



DOUGLASVILLE
Eye Clinic

NOTICE OF PATIENT PRIVACY PRACTICES
REVISION DATE 11/12/2014

A. OUR COMMITMENT TO YOUR PRIVACY- The terms of this notice apply to all records containing your PHI. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT: Compliance Officer 678-838-9999

C. WE MAY USE AND DISCLOSE YOUR PHI IN THE FOLLOWING WAYS:

1. Treatment.
2. Payment.
3. Health Care Operations.
4. Appointment Reminders.
5. Treatment Options.
6. Health-Related Benefits and Services.
7. Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you.
8. Disclosures Required by Law.

D. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES

1. Public Health Risks.
2. Health Oversight Activities.
3. Lawsuits and Similar Proceedings.
4. Law Enforcement.
5. Deceased Patients.
6. Organ and Tissue Donation.
7. Research.
8. Serious Threats to Health or Safety.
9. Military.
10. National Security.
11. Inmates.
12. Workers' Compensation.

E. YOUR RIGHTS REGARDING YOUR PHI.

You have the following rights regarding the PHI that we maintain about you:

1. Confidential Communications.
2. You have the right to request a restriction in our use or disclosure of your PHI.
3. Inspection and Copies. You have the right to inspect and obtain a copy of the PHI.
4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice.
5. Accounting of Disclosures. All of our patients have the right to request an "accounting of disclosures." .
6. You are entitled to receive a paper copy of our notice of privacy practices.
7. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. Complaints must be submitted in writing to Attn: Compliance Officer.
8. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.