

# NOTICE OF PRIVACY POLICIES FOR

## Baptist Eye Surgeons, PLLC

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### Introduction

At Baptist Eye Surgeons, PLLC we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information.

### Understanding Your Health Record/Information

Each time you visit Baptist Eye Surgeons, PLLC, 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 planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A tool in educating health professionals,
- A source of data for medical research,
- A source of information for public health officials charged with improving the health of this state and the nation,
- A source of data for our planning and marketing,
- 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, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosures to others.

### Your Health Information Rights

Although your health record is the physical property of Baptist Eye Surgeons, PLLC, the information belongs to you. You have the right to:

- Obtain a copy of this notice of information practices upon request as provided in 45 CFR 164.524
- Inspect and copy your health record as provided for in 45 CFR 164.524
- Amend your health record as provided in 45 CFR 164.528.
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528.
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522. We will honor any request to restrict disclosures of your PHI to health plans if the disclosure is only for the purpose of carrying out payment or health care operations, is not otherwise required to be disclosed by law, and the cost of the health care item or services provided has been paid in full by a person other than the health plan.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

### Our Responsibilities

Baptist Eye Surgeons, PLLC is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right change our privacy practices and to make the new provisions effective for all protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to

receive a revised copy of the Notice by calling and requesting a copy of our "Notice" or by visiting our office and picking up a copy. We will post a copy of the revised Notice in our office in the public areas.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

### For More Information or to Report a Problem

If you have questions and would like additional information you may contact the practice's Privacy Officer, at 865/579-3920.

If you believe your privacy rights have been violated you can file a complaint with the practice's Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer of the Office for Civil Rights. The address for the OCR is listed below:

Office for Civil Rights, DHHS  
61 Forsyth Street, SW. – Suite 16T70  
Atlanta, GA 30303-8909

### 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 health care team will be recorded in your record 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 of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your primary care physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you.

*We will use your health information for payment.*

**(Additional Information on other side)**

**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 health care operations.*

**For example:** Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to access the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

*Business associates:* There are some services provided in our organization through contacts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

*Directory:* Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

*Notification:* Unless you notify us that you object, 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:* Health professionals 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.

*Research:* We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

*Funeral directors:* We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

*Organ procurement organizations:* Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

*Fundraising:* We may contact you as part of a fundraising effort. (You have the right to opt out of receipt of fundraising information.)

*Food and Drug Administration (FDA):* We may disclose to the FDA health information relative to adverse events with respect to food supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

*Workers compensation:* We may disclose health information to the extent authorized by and to the extent necessary to comply with the 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.

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

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

### *Disclosures-Written Authorization Required:*

*Psychotherapy Notes:* We must obtain your written authorization prior to releasing any information from your mental health professional documenting or analyzing the contents of a conversation during a counseling session that are separated from the rest of your medical records. If you provide us authorization to use or disclose your psychotherapy notes, you may revoke that authorization, in writing, at any time.

*Marketing Activities:* We must obtain your written authorization prior to using your protected health information for marketing activities. Marketing activity is a communication about a product or service that encourages recipients of the communication to purchase or use the product or service. This includes any communications regarding alternative treatments, therapies, health care providers, or products or services. If we receive any direct or indirect **payment** as a result of the use or disclosure of your protected health information, we will explicitly state in your signed authorization that we received such payment. If you provide us authorization to use or disclose your information for marketing activities, you may revoke that authorization, in writing, at any time.

*Sale of Protected Health Information:* We must obtain your written authorization prior to using your protected health information for any sale of your protected health information. This would include receiving any financial remuneration from the recipient of the protected health information we provided. We will explicitly state in your signed authorization that we received such payment. If you provide us authorization to use or disclose your information for the sale of your protected health information, you may revoke that authorization, in writing, at any time.

*Notifications of Breach:* We will notify affected individuals of a breach of unsecured protected health information, if that should occur. Individuals shall be notified in a timely manner, within 60 days of discovery of breach. We will take steps to mitigate harm that is reasonably anticipated by such an event.

Original Effective Date: April 1, 2003  
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