

*Agape Eye Care & Laser, P.C.*

**HIPAA NOTICE OF PRIVACY PRACTICES**

Effective Date: 08/01/07

**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.**

If you have any questions about this notice, please contact Denise Griffin, Administrator

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This notice describes our practices and that of:

- Any health care professional authorized to enter information into your medical file.
- All departments and units of the practice.
- All employees, staff and other practice personnel.
- In addition, those entities, sites and locations that may share medical information with each other for treatment, payment or health care operations purposes described in this notice.

**OUR PLEDGE REGARDING MEDICAL INFORMATION:**

We understand that medical information about you and your health is personal and we are committed to protecting this information. We create a record of the care and services you receive at this practice to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the physician, technicians, and other staff members.

This notice will tell you about: 1) the ways in which we may use and disclose medical information about you; 2) your rights regarding these uses and disclosures; and 3) certain obligations we have regarding the use and disclosure of medical information.

The law requires us to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:**

Agape Eye Care & Laser Center, P.C. may use or disclose your medical information (called "protected health information" or "**PHI**") for the purposes of treatment, payment, and health care operations, described in more detail below, without obtaining written consent from you.

**For Treatment.** We may use and disclose your PHI in the course of providing, coordinating, or managing your medical treatment, including the disclosure of PHI for treatment activities of another health care provider. These uses and disclosures may be shared with doctors, nurses, technicians, or other staff personnel who are involved in your health care. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments of the practice may share PHI in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We may also disclose PHI to people outside the practice who may be involved in your medical care, such as family members, clergy or others used to provide services that are part of your care.

**For Payment.** We may use and disclose PHI so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give PHI about a surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also disclose PHI to your health plan regarding a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations.** We may use and disclose PHI for our practice operations. These uses and disclosures are necessary to run the practice and make sure that all of our patients receive quality care. For example, we may use PHI to review your treatment and services and to evaluate the performance of our staff in caring for you. We may disclose PHI to doctors, nurses, technicians, and other staff personnel for review and learning purposes.

**Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services.** We may use and disclose PHI to remind you of an appointment, or to inform you of treatment alternatives, or other health-related benefits and services that may be of interest to you, such as disease management programs.

**Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may release PHI to a friend or family member who is involved in your medical care or to someone who helps pay for your care. We may also disclose PHI to tell your family or friends about your condition or that you are in the hospital. In addition, we may disclose PHI to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Research.** Under certain circumstances, we may use and disclose PHI for medical research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition.

**As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law. We may disclose PHI when ordered to in a judicial or administrative proceeding: in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; when dealing with gunshots and other wounds about criminal conduct; to report a crime, its location or victims; or the identity, description or location of a person who committed a crime; or for other law enforcement purposes.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

#### **SPECIAL SITUATIONS:**

**Organ and Tissue Donation.** We may release PHI to organ procurement organizations to facilitate organ, eye, or tissue transplantation.

**Specialized Governmental Functions.** We may use and disclose PHI of military personnel and veterans under certain circumstances, and we may also disclose PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities; for the provision of protective services to the President or other authorized persons or foreign heads of state; or to conduct special investigations.

**Workers' Compensation.** We may disclose PHI for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose PHI to government officials in charge of collecting information about: 1) births and deaths; 2) preventing and controlling disease, injury or disability; 3) reports of child abuse or neglect and of other victims of abuse, neglect, or domestic violence; 4) reactions to medications; 5) product problems or defects; or 6) to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

**Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, licensure, or disciplinary actions, and other proceedings, actions, or activities necessary for monitoring the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We may also disclose PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Coroners, Medical Examiners and Funeral Directors.** We may disclose PHI to coroners, medical examiners, and funeral directors for the purpose of identifying a decedent, determining a cause of death, or otherwise as necessary to enable these parties to carry out their duties consistent with applicable law.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose PHI to the correctional institution or law enforcement official for the purposes of: (1) allowing the institution to provide you with health care; (2) protecting your health and safety or the health and safety of others; or (3) ensuring the safety and security of the correctional institution.

### **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:**

You have the following rights regarding medical information (PHI) we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and copy PHI that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. We may deny your request to inspect and copy, in certain very limited circumstances, but you may request that the denial be reviewed. Another licensed health care professional, (not involved in the initial denial decision), will be designated as the reviewing official and we will comply with the results.

**Right to Amend.** You may ask us to amend PHI that you believe is incorrect or incomplete. Your request must be made in writing and it must explain why you are requesting an amendment to your PHI. We may deny your request if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend PHI that is: a) not created by us; b) not part of the PHI kept by or for the practice; c) not subject to being inspected by you; or d) accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request and receive a list of disclosures of your PHI we have made during the six (6) years prior to your request (but not before April 14, 2003). The list will not include disclosures: a) for which you have provided a written authorization; b) for treatment, payment, and health care operations; c) made to you; d) made to persons involved in your health care; e) for national security or intelligence purposes; f) to correctional institutions or law enforcement officials; or g) of a limited data set. Your request must state a time period and indicate in what form you want the list (e.g. paper, electronic, fax). We may charge you for the costs of providing the list, but will notify you of the cost involved so that you may withdraw or modify your request prior to costs being incurred.

**Right to Request Restrictions.** We are not required to agree to any restrictions you request, but if we do so, we will be bound by the restrictions agreed to, except in emergency situations. Your written request must tell us: (1) what PHI you want to limit; (2) whether you want to limit the use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about your PHI in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Requests must be written and specify how or where you wish to be contacted. We will accommodate all reasonable requests, without requiring you to provide a reason.

**Right to a Paper Copy of This Notice.** You have the right to receive a paper copy of this notice upon request, even if you have agreed to receive this notice electronically. You may obtain a copy of this notice at our website, [www.agapelasereye.com](http://www.agapelasereye.com) or obtain a paper copy from the Privacy Officer for Agape Eye Care & Laser Center, P.C.

### **CHANGES TO THIS NOTICE:**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you, as well as, for any PHI we receive in the future. We will post a copy of the current notice at the front desk. The notice will contain, in the heading on the first page, the effective date. Each time you register or come in for treatment or health care services we will offer you a copy of the current notice in effect.

### **COMPLAINTS:**

If you believe your privacy rights, with respect to your PHI, have been violated, you may file a complaint with the practice or the Secretary of the Department of Health and Human Services. To file a complaint with the practice, contact the Privacy Officer for Agape Eye Care & Laser Center, P.C. and submit a written complaint. We will not penalize you or retaliate against you for filing a complaint regarding our privacy practices.

### **OTHER USES OF MEDICAL INFORMATION:**

Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose PHI, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI for the reasons covered by your written authorization. Please understand that we are unable to recover any disclosures already made with your permission and we are required to retain our records of the care that we provided to you.

### **PRIVACY OFFICER:**

Agape Eye Care & Laser Center, P.C. has designated the Practice Administrator as the Privacy Officer for the corporation. If you wish to: a) inspect and copy PHI; b) amend PHI; c) request a list of accounting disclosures; d) request restrictions; e) request confidential communications; or f) obtain a paper copy of this notice, you must submit your request in writing to the Privacy Officer.

### **Privacy Officer contact information is as follows:**

**Denise P. Griffin**  
**Agape Eye Care & Laser Center, P.C.**  
**744 Noah Drive, Suite 108**  
**Jasper, GA 30143**

**Phone: 706.299.5798**  
**E-mail: [denise@agapelasereye.com](mailto:denise@agapelasereye.com)**

**Notice of Privacy Practices Acknowledgement**

**Agape Eye Care & Laser Center, P.C.**

**Patient Acknowledgement Form**

By signing this form, you consent to our use and disclosure of protected health information, PHI, about you for treatment, payment and health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by contacting **Denise Griffin** at **706.299.5798**.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

Patient's Name (Print):	Patient's Signature:	Date:
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Patient's Name (Print):	Patient's Signature:	Date:
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**Requests for Confidential Communication of Protected Health Information**

Patient Name In Full (Please Print)

Today's Date

Address: Street, City, State, ZIP

Birth Date	Social Security Number	Home Number	Work Number
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I, \_\_\_\_\_, request that *Agape Eye Care & Laser Center, P.C.* communicate with me, or the designated individual(s) identified below, concerning my medical information by the following method:

Designated Person(s):

Alternative communications method example: answering machine, pager, email, and anyone who accompanies me in the exam room.

Patient – Signature	Date	Time
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Person Authorized To Sign For Patient:

Relationship to Patient:

This authorization shall remain valid until \_\_\_\_\_, 200\_\_, or until the expiration of one year from the date executed herein, whichever occurs first. I understand that I have the right to revoke this authorization at any time.