

EYE CARE ASSOCIATES

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.

Eye Care Associates (ECA) is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. This Notice describes how we will use and disclose your health information in the clinic. The policies outlined in this Notice apply to all of your health information generated by us in the clinic, whether recorded in your medical record, invoices, payment forms or other ways. If you have questions about any part of this notice or if you want more information about the privacy practices at ECA please contact:

Designated Privacy Official
Eye Care Associates
PO Box 648
Laurel, MS 39440
601-649-1437

Effective Date of This Notice February 27, 2013

I. How Eye Care Associates may Use or Disclose Your Health Information

ECA collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of ECA, but the information in the medical record belongs to you. ECA protects the privacy of your health information. ECA is required by law to notify affected individuals following a breach of unsecured PHI. The law permits ECA to use or disclose your health information for the following purposes:

1. Treatment. We will use and disclose your protected health information for the purpose of providing, or allowing others to provide, coordinate, or manage your health care and any related services.
 - a. 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.
 - b. In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.
2. Payment. Your protected health information will be used, as needed, for the purpose of allowing us, as well as other entities to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.
3. Regular Health Care Operations. We may use and 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, employee review activities, training of medical students, licensing, marketing and fundraising activities, and conducting or arranging for other business activities.
 - a. For example, we may use a sign-in sheet at the registration desk. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment with a referring physician.
 - b. We will share your protected health information with third party "business associates" that perform various activities (e.g., billing) 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.
 - c. 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. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Official to request that these materials not be sent to you.
 - d. We may use or disclose your demographic information and the dates that you received treatment from your physician, as necessary, in order to contact you for fundraising activities supported by our office. If you do not want to receive these materials, please contact our Privacy Official and request that these fundraising materials not be sent to you.
4. Information provided to you.
5. Notification and communication with family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
6. Required by law. As required by law, we may use and disclose your health information.
7. Public health. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting of exploitation of vulnerable adults or domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure, and we may disclose your health information to a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
8. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
9. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding.
10. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
11. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.

12. Organ donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
13. Research. We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board or MEA Medical Clinics privacy board.
14. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
15. Specialized government functions. When the appropriate conditions apply, we may disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.
16. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.
17. Fund-raising. We may contact you to participate in fund-raising activities for ECA. You have the right to opt out of receiving these communications.

II. When Eye Care Associates May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, ECA will not use or disclose your health information without your written authorization. If you do authorize ECA to use or disclose your health information for another purpose, you may revoke your authorization of the use or disclosure of your health information in writing at any time, except to the extent that action has already been taken in reliance on your prior authorization.

III. Your Health Information Rights

1. You have the right to request that we not use or disclose your health information for a particular reason related to treatment, payment or ECA general health care operations and/or to a particular family member, other relative or close personal friend. ECA is not required to agree to your request. Notwithstanding the previous sentence, ECA is required to agree to restrict the release of health information to health plans for payment or health care operations and you have paid in full for all charges related to the treatment reflected in that health information. If we do agree to a restriction, we will abide by that restriction unless you are in need of emergency treatment and restricted information is needed to provide that emergency treatment. To request a restriction, submit a written request to the Designated Privacy Official listed on the final page of this Notice.
2. You have the right to receive your health information confidentially and/or through a reasonable alternative means or at an alternative location. This means that you may, for example, designate that we contact you at work rather than home. To request communications via alternative means or at alternative locations, you must submit a written request to the Designated Privacy Official listed on the final page of this Notice. All reasonable requests will be granted.
3. You have the right to inspect and copy your health information. To arrange for access to your records, or to receive a copy of your records, you should submit a written request to the Designated Privacy Official listed on the last page of this Notice. (If you request copies, we will charge you a reasonable fee for copying and mailing the requested information).
4. You have a right to request that ECA amend your health information that is incorrect or if you believe that important information is missing. ECA is not required to change your health information and will provide you with information about ECA denial and how you can disagree with the denial.
5. You have a right to receive an accounting of disclosures of your health information made by ECA, during the time period for which you request (not to exceed 6 years). To request an accounting of disclosures, submit a written request to the Designated Privacy Official listed on the final page of this Notice, using the form provided by our clinic to make such requests. The following disclosure will not be accounted for: (i) disclosures made for the purpose of carrying out treatment, payment or health care operations, (ii) disclosures made to you, (iii) disclosures of information maintained in our patient directory, or disclosure made to person involved in your care, or for the purpose of notifying your family or friends about your whereabouts, (iv) disclosures for national security or intelligence purposes, (v) disclosures to correctional institutions or law enforcement officials who had you in custody at the time of disclosure, (vi) disclosures that occurred prior to April 14, 2003, (vii) disclosures made pursuant to an authorization signed by you, (viii) disclosures that are part of a limited data set, (ix) disclosures that are incidental to another permissible use or disclosure, or (x) disclosures made to a health oversight agency or law enforcement official, but only if the agency or official asks us not to account to you for such disclosures and only for the limited period of time covered by that request. The accounting will include the data of each disclosure, the name of the entity or person who received the information and that person's address (if known), and a brief description of the information disclosed and the purpose of the disclosure.
6. You have a right to a paper copy of this Notice of Privacy Practices upon request. To obtain a paper copy of this notice, if you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact the Designated Privacy Official:
 Eye Care Associates
 P.O. Box 648
 Laurel, MS 39440
 601-649-1437

IV. Changes to this Notice of Privacy Practices

Eye Care Associates reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, ECA is required by law to comply with this Notice. ECA will display revised Notices in the waiting room of each clinic, as well as on the ECA website located at www.eyecarelaurel.com and they will also be available from us upon request.

V. Complaints

If you believe your privacy rights have been violated, you can file a written complaint with the Designated Privacy Official or by mail, fax or e-mail with the Office for Civil Rights (OCR), Region IV, United States Department of Health and Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsyth Street, SW., Atlanta, GA 30303-8909. Voice Phone (404) 562-7886. FAX (404) 562-7881. TDD (404) 331-2867. For all complaints filed by e-mail send to: OCRComplaint@hhs.gov. Individuals may, but are not required to, use OCR's Health Information Privacy Complaint Form. To obtain a copy of this form, or for more information about the Privacy Rule or how to file a complaint with OCR, contact any OCR office or go to www.hhs.gov/ocr/hipaa/. You will not be penalized for filing a complaint.

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Notice of Privacy Practices for Protected Health Information

Eye Care Associates has provided me with a copy of its Notice of Privacy Practices for Protected Health Information. I understand that this Notice describes how my medical information will be protected. I understand that the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires Eye Care Associates to protect my information. I understand how Eye Care Associates may use and disclose my health information.

I hereby acknowledge receipt of the Notice of Privacy Practices:

Patient Signature or Legal Guardian

Date

I received Version #003 of the Privacy Notice.

Patient Health/Patient Account Information Permission

According to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), our clinic is not authorized to discuss your medical information or patient account information with anyone but the patient. Sometimes, this is not always convenient or possible, therefore, by completing the below listed information, you are granting our clinic said permission.

Date: _____

I, _____, give the staff of Eye Care Associates, permission to
Patient or Legal Guardian

to discuss my patient chart and/or account with the following listed persons:

Patient Health/Account Information Yes _____ No _____

- | | |
|----------|--------------------|
| 1. _____ | Relationship _____ |
| 2. _____ | Relationship _____ |
| 3. _____ | Relationship _____ |