

## NOTICE OF PRIVACY PRACTICES

---

**THIS NOTICE OF PRIVACY PRACTICES ("NOTICE") DESCRIBES HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION AND HOW YOU CAN GET ACCESS TO SUCH INFORMATION. PLEASE READ IT CAREFULLY.**

---

Your "health information," for purposes of this Notice, is generally any information that identifies you and is created, received, maintained or transmitted by us in the course of providing health care items or services to you (referred to as "health information" in the Notice).

We are required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and other applicable laws to maintain the privacy of your health information, to provide individuals with this Notice of our legal duties and privacy practices with respect to such information and to abide by the terms of this Notice. We are also required by law to notify affected individuals following a breach of their unsecured health information.

### **USES AND DISCLOSURES OF INFORMATION WITHOUT AUTHORIZATION**

The most common reason why we use or disclose your health information are for treatment, payment, or health care operations. Examples of how we use or disclose of your information for treatment purposes are: setting up an appointment for you; testing or examining your eyes; prescribing glasses, contact lenses, or eye medications and submitting them to be filled; referring you to another doctor or clinic for eye care services; or getting copies of your health information from another professional that you may have seen before us. Examples of how we use or disclose your health information for payment purposes are: asking you about your health or vision care plans, or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency or attorney). "Health care operations" refer to those administrative and managerial functions that we perform in order to run our practice. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense in legal matters; and business planning.

### **OTHER DISCLOSURES AND USES WE MAY MAKE WITHOUT YOUR AUTHORIZATION OR CONSENT**

In limited situations, the law allows or requires us to use or disclose your health information without your consent or authorization. Not all of these situations will apply to us: some may never come up at our office at all. Such uses or disclosures are:

- when state or federal law mandates that certain health information be reported for specific purposes;
- for public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal Food and Drug Administration regarding drug or medical devices;
- disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;
- uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid; or for investigation of possible violation of health care laws;
- disclosure of judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- disclosure for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened elsewhere;
- disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- uses or disclosures for health related research;
- uses and disclosures to prevent a serious threat to our health and safety;
- uses or disclosures for specialized government functions, such as for the protection of high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of foreign service members
- disclosures of de-identified information;
- disclosures of worker's compensation programs;
- incidental disclosures that are an unavoidable by-product of permitted use of disclosures;
- disclosures to "business associates" and their subcontractors who perform health care operations for us and who commit to respect the privacy of your health information in accordance with HIPAA;

Unless you object, we will also share relevant information about your care with any of your personal representatives who are helping you with your eye care. Upon your death, we may disclose to your family members or to other persons who were involved in your care or payment for health care prior to your death health information relevant to their involvement in your care, unless doing so is inconsistent with your preferences as express to us prior to your death.

#### **SPECIFIC USES AND DISCLOSURES OF INFORMATION REQUIRING YOUR AUTHORIZATION**

The following are some specific uses and disclosures we may not make of your health information **without** your authorization:

**Marketing Activities:** We must obtain your authorization prior to using or disclosing any of your health information for marketing purposes unless such marketing communications take the form of face-to-face communications we may make with individuals or promotional gifts we may provide. If such marketing involves financial payment to us from a third party your authorization must also include consent to such payment.

**Sale of Health Information:** We do not currently sell nor do we plan to sell your health information; however, we must seek your authorization prior to doing so.

**Psychotherapy Notes:** Although we do not create or maintain psychotherapy notes on our patients, we are required to notify you that we generally must obtain your authorization prior to using or disclosing any such notes.

#### **YOUR RIGHTS TO PROVIDE AN AUTHORIZATION FOR OTHER USES AND DISCLOSURES**

- Other uses / disclosures of your health information that are described in this Notice will be made only with your written consent.
- You must provide written authorization permitting us to use your health information or to disclose it to anyone for any purpose.
- We will obtain your written authorization for uses and disclosures of your health information that are not identified in this Notice or are not otherwise permitted by applicable law.
- We must agree to your request to restrict disclosure of your health information to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law and such information pertains solely to a health care service which has been paid in full by yourself or another person other than the health plan.

Any authorization you provide to us regarding the use and disclosure of your health information may be revoked by you in writing at any time. After you revoke your authorization, we will no longer use or disclose your health information from the date of the revocation; however, we are generally unable to retract any disclosures that may have already been made with your authorization.

#### **YOUR INDIVIDUAL RIGHTS**

You have many rights concerning the confidentiality of your health information. You have the right:

- **To request restrictions on the health information we may use and disclose for treatment, payment and healthcare operations.**
- **To receive confidential communications of health information about you in any manner other than described in your authorization request form.** We reserve the right to determine if we will be able to continue treatment under the restrictive request.
- **To inspect a copy of your health information.** We may charge a nominal fee for the cost of copying and mailing.
- **To amend health information.** If you feel that your health information we have on file is incorrect or incomplete, you may request we amend the information. Your request may be denied if it is not in writing, does not provide a sufficient supporting reason, or
  - was not created by us,
  - is not part of the health information maintained by us, or
  - it is accurate and complete.
- **To receive an accounting of disclosures of your health information.** Requests must include a time period for such information.
- **To designate another party to receive your health information.**

#### **Please submit your request in writing to:**

Quinn Eye Center, ATTN: Diane Quinn, 817 NW 56<sup>th</sup> Terrace, Suite B, Gainesville, FL 32605  
Phone: (352) 331- 7771; Fax (352) 331-4302

#### **Complaints:**

If you believe that we have not properly respected the privacy of your health information, you are free to submit a complaint to us or the U.S. Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to the office contact person at the address above. If you prefer, you may discuss your complaint in person or by phone.

#### **Changes to this Notice:**

We reserve the right to change our privacy practices and to apply the revised practices to health information about you that we already have. Any revisions to our privacy practices will be described in a revised Notice that will be posted prominently in our facility and on our website. Copies of this Notice are also available upon request at our reception area.