

Tuscaloosa Ophthalmology, PC
535 Jack Warner Pkwy, NE, Suite B-1, Tuscaloosa, AL 35404
1-(205)-556-2121

NOTICE OF PRIVACY PRACTICES (NPP) HIPAA

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.

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. This act gives you, the patient, significant rights to understand and control how your health information is used. This act was revised this year by the 2013 HIPAA Omnibus Final Rule and updates patient's rights in relating to their PHI (protected health information). "HIPAA" provides penalties for covered entities that misuse personal health information.

As required by "HIPAA", we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your PHI.

We may use and disclose your medical records only for each of the following purposes: treatment, payment, and health care operations.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include a physical examination, test results, photographs. This can be accomplished through traditional means or through the use of an electronic health records system.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be information provided to insurance companies.
- **Health care operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may 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.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your PHI, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of PHI from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information (PHI).
- The right to request amendments your PHI when errors are identified.
- The right to receive an accounting of disclosures of PHI.
- The right to obtain a paper copy of this notice from us upon request.
- The right to obtain an electronic copy of health care records when PHI is maintained in an electronic format.
- The right to be notified if a breach of confidentiality occurs that involves the patient's PHI. (The extent of information regarding the breach will vary depending on the nature and extent of the breach.)

Other forms of sharing information (PHI):

Sharing Information with Disaster Relief organizations: allows relief organizations to obtain PHI to coordinate care of the patient and/or locate family members in the event of a disaster.

Patient access to his/her health care information: a records release form is used listing what information the patient desires to obtain and the reason for the request.

Sharing of information for fundraising efforts: the patient will be contacted prior to sharing any information for fundraising. The patient must be given an opportunity to "opt out" of receiving fundraising communications.

Sharing information for the purposes of marketing the practice: patient's authorization is required before using any protected information. The practice may not sell PHI to a business associate or any third party for that party's purposes.

Agreement for out-of-pocket payment for services: if a patient elects to pay "out of pocket" for services and requests that the practice does NOT disclose this information to a health plan, the practice must accommodate this request unless required by law to disclose the information.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to Protected Health Information (PHI). This notice is effective as of September, 2013 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all PHI that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint. For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, SW
Washington, DC 20201