

## LNO HIPPA POLICIES AND PROCEDURES



Lake Norman Ophthalmology

### 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.**

#### OUR DUTIES WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION

We are required by law to maintain the privacy of health information about you that we create and obtain in providing our services to you. This information is called “protected health information,” or “PHI” for short. This PHI may include documentation of your symptoms, examination, test results, diagnoses, treatment, and applications for future care or treatment. PHI also includes billing documents for the services you receive. We are required to give you notice of our legal duties and privacy practices concerning PHI:

- We must maintain the privacy of your PHI as required by law;
- We must provide you with this Privacy Notice explaining our legal duties and privacy practices as to the PHI we collect and maintain about you; and
- We must abide by the terms of this Privacy Notice that are current in effect.

#### PERMITTED USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

**We are permitted by federal privacy law to make uses and disclosures of your PHI for the following purposes:**

- *To Carry Out Treatment:* We may use and disclose your PHI to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others.
- *To Receive Payment:* We may use and disclose your PHI to others to bill and collect payment for the medical goods and services provided to you by us or another provider.
- *To Carry Out Health Care Operations:* We may use and disclose your PHI information in performing business activities, or “health care operations.” These “health care operations” allow us to improve the quality of care we provide and reduce health care costs.

**OTHER PERMITTED USES AND DISCLOSURES  
OF YOUR PROTECTED HEALTH INFORMATION**

- *Personal Use:* On request, we will disclose your PHI to you or your Personal Representative (a person who is authorized by law to act on your behalf with respect to health care matters).
- *Individuals Involved in Your Care or Payment for Your Care:* Unless you object or in an emergency situation, we may disclose your PHI to a family member, other relative, close personal friend or other person who is involved in your care or payment for your care, or we may disclose your PHI to notify a family member about your general condition, location or death. Unless a family member has legal authority to act on your behalf, we will only disclose information relevant to that family member's involvement in your care.
- *Required by Law:* We may use or disclose you PHI to the extent that such use or disclosure is required by law and the use or disclosure is limited to the relevant requirements of such law. If you have questions regarding the other uses or disclosures of your PHI that may be required by law, please contact our Privacy Officer at the phone number/address listed at the end of this notice.
- *Business Associates:* We may disclose your PHI to contractor or service provider (known as a "business associate") that needs the information in order to perform services for Lake Norman Ophthalmology and that agrees to protect the confidentiality of this information.
- *Public Health Activities:* As permitted by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury or disability. In addition, we may disclose your PHI to a representative of the FDA for purposes of activities related to the quality, safety or effectiveness of FDA-regulated products or activities – for example, reporting adverse events or enabling product recalls.
- *Abuse and Neglect:* We may disclose your PHI to public authorities as allowed or required by law to report abuse or neglect.
- *Organ Donation and Procurement Organizations:* Consistent with applicable law, we may disclose your PHI to organ donation and procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
- *Health Oversight Activities:* We may disclose your PHI to appropriate health oversight agencies for oversight activities authorized by law including licensure, audits, and investigations.
- *Judicial and Administrative Proceedings:* We may disclose your PHI in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or subject to a court order.
- *Serious Threat to Health or Safety:* We may disclose your PHI, in accordance with applicable law, in order to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.
- *Workers' Compensation:* We may disclose your PHI to the extent necessary to comply with laws relating to workers' compensation.
- *Correctional Institutions:* If you are an inmate of correctional institution, we may disclose to the institution or its agents the PHI necessary for your health and the health and safety of other individuals.

- *Other Purposes:* We may also use your PHI in connection with the following activities:
  - to provide you with appointment reminders
  - to advise you about alternative treatments that become available or may otherwise be of benefit to you
  - to provide you with information about health-related benefits or services that may be of interest to you

### **EXCEPTIONS TO THESE PERMITTED USES AND DISCLOSURES**

*Communicable Diseases:* If you have one of several specific communicable diseases (for example, tuberculosis, syphilis, or HIV/AIDS), North Carolina law requires that information about your disease be treated as confidential, and such information will be disclosed without your written permission only in limited circumstances. We may not need to obtain your permission to report information about your communicable disease to State and local officials or to otherwise use or disclose information in order to prevent against the spread of the disease. Also, we may disclose such information without your consent to health care personnel who care for you.

*Marketing:* We will not use or disclose your information for marketing purposes, other than face-to-face communications with you or promotional gifts of nominal value, without your written authorization. We may contact you about services we offer, treatment alternatives, case management, or refill reminders so long as we do not receive payment from third party for making these communications.

*Sale of Information:* We will not sell your PHI without your written authorization, including notification of the payment we will receive.

### **ANY OTHER USES OR DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION**

Uses and disclosures of your PHI other than those listed above will be made by Lake Norman Ophthalmology only as otherwise authorized or required by law or with your written authorization. If you sign a written authorization allowing us to use or disclose your PHI for other purposes, you may revoke that authorization at any time by submitting a written revocation to the Lake Norman Ophthalmology Privacy Officer. Such revocation will be effective except to the extent that information has already been used or disclosed or action has already been taken in reliance thereon. Lake Norman Ophthalmology may not withhold treatment if you refuse to authorize disclosure of health information for these other purposes.

### **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

The health and billing records we maintain are the physical property of Lake Norman Ophthalmology. The information in them, however, belongs to you. Listed below are your rights with regarding your health information. Each of these rights is subject to certain requirements, limitations and exceptions. Exercise of these rights may require submitted a written request to Lake Norman Ophthalmology. At your request, Lake Norman Ophthalmology will supply you the appropriate form to complete. Your rights are listed below:

- *Your Right to Request Restrictions on Certain Uses and Disclosures of Your Protected Health Information*

You have the right to request that Lake Norman Ophthalmology restrict certain uses and disclosures of your PHI for treatment, payment or health care operations. You also have the right to request restrictions on the health information we disclose about you to a family member, friend or other person who is involved in your care or the payment for your care.

If you request restrictions on the use and disclosure of your PHI, if (1) the disclosure is to a health plan for payment or health care operations and (2) you have paid out-of-pocket in full for the services to which the health information is related, we are required to comply with your request. Otherwise, we are not required to agree to your requested restriction (except that if you are mentally competent, you may restrict disclosures to family members and friends). If we do agree to accept your requested restriction, we will comply with your request except as needed to provide you emergency treatment or in accordance with federal or state law.

○ *Your Right to Receive Confidential Communications of Your Protected Health Information*

You have the right to request that we take steps to ensure that you receive your PHI in a confidential manner. We will accommodate any such request that is reasonable.

○ *Your Right to Inspect and Copy Your Protected Health Information*

You have the right to inspect and obtain a copy of your clinical or billing records or other written information that may be used to make decisions about your care, subject to some exceptions. If we retain your PHI in electronic form, you may request an electronic copy of your PHI, or a summary or explanation of that record, and request that we transmit your information electronically to a person or entity you designate. Your request must be made in writing.

We may deny your request to inspect or receive copies in certain circumstances. If you are denied access to your PHI, in some cases you have a right to request review of the denial.

○ *Your Right to Amend Your Protected Health Information*

You have the right to request an amendment of your PHI maintained by Lake Norman Ophthalmology for as long as the information is kept by or for Lake Norman Ophthalmology. Your request must be in writing and must state the reason for the requested amendment.

We may deny your request for amendment if the information:

- a) was not created by Lake Norman Ophthalmology, unless the originator of the information is no longer available to act on your request;
- b) is not part of the PHI maintained by or for Lake Norman Ophthalmology;
- c) is not part of the PHI to which you have a right to access; or
- d) is already accurate and complete, as determined by Lake Norman Ophthalmology

If we deny your request for amendment, we will give you a written denial including the reasons for denial and the right to submit a written statement disagreeing with the denial.

- *Your Right to An Accounting of Disclosures of Your Protected Health Information*

You have the right to request an “accounting” of certain disclosures of your protected health information. This is a listing of disclosures made by Lake Norman Ophthalmology or by others on our behalf, but does not include disclosures for treatment, payment and health care operations (until January 1, 2012, after which date electronic disclosures for treatment, payment and health care operations will be tracked), disclosures made pursuant to your authorization, and certain other exceptions.

To request an accounting of disclosures, you must submit your request in writing, stating a time period beginning after April 13, 2003 that is within six years for the date of your request (or three years for electronic disclosures for treatment, payment and health care operations after January 1, 2014).

- *Your Right to a Copy of this Privacy Notice*

You have the right to receive a paper copy of this Privacy Notice at any time, even if you have agreed to receive this Privacy Notice electronically. **You may obtain a copy of this Privacy Notice at our website, [www.lneye.com](http://www.lneye.com).**

IF YOU WISH TO EXERCISE ANY OF THE ABOVE RIGHTS, PLEASE CONTACT THE LAKE NORMAN OPHTHALMOLOGY PRIVACY OFFICER AT THE TELEPHONE NUMBER OR IN WRITING AT THE ADDRESS LISTED BELOW. THE LAKE NORMAN OPHTHALMOLOGY PRIVACY OFFICER WILL PROVIDE YOU WITH ASSISTANCE ON THE STEPS TO TAKE TO EXERCISE YOUR RIGHTS.

#### **DUTIES OF LAKE NORMAN OPHTHALMOLOGY**

Lake Norman Ophthalmology is required by law to maintain the privacy of PHI and to provide individuals with this Notice of our legal duties and privacy practices regarding health information. We are required to notify you if there is a breach of your unsecured PHI. We are required to follow the terms of the current Notice.

#### **REVISIONS TO THIS NOTICE**

Lake Norman Ophthalmology may revise its policy with respect to the privacy of patient PHI from time to time. Lake Norman Ophthalmology shall not adopt any amendment to this Privacy Notice that violates any law regarding the rights of patients with respect to their PHI. Any change to Lake Norman Ophthalmology’s Privacy Notice will be posted in Lake Norman Ophthalmology’s office and will be posted on our website at [www.lneye.com](http://www.lneye.com). Copies of any revisions to the Privacy Notice will also be available at our office and will be provided to any patient upon request.

## **COMPLAINTS**

If you believe that your right to privacy of your PHI has been violated by Lake Norman Ophthalmology or one of its employees, you may file a complaint in writing to:

Lake Norman Ophthalmology, Attention: Privacy Officer  
132 Gateway Blvd.  
 Mooresville, NC 28117

The Lake Norman Ophthalmology Privacy Officer may also be contacted by calling 704-663-7226.

In addition, you may file a complaint with the Secretary of the United States Department of Health and Human Services by writing to:

Region IV, Office for Civil Rights  
U.S. Department of Health and Human Services  
Regional Manager  
Atlanta Federal Center, Suite 3B70  
61 Forsyth Street, S.W.  
Atlanta, GA 30303-8909  
Telephone: (404) 562-7886  
TDD: (404) 331-2867  
Email: OCRComplaint@hhs.gov

In order to file a complaint with the Secretary, the complaint must be in writing (either on paper or electronically), must name the entity that is the subject of the complaint and the acts or omissions believed to be in violation of the requirements, must be filed within 180 days of when the complainant knew or should have known that the act or omission occurred unless good cause is shown.

Lake Norman Ophthalmology cannot, and will not, require you to waive the right to file a complaint with the Secretary as a condition of receiving treatment from Lake Norman Ophthalmology or its physicians. Neither Lake Norman Ophthalmology nor any of its employees may retaliate against you for filing a complaint with Lake Norman Ophthalmology or the Secretary.

## **PRIVACY OFFICER CONTACT INFORMATION**

If you have any questions regarding this Privacy Notice or your privacy rights, or if you wish to exercise any of your rights with respect to your PHI, please contact Lake Norman Ophthalmology's Privacy Officer at (704) 663-7226. You can also address questions or concerns to the Lake Norman Ophthalmology Privacy Officer by writing to: Lake Norman Ophthalmology, Attention: Privacy Officer, 132 Gateway Blvd. Mooresville, NC 28117.

This Version is effective as of September 23, 2013.