

COASTAL 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 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.

Dr. Pare' and his staff are committed to safeguarding your private health information. We will not disclose this information, without your consent, for any reason other than those listed below:

1. **TREATMENT** means providing, coordinating, or managing healthcare and related services. When you visit our practice the notes detailing your examination are recorded in your chart along with any diagnostic test results, correspondence to and from your other doctors, and any surgery related documentation. We may share this information with other healthcare professionals to assist in your treatment.
2. **PAYMENT** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. For example, we may send a bill to either you or your health plan. This may include information that identifies you, as well as your diagnosis, procedures and supplies used. We may disclose information about you to your health plan so that they may make appropriate decisions regarding your coverage and eligibility for benefits.
3. **HEALTH CARE OPERATIONS** are the business aspects of running our practice, such as conducting quality assessment and improvement activities and customer service.
4. **BUSINESS ASSOCIATES** may share your information in the performance of services that they provide our practice. An example of one such arrangement would be the company that handles our electronic billing. We do require these associates to take precautions to protect your health information.
5. **NOTIFICATION OF AND COMMUNICATION WITH FAMILY** or personal representative regarding your condition and care.
6. **FOOD AND DRUG ADMINISTRATION** may require information relative to adverse effects, product defects or information to enable product recalls.
7. **PUBLIC HEALTH OR LEGAL AUTHORITIES** to prevent or control disease, injury, or disability including child abuse or neglect.
8. **LAW ENFORCEMENT.** We may disclose your health information to appropriate government agencies, federal, state or local law enforcement if we reasonably believe you are a victim of crime, abuse, neglect, or domestic violence. We are required by law to report certain types of wounds.
9. **HEALTH OVERSIGHT.** Your information may be shared with the government agencies that oversee our healthcare system and conduct audits and civil, administrative, or criminal investigations.
10. **COURT PROCEEDINGS** in response to requests made during judicial proceedings, such as court order or subpoenas.

11. **PRISON INMATES** information may be released to the Correctional Institution or a custodial law enforcement officer in order for the institution to provide you with health care and to protect your health and safety and that of others.
12. **WORKERS COMPENSATION** in order to comply with laws relating to workers compensation.
13. **APPOINTMENT REMINDERS** may be sent to you in a postcard format.

INDIVIDUAL RIGHTS

Your rights concerning your health information are as follows and forms to exercise these rights in writing (as required) can be obtained from our front office.

- 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 receive confidential communications of health information about you 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 on our letterhead and tell us how or where you wish to be contacted.
- To inspect or copy your health information. You must submit your request in writing to the address on our letterhead. If you request a copy of your health information we may charge you a fee for the cost of copying mailing or other supplies.
- To amend your health information. If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. As mentioned earlier, a form for this request is available at our front desk. We may deny your request if:
 - 1) information is correct and complete
 - 2) not created by us
 - 3) not allowed to be disclosed, or
 - 4) not part of our records
- To receive an accounting of disclosures of your health information. A form is available at our front desk. Your request must state a time period, no longer than 6 years and may not include dates before April 14, 2003.
- To receive a copy of this notice

COMPLAINTS

If you believe that your privacy rights have been violated, a complaint may be made to our Office Manager at 772-283-8444 or the address listed on our letterhead. 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

Should you have any questions, requests or need further information related to the privacy please contact our Office Manager.

CHANGES TO THIS NOTICE

We reserve the right to change our privacy practices and to apply the 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.

Notice Effective Date: April 14, 2003