

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.

Understanding Your Health Record/Information:

Each time you visit Viewmont Eye Associates, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a basis for the following: planning your care and treatment; as a means by which you or a third-party payer can verify that services billed were actually provided; and as a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve. Understanding what is in your record and how your health information is used helps you to ensure its accuracy and to better understand who, what, when, where, and why others may access your health information. It will also help you to make more informed decisions when authorizing disclosure to others.

Your Health Information Rights:

Although your health record is the physical property of Viewmont Eye Associates, the information belongs to you. You have the right to inspect and obtain a copy of your health record. You have the right to request a restriction on certain uses and disclosures of your information, although we are not required to agree to a requested restriction; to obtain an accounting of disclosures of your health information; to request an amendment of your health record; to request communications of your health information by alternative means or at alternative locations; and to revoke your authorization to use or disclose health information except to the extent that action has already been taken, or if the authorization was obtained as a condition of obtaining insurance coverage. All of these requests should be made in writing to Viewmont Eye Associates.

Our Responsibilities:

This organization is required to maintain the privacy of your health information. We must also provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you, to abide by the terms of this notice, to notify you if we are unable to agree to a requested restriction, and to accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations. We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment, or by accessing our website at www.viewmonteye.com. We will post a copy in our office in a prominent location.

For More Information:

If you have questions and would like additional information, you may contact our privacy officer here at 828-322-4973. If you believe your privacy rights have been violated, you may file a complaint with the privacy officer here at Viewmont Eye Associates or with the secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Examples Of Disclosures For Treatment, Payment, and Health Operations

We will use your health information for treatment. For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations and members of your healthcare team will record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will use your health information for payment. For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations. We will share your protected health information with third party "business associates" that perform various activities for the practice. For example: Our accountants audit our financial records quarterly. 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.

Marketing: We will contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family: Our staff, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional Institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

EFFECTIVE DATE: April 14, 2003