6 years and may not include dates before April 14, 2003. The first accounting you request within 12-month period is free. For additional accountings we may charge you the cost of providing the accounting. We will notify you of this cost and you may choose to withdraw or modify your request before charges are incurred.

You have the right to request a restriction or limitation on the use or disclosure we make of your health information. We are not required to agree to your request for a restriction. 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 submit your request in writing to the address listed at the end of this notice and describe the restrictions you are seeking and the reason for it.

Complaints: If you believe that your privacy rights have been violated, a complaint made be made to our privacy officer, whose name and contact information is listed at the end of this notice. You may also submit a complaint to the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint.

Contact Person: Our contact person for all questions, requests or for further information related to the privacy of your health information is:
Sarah Massios - 530 By-pass 123, Suite C - Seneca, SC 29678 - PH(864) 985-1110 - FAX (864) 985-1410

Changes to This Notice: We reserve the right to change our privacy practices and to apply revised practices to health information about you that we already have. Any revision to our privacy practices will be described in a revised Notice that will be posted prominently in our facility.

BLUE RIDGE EYE CENTER, P.A.

530 BY-PASS 123 - SENECA, SC 29678

PH (864) 985-1110 - FAX (864)985-1410

SCOTT C. MASSIOS, M.D., F.A.C.S.

NOTICE OF PRIVACY PRACTICES

Acknowledgement of Receipt

By signing this form, you acknowledge receipt of the Notice of Privacy Practices of Blue Ridge Eye Center, P.A. Our Notice of Privacy provides information about how we may use and disclose your protected health information. We are required by federal law to obtain your acknowledgement that you have received this Notice.

If you have any questions about our Notice of Privacy Practices, please contact us as the telephone number listed above.

I acknowledge receipt of the Notice of Privacy Practices of Blue Ridge Eye Center, P.A.

Signature: _____
(Patient / Parent / Guardian)

Date: _____