

### Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practice, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This notice takes effect 4/14/03, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us by using the information listed at the end of this Notice.

**Contact Officer: Diana Knoop**

**Telephone: (803) 328-8216**

**Fax: (803) 325-8473**

**1565 Ebenezer Rd.**

**Rock Hill, SC 29732**

**1698 W. Highway 160**

**Suite 110**

**Fort Mill, SC 29715**

## Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information. The Privacy of your health information is important to us.

Please review it carefully.

Effective Date: 4/14/03

Privacy Officer: Diana Knoop



*Rock Hill Eye Center*

**1565 Ebenezer Rd.  
Rock Hill, SC 29732**

**1698 W. Highway 160  
Suite 110  
Fort Mill, SC 29715**

## Use and Disclosures of Health Information

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related service.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your healthcare services.

**Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. The activities include, but are not limited to, quality assessment activities, employee review activities, training of new employees, licensing, and conducting or arranging for other business activities.

### Other Uses and Disclosures

**Your Authorization:** In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures, permitted by your authorization while it was in effect. Unless you give us written authorization, we cannot use or disclose your health information for any reason except those described in this Notice. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

**To Your Family and Friends:** We must disclose your health information to you, as described in the Patient Rights Section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare.

**Person Involved in Care:** We may use or disclose health information to notify or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, location, and general condition. If you are present, then prior to use of disclosure of your health information, we will provide you with an opportunity to object such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up

filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

**Emergencies:** We may use or disclose your protected health information in an emergency treatment situation.

**Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law.

**Public Health:** We may disclose your protected health information for the public health activities and purposes to a public health authority that is permitted by law to collect or receive the information.

**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, investigation, and inspections.

**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.

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the FDA to report adverse events, product defects or problems, biologic produce deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

**Legal Proceedings:** We may disclose protected health information, so long as applicable legal requirements are meant, for law enforcement purposes.

**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.

**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 appropriate military command authorities; (2) for the purpose of a determination by the department of Veteran Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military service.

**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 §164.500 et. seq.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders such as voice mail messages, postcards, or letters.

### Patient Rights

**Access:** You have the right to look at or get copies of your health information, with limited exceptions. You must make this request in writing. We will charge you a reasonable fee for expenses such as copies and staff time. If you request copies, we will charge a fee of \$ .50 for each page and postage if you want the copies mailed to you. In some circumstances, your request to view your health information may be denied. You may ask for a review of the decision.

**Restrictions:** You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations.

**Amendment:** You have the right to request that we amend your health information. (Your request must be in writing and it must explain why the information should be amended.) We may deny your request under certain circumstances.

**Electronic Notice:** You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

### Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us. We also have placed copies of the entire Privacy Practice in our lobbies. Please feel free to read them or you may request a copy from our staff.

If you are concerned that we may have violated your privacy rights, you may complain to us by using the contact information listed at the end of this Notice or you may contact the Secretary of Health and Human Services.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or the U.S. Department of Health and Human Services.