

Notice of Privacy Practices of Protected Health Information

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.

It also describes your rights to access and determine how your protected health information is used or disclosed. Your "Protected Health Information" is information about you. This information may identify who you are and include information that relates to your past, present, or future physical or mental health or condition and related health care services. If you have any questions about this Notice please refer to the section of this form titled "Request further Information, Communications, and Complaints."

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information and to abide by the terms of this Notice of Privacy Practices.

TREATMENT, PAYMENT AND HEALTHCARE OPTIONS

Treatment-We will use and disclose your Protected Health Information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example:

1. We would disclose Protected Health Information to other physicians who may be treating you. For example, your Protected Health Information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment-Your Protected Health Information will be used as needed, to obtain payment for your health care services. This may include, but is not limited to:

1. Giving your health insurance plan information about care that you received so that they will pay us or repay you;
2. Giving the necessary information to our billing company, a health care clearing house, or a collections company to assist us with collecting payment for services rendered to you.

Healthcare Operations-We may use or disclose your Protected Health Information as needed, in order to support the business activities of our practice. These activities include, but are not limited to:

1. Quality assessment activities; employee review activities; training of students; licensing; and getting accreditation, certificates, licenses, and credentials that we need to serve you.

Additional Uses or Disclosures That You Have the Opportunity to Agree With or Object To

In the following instances, you have the opportunity to agree with or object to the use or disclosure of all or part of your Protected Health Information. If you are not present or able to agree with or object to the use or disclosure of the Protected Health Information, then your medical practitioner may use professional judgement and determine whether the disclosure is in your best interest. In this case, only the Protected Health Information that is relevant to your healthcare will be disclosed.

Notification of Others Involved in Your Healthcare – We may disclose to a:

1. Member of your family;
2. Your personal representative; or
3. Another person responsible for your care;

Information about your location, general condition, or death. If you are present, we will get your permission, if possible, before we share, or give you the opportunity to refuse permission. In case of an emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, or medical information for you.

Notice to You – We may contact you to provide appointment reminders, treatment alternatives, or health related benefits and services that may be of benefit to you.

Disaster Relief – We may use or disclose your Protected Health Information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your healthcare.

**Additional Uses or Disclosures
That the Opportunity to Agree With or Object To is Not Required**

Public Health Activities – We may disclose your Protected Health Information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. We may also disclose your Protected Health Information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases – We may disclose your Protected Health Information, 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.

Health Oversight – We may disclose Protected Health Information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include: government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

Abuse or Neglect – We may disclose your Protected Health Information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your Protected Health Information if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration – We may disclose your Protected Health Information to collect or report adverse events (or similar activities regarding food or dietary supplements), product defects or problems (including problems with the use or labeling of a product), or biological product deviations;

1. To track FDA-regulated products;
2. To enable product recalls, repairs, or replacement, or for lookback (including locating and notifying persons who have received products that have been withdrawn, recalled, or are the subject of lookback); and
3. To conduct post-marketing surveillance.

Required By Law – We may use or disclose your Protected Health Information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Legal Proceedings – We may disclose Protected Health Information in the course of any judicial or administrative proceeding, in response to an Order from a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request, or other lawful process.

Law Enforcement – We may also disclose Protected Health Information, as long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include:

1. Legal processes and purposes otherwise required by law;
2. Limited information requests for identification and location purposes;
3. Pertaining to victims of a crime;
4. Suspicion that death has occurred as a result of criminal conduct;
5. In the event that a crime occurs on the premises of the practice; and
6. A medical emergency (not on the practice's premises), when it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation – We may disclose Protected Health Information to a coroner or medical examiner for identification purposes, determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose Protected Health Information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his/her duties. We may disclose such information in reasonable anticipation of death. Protected Health Information may be used and disclosed for cadaveric organ, eye, or tissue donation purposes.

Research – We may disclose your Protected Health 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 Protected Health Information.

Military Activity and National Security – When the appropriate conditions apply, we may use or disclose Protected Health Information of individuals who are Armed Forces personnel:

1. For activities deemed necessary by appropriated military command authorities;
2. For the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or
3. To a foreign military authority if you are a member of their foreign military services. We may also disclose your Protected Health Information to authorized federal officials for conducting national security and intelligence activities, including the provision of protective services to the President of others legally authorized.

Workers' Compensation – Your Protected Health Information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

Inmates – We may use or disclose your Protected Health Information if you are an inmate of a correctional facility and your physician created or received your Protected Health Information in the course of providing care to you.

Required Uses and Disclosures

Under the law, We must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

Uses and Disclosures Based upon Your Written Authorization

Other uses and disclosures of your Protected Health Information will be made only with your written authorization, unless otherwise permitted or required by law as described above. You may revoke this authorization at any time in writing, except to the extent that your medical practitioner or the practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Rights

The following is a statement of your rights with respect to your Protected Health Information. To exercise any of these rights, please put your request in writing and deliver them to the individual, by the means that you choose, that is listed in the section "Request Further Information, Communications, and Complaints" below.

You have the right to request to inspect and copy your Protected Health Information. – You have the right to request to view or have copies of your Protected Health Information provided to you. There are some circumstances that we do not have to accommodate your request. For instance:

Under federal law, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and Protected Health Information that is subject to law that prohibits access to Protected Health Information.

Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Contact Person if you have questions about access to your medical record.

You have the right to request a restriction of how we use your Protected Health Information. – You have the right to request that we restrict our use and disclosure of your medical records and information. We do not have to agree to your requested restrictions. If we do agree to the requested restriction, we will abide by the restriction unless we need to use or disclose the information for a medical emergency or other another situation that may be allowed or required by law.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. – We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request.

You have the right to request that your medical practitioner amend your Protected Health Information. – In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us, and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. If we accept your request to change the information, we will make reasonable efforts to notify others that may be affected by the change.

You have the right to receive an accounting of certain disclosures we have made, if any, of your Protected Health Information. – This right applies to disclosure for purposes other than treatment, payment, or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter time frame. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

You have the right to obtain a paper copy of this notice from us. – If you received this notice electronically, you have the right to obtain a paper copy by putting your request in writing.

Request Further Information, Communications, and Complaints

You may complain to us, to the Secretary of Health and Human Services, or to our Contact Person if you believe your privacy rights have been violated by us. **Please Note:** We will not retaliate against you for filing a complaint.

You may contact our Privacy Contact Person at 615-883-9595 or write our Privacy Contact Person at 3786 Central Pike, Suite 118, Hermitage, TN 37076.

Right To Change "Notice"

Anderson Eyecare may change the terms of our notice at any time. If we do, we will make the new notice available to you either in written format or, if we have one at that time, on our website. We will also post the new Notice in a conspicuous visible location in our practice.