

Effective Date: _____

NOTICE OF PRIVACY PRACTICES EYECARE CONSULTANTS

PURPOSE

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

OUR PLEDGE REGARDING MEDICAL INFORMATION

EyeCare Consultants' employees and staff understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a medical record that details the care and services you receive. We need that record in order to provide you with quality care and to comply with certain legal requirements. This notice applies to any medical records generated by EyeCare Consultants. While we may sometimes care for you during a hospital stay, the hospital(s) may have different policies and/or notices about your medical information.

This notice will tell you about the ways we may use and disclose medical information about you. It will also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- * Make sure that medical information that identifies you is kept private
- * Give you notice of our legal duties and privacy practices with respect to medical information about you
- * Follow the terms of the notice that is currently in effect

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe the different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

CATEGORY 1-FOR TREATMENT

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are taking care of you. Some examples are:

- * Your physician or a staff member may need to talk to another physician who will provide your care when he or she is away
- * Your physician or a staff member may want to refer you to a specialist and will discuss your condition with that specialist
- * Your physician or a staff member may want you to see a nutritionist and may talk to that nutritionist about your dietary needs
- * Your physician or a staff member may want to talk with family member or clergy who will assist you with care you need outside the office

CATEGORY 2-FOR PAYMENT

We may use and disclose medical information about you so that the treatment and services you receive from EyeCare Consultants may be billed to and collected from you, an insurance company, or a third party. We may tell an insurance company or a third party about care you are going to receive in order to obtain prior approval or determine your coverage.

CATEGORY 3- FOR HEALTH CARE OPERATIONS

In order to run our practice in a way that ensures that our patients receive quality care, we use and disclose medical information. The following are examples of disclosures of medical information for health care operations. We may:

- * Use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you
- * Combine your medical information with medical information about other patients to determine if we need to offer additional services to patients
- * Disclose medical information to doctors, nurses, technicians, and medical students for review and learning purposes
- * Combine the medical information we have with medical information from other practices to see where we can make improvements in our care and services
- * Remove information that identifies you from a set of health information so that others can use it to study health care without learning who the specific patients are

CATEGORY 4-APPOINTMENT REMINDERS

We may use and disclose medical information to contact you to remind you that you have an appointment for treatment or services.

CATEGORY 5-TREATMENT ALTERNATIVES

We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

CATEGORY 6-HEALTH-RELATED BENEFITS AND SERVICES

We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

CATEGORY 7-INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE

We may release medical information about you to a friend or family who is involved in your medical care. We may also tell your family or friends your condition and that you are receiving care. We also may give information to someone who helps pay for your care.

CATEGORY 8-RESEARCH

Under certain circumstances we may use and disclose medical information about you for research purposes. Occasionally, we might disclose medical information to researchers preparing to conduct a research project. For example, researchers may need to look for patients with specific medical needs and we might assist them with that.

Another example could be that your physician decides to participate in research project testing the effects of a new medication. There are several things you should know about research projects:

- * Research projects are subject to a special approval process, usually handled by the Food and Drug Administration (FDA). The approval process includes considering a patient's right to privacy of their health information and the need to conduct research to improve medical care. Before one of your physicians would participate in a research project, it will have been approved by the FDA.

- * If you are a candidate for participation in a research project, you will always be given very specific information about the research project and be asked if you want to participate.

If it is necessary to disclose your name or address or other information that specifically reveals who you are, we will ask specific permission from you for that.

CATEGORY 9-AS REQUIRED BY LAW

We will disclose medical information about you when we are required to do so by federal, state, or local law. For example, we are required to report suspected child or elderly abuse, sexually transmitted diseases, HIV, or tuberculosis, etc.

CATEGORY 10-TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY

We may use and disclose medical information about you when it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or of another person. Any disclosure will be to someone who is able to help prevent the threat.

SPECIAL SITUATIONS

Military or Veterans

If you are a member of the armed forces, we may disclose medical information about you as required by military command authorities. We may disclose medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation

We may disclose medical information about you for workers' compensation or similar programs.

Public Health Risks

We may disclose medical information about you for public health activities. These activities generally include the following:

- * To prevent or control disease, injury, or disability
- * To report births or deaths
- * To report child abuse or neglect
- * To report reactions to medications or problems with medical products
- * To notify people of recalls of products they may be using
- * To notify a person who may have been exposed to a disease or may be at risk for contacting or spreading a disease or condition
- * To Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required by law.

Health Oversight Activities

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and Licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement

We may release medical information if asked to do so by a law enforcement official:

- * In response to a court order, subpoena, warrant, summons, or similar process

- * To identify or locate a suspect, fugitive, material witness, or missing person
- * About the victim of a crime, if, under certain circumstances, we are unable to obtain the victim/patient's agreement
- * About a death we believe may be the result of criminal conduct
- * About criminal conduct in the practice's office
- * In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime

Coroners, Medical Examiners, and Funeral Directors

We may release medical information to a coroner or medical examiner. This may be necessary for example, to identify a deceased person or determine the causes of death. We may also release medical information to funeral directors as necessary to carry out their duties.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary 1) for the institution to provide you with health care, 2) to protect your health and safety or the health and safety of others, or 3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy your medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy your medical information, you must submit your request in writing to EyeCare Consultants. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

Your physician may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional will review your request and the denial. The person conducting the review will **not** be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask to amend the information. You have the right to request an amendment for as long as the information is kept by or for this practice.

To request an amendment, your request must be made in writing and submitted to EyeCare Consultants. Your request should include the reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- * Was not created by EyeCare Consultants, unless the person or entity that created the information is not longer available to make the amendment
- * Is not part of the medical information kept by or for EyeCare Consultants
- * Is not part of the information which you would be permitted to inspect and copy
- * Is accurate and complete

Right to Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to EyeCare Consultants. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003.

The first list you request within a 12-month period will be free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to EyeCare Consultants. In your request, you must tell us 1) what information you want to limit, 2) whether you want to limit our use, disclosure, or both, and 3) to whom you want to limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or only by mail.

To request confidential communications, you must make your request in writing to EyeCare Consultants. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, www.eyecareconsultants.com

To obtain a paper copy of this notice request is to EyeCare Consultants.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the waiting room. The notice will contain the effective date in the upper right corner of the first page.

COMPLAINTS

If you believe privacy rights have been violated, you may file a complaint with the practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the practice, contact Nancy Roby, Facility Manager, (812) 426-2020. All complaints should be submitted in writing.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosure of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosure we have already made with your permission, and that we are required to retain our records of the care that we provided you.