

## 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.**

**If you have any questions about this Notice, please contact our Privacy Officer at (803) 736-7200  
Effective date: September 23, 2013**

*We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact our Privacy Officer.*

**1: The Use and Disclosure of Medical Information for Treatment, Payment and Health Care Operations:** By law we are allowed to use and disclose your medical information for most purposes related to your medical treatment (“Treatment”), the payment of your medical treatment (“Payment”), and our health care operations or the operations of other covered entities to whom we disclose your medical information (“Operations”). Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

**Treatment** means the provision, coordination or management of health care and related services by or involving one or more health care providers, such as the coordination of consultations and referrals. For example, we can share most medical information regarding your health condition with another provider as part of a consultation. Please note that by law, certain medical information, such as psychotherapy notes, generally may not be used or shared even when it is related to treatment, unless an authorization form is obtained from you to use or release that information.

**Payment** means activities related to obtaining reimbursement from HMO’s, insurers or other payers for services provided to you. Payment can also cover activities to determine your eligibility for services with your insurer, coordination of benefits with other insurers, billing, claims management, collection, medical necessity review activities, utilization review activities and disclosure to consumer reporting agencies. For example, we can disclose to your health plan medical information that is required by the plan to determine whether the services we have provided to you are medically necessary or obtaining approval for surgery may require that your relevant protected health information be disclosed to the health plan.

**Healthcare Operations** cover a range of activities. We may use or disclose, as needed, your protected health information in order to support the business activities of your physician’s practice. These activities include, but are not limited to, quality assessment activities, training staff and conducting or arranging for other business activities. We will share your protected health information with third party “business associates” that perform various activities, e.g. billing service, transcription service, or engaging counsel to defend us in a legal action is another activity that is considered health care operations for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

**Treatment Alternatives:** We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Research:** We may use and disclose your health information to researchers when their research has been approved by institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information. Unless we notify you in advance and you give us written permission, we will not receive any money or other thing of value for using or disclosing your medical information. Medical information about you that has had identifying information removed may be used for research without your consent.

**Notification and Communication with Family:** We may disclose your protected health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, general condition, or death. We may disclose information to public or private entities authorized to coordinate such notifications for disaster relief purposes. We may also disclose your protected health information to someone who is involved with your care or helps pay for your care. Generally, we will obtain your oral agreement before using or disclosing health information in these ways. However, under certain circumstances, such as in an emergency situation, we may make these uses and disclosures without your agreement. If you are unable or unavailable to agree or object, we will use our best judgment in communicating with your family and others.

**Appointment and Patient Recall Reminders:** We may use and disclose medical information to contact and remind you about appointments, or that you are due to receive periodic care from the Practice. If you are not home, we may leave this information on your answering machine, which could (potentially) be picked up by others or in a message left with the person answering the phone.

**Business Associates:** We sometimes work with outside individuals and businesses that help us operate our business successfully, such as by providing billing services. We may disclose your PHI to these business associates so that they can perform the tasks that we hire them to do. We have written contracts with our business associates that require them and their subcontractors to protect the confidentiality and security of your PHI.

**As Required of Permitted by Law:** We may use or disclose your protected health information to the extent that the use or disclosure is authorized by law. When required by law, your authorization is not required, nor are you allowed to agree or object. You will be notified, if required by law, or any such uses or disclosures. These circumstances are as follows:

**Public Health Risks:** We may disclose medical information about you for public health activities. These activities generally include but are not limited to the following: (1) to report, prevent or control disease, injury, or disability; (2) to report births and deaths; (3) to report reactions to medications or problems with products; (4) to notify people of recalls of products they may be using; (5) 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; (6) to report suspected abuse or neglect as required by law.

**Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, disciplinary proceedings and other administrative and judicial actions that the government uses to monitor the health care system, government programs and compliance with civil rights laws.

**For Judicial and Administrative Proceedings:** We may disclose protected health information as required by a court or administrative order, or in some instances in response to a subpoena or discovery request if it is accompanied by satisfactory assurances.

**Law Enforcement:** We may disclose your medical information to a law enforcement official: (1) in response to a court order, warrant or similar process; (2) to comply with mandatory reporting requirements for violent injuries; (3) to help locate a fugitive, suspecting, missing person or material witness; (4) to report a death or injury we believe may be the result of criminal conduct; and (5) to report suspected criminal conduct committed at Carolina Retina Center facilities.

**Coroners, Funeral Directors, and Organ Donation:** We may, and are sometimes required by law, to disclose your health information to coroners in connection with their investigations of deaths. 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 their 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.

**To Avert a Serious Threat to Health or Safety:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent/lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Active Military Personnel and Veterans:** If you are an active duty member of the armed forces or Coast Guard, we must give certain information about you to your commanding officer or other command authority so that your fitness for duty or for a particular mission may be determined. We may release medical information about foreign military personnel to the appropriate foreign military authority. We may use and disclose to components of the Dept. of Veterans Affairs medical information about you to determine whether you are eligible for certain benefits.

**National Security, Intelligence Activities and Protective Services:** We may release without your consent medical information about you as required by applicable law to authorized federal or state officials for intelligence, counterintelligence, or other governmental activities prescribed by law to protect our national security. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.

**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:** If you are an inmate of a correctional institution or in the custody of law enforcement, we may release medical information about you, if they represents to us that such medical information is necessary: (1) to provide you with health care; (2) to protect your health and safety or the health and safety of others; (3) to protect the safety and security of officers, employees, or others at the correctional institution or involved in transporting you; (4) for law enforcement to maintain safety and good order at the correctional institution; (5) to obtain payment for services.

**Marketing of Health-Related Products and Services:** "Marketing" means a communication for which we receive any sort of payment from a third party that encourages you to use a service or buy a product. Before we may use or disclose your medical information to market a product or service, we must obtain your written authorization to do so. The authorization form will let you know that we have been paid to make the communication to you. Marketing does not include: prescription refill reminders or other information that describes a drug you currently are being prescribed, so long as any payment we receive for that communication is to cover the cost of making the communication; face-to-face communications; or gifts of nominal value, such as pens or key chains stamped with our name or the name of a health care product manufacturer. Communications made about your treatment, such as when your physician refers you to another health care provider, generally are not marketing.

**Sale of Medical Information:** We will not sell your medical information without first receiving your authorization in writing. Any authorization form you sign agreeing to the sale of your medical information must state that we will receive a payment of some kind disclosing your information. However, because a "sale" as a specific definition under the law, it does not include all situations in which payment of some kind is received for the disclosure. For example: A disclosure for which we charge a fee to cover the cost to prepare and transmit the information does not qualify as a "sale" of your information.

## **2. Your Rights**

**Right to Request Restrictions** of your protected health information. Except where we are required to disclose the information by law, you have the right to request a restriction or limitation on the medical information we use or disclose about you. You can revoke any and all authorizations you previously gave us relating to disclosure of your medical information. We are not required to agree to your request, with the exception of restrictions on disclosures to your health plan, as described below. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, make your request in writing and forward to our Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

You may request that we not disclose your medical information to your health insurance plan for some or all of the services you receive during a visit to any Carolina Retina Center location. If you pay the charges for those services you do not want disclosed in full at the time of such service, we are required to agree to your request. "In full" means the amount we charge for the service, not your copay, coinsurance, or deductible responsibility when your insurer pays for your care. Please note that once information about a service has been submitted to your health plan, we cannot agree to your request. If you think you may wish to restrict the disclosure of your medical information for a certain service, please let us know as early in your visit as possible.

**Right to Request Confidential Communications.** You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we communicate with you only at your home, not at your workplace. We will accommodate all reasonable requests and we will not ask you the reason for your request. Make your request in writing and forward to the Privacy Officer and specify how or where you wish to be contacted. You may use our Confidential Communication form.

**Right to Access** your protected health information. You have the right to inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your physician and the practice uses for making decisions about you. Under federal law, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. In some circumstances, you may have a right to have this decision reviewed. Please request a Patient Access to Medical Records form, complete and forward to our Privacy Officer. If we have all or any portion of your medical information in an electronic format, you may request an electronic copy of those records or request that we send an electronic copy to any person or entity you designated in writing. Upon request, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request, and we will collect the fee before providing the copy to you. If you agree, we may provide you with a summary of the information instead of providing you with access to it, or with an explanation of the information

instead of a copy. Before providing you with such summary, we first will obtain your agreement to pay and will collect the fees for preparing the summary.

**Right to Amend** your protected health information. If you feel that medical information we have about you in your record is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by Carolina Retina Center. Make your request in writing via a Medical Record Amendment form and forward to our Privacy Officer. You must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may deny your request if you ask us to amend information that: (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the medical information kept by or for Carolina Retina Center; (3) is not part of the information that you would be permitted to inspect and copy; or (4) has been determined to be accurate and complete. If we deny your request for an amendment, you may submit a written statement of disagreement and ask that it be included in your medical record, and we may file a rebuttal. A copy of any such rebuttal will be forwarded to you.

**Right to an Accounting of Disclosures.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations. It excludes those disclosures made pursuant to a signed authorization, or to family members or friends involved in your care, or for notification purposes, for national security, law enforcement, or in response to an individual's request for access. You have the right to request an accounting of disclosures made by us during the past six (6) years. To request this list or accounting of disclosures, submit your request in writing to our Privacy Officer and state whether you want the list on paper or electronically. Your request must state a time period that may not be longer than six years. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We may collect the fee before providing the list to you.

**Right to obtain a paper copy of this notice or any revised notice:** You may ask us to give you a copy of this notice at any time. Even if you have agreed to accept this notice electronically, you are still entitled to a paper copy of this notice.

**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 medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at Carolina Retina Center's office. The notice will contain the effective date. If the notice changes, a copy will be available to you upon request.

**Investigations of Breaches of Privacy:** We will investigate any discovered unauthorized use or disclosure of your medical information to determine if it constitutes a breach of the federal privacy and security regulations addressing such information. If we determine that such a breach has occurred, we will provide you with notice of the breach and advise you what we intend to do to mitigate the damage (if any) caused by the breach, and about the steps you should take to protect yourself from potential harm resulting from the breach.

**Questions and Complaints.** If you have any questions, concerns or want more information about our privacy practices, contact our Privacy Officer. If you believe that any of your rights with respect to your protected health information have been violated by us, our employees or agents, you may file a complaint with us. All complaints must be submitted in writing and forwarded to our Privacy Officer at Carolina Retina Center, 7620 Trenholm Road Ext., Columbia, SC 29223, fax: 803-736-2116 and/or with the Secretary of the United States Department of Health and Human Services Office. Under no circumstances will we take any retaliation against you for filing a complaint.

**Other Uses of Medical Information:** Other uses and disclosures of medical information not covered by this notice may be made only with your written authorization, unless otherwise permitted or required by law. An authorization is a written permission that specifically identifies the information that we will use or disclose, and when and how we use or disclose it. You may revoke that authorization, in writing, at any time. Your revocation will be effective as of the end of the day on which you provide it in writing to Carolina Retina Center's Privacy Officer. If you revoke your permission, we will no longer use or disclose medical information about you for the purposes that you previously had authorized in writing. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.