Chapel Hill Eyecare
Healthy Eyes for a Lifetime℠

235 S. Elliott Rd
Chapel Hill, NC 27514
P 919.968.4774 F 919.942.5291
Dr. Laurel Gropper & Dr. Scott Sikes

NOTICE OF PRIVACY PRACTICES

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

Effective date of notice: April 14, 2003

Our practice respects our legal obligation to maintain the privacy of your health information. We are required by law to protect the privacy of health information about you and that can be identified with you, which is called "protected health information," (PHI).

These laws also require us to provide you notice of our privacy practices and to inform you of your rights and our obligations regarding your protected health information.

- We must protect protected health information that we have created or received about: your past, present or future health condition; health care we provide to you; or payment for your health care.
- We must notify you about how we protect protected health information about you.
- We must explain how, when and why we use and/or disclose protected health information about you.
- We may only use and/or disclose protected health information as we have described in this Notice.

This Notice describes the types of uses and disclosures that we may make and gives you some examples. In addition, we may make other uses and disclosures, which occur as a byproduct of the permitted uses and disclosures described in this Notice.

We are required to follow the procedures in this Notice. We reserve the right to change the terms of this Notice and to make new notice provisions effective for all protected health information that we maintain by:

- Posting the revised notice in our offices;
- Making copies of the revised notice available upon request (either at our offices or through the contact person listed in this Notice); and
- Posting the revised notice on our website.

Permitted Uses and Disclosures of Protected Heath Information

1. To provide health care treatment to you. We may use and disclose Health Information about you to provide, coordinate or manage your health care and related services, which may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others (including referring you to another health care provider).

2. To obtain payment for services. Generally, we may use and give your medical information to others to bill and collect payment for the treatment and services provided to you by us or by another provider. Before or after you receive scheduled services, we may share information about these services with your vision plan(s).

3. For health care operations. We may use and disclose your health information in performing business activities, known as "healthcare operations". Healthcare operations include quality assessment and improvement

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activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, and other business operations.

4. Use and disclosure of Protected Health Information without your authorization or an opportunity to agree or object. In some limited circumstances in which you do not have to consent, give authorization or have an opportunity to agree or object, we may use and/or disclose health information about you. Those circumstances include:

- When required by law.
- When necessary for public health activities.
- Relates to decedents.
- Relates to organ, eye or tissue donation purposes.
- For health oversight activities.
- Relates to medical research.
- For judicial and administrative proceedings.
- To avert a serious threat to health or safety.
- For law enforcement purposes.
- Relates to specialized government functions.
- Relates to victims of abuse, neglect or domestic violence.
- Relates to correctional institutions and in other law enforcement custodial situations.

5. You can object to certain uses and disclosures. Unless you object, we may use or disclose Health Information about you in the following circumstances:

We may share with a family member, relative, friend or other person identified by you, Health Information directly related to that person's involvement in your care or payment for your care. We may share with a family member, personal representative or other person responsible for your care Health Information necessary to notify such individuals of your location, general condition or death.

We may share with a public or private agency (for example, American Red Cross) Health Information about you for disaster relief purposes. Even if you object, we may still share the Health Information about you, if necessary for the emergency circumstances.

If you would like to object to our use or disclosure of Health Information about you in the above circumstances, please call or write to our contact person listed on the cover page of this Notice.

6. Appointment Reminders: We may call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we will mail you an appointment reminder card, and/or leave you a reminder message on the answering machine or with someone who answers your phone at the phone number you have provided.

7. Marketing Activities: We will not use your health information for marketing communications without your written authorization other than notifying you of available treatments, products and/or services available at our office.

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*** ANY OTHER USE OR DISCLOSURE OF HEALTH INFORMATION ABOUT YOU REQUIRES YOUR WRITTEN AUTHORIZATION ***

Under any circumstances other than those listed above, we will ask for your written authorization before we use or disclose Health Information about you. If you sign a written authorization allowing us to disclose Health Information about you in a specific situation, you can later cancel your authorization in writing using the contact information listed at the end of the notice. If you cancel your authorization in writing, we will not disclose Health Information about you after we receive your cancellation, except for disclosures, which were being processed before we received your cancellation.

Your Rights Regarding Your Protected Health Information

1. Right to request restrictions on uses and disclosures of health information. You have the right to request that we restrict the use and disclosure of health information about you. We are not required to agree to your requested restrictions. However, even if we agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures described in subsection 4 of the previous section of this Notice. You may request a restriction by providing in writing your request using the contact information listed at the end of this notice.

2. Right to request different ways that we communicate with you. You have the right to request how and where we contact you about Health Information. For example, you may request that we contact you at your work address or phone number or by email. Such requests must be made in writing, must specify the alternative means or location and must provide satisfactory explanation how payments will be handled under the alternative means or location you request.

3. Access to Records. Upon submission of a written request to us, you have the right to request to review and receive a copy of your Protected Health Information maintained by our practice. Instead of providing you with a full copy of the Health Information, we may give you a summary or explanation of the Health Information about you, if you agree in advance to the form and cost of the summary or explanation. If you request copies, we will charge you $.25 for each page, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a reasonable cost for providing your health information in that format. There are limited situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. You may request to review and receive a copy of Health Information by providing in writing your request using the contact information listed at the end of this notice.

4. Amendments to Your Records. You have the right to request that we make amendments to the clinical, billing and other records used to make decisions about you. Your request must be in writing, must explain your reason(s) for the amendment and submitted to the contact information listed at the end of this notice. We may deny your request if: 1) the information was not created by us (unless you prove the creator of the information is no longer available to amend the record); 2) the information is not part of the records used to make decisions about you; 3) we believe the information is correct and complete; or 4) you would not have the right to review and copy the record as described in paragraph 3 above. We will notify you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received Health Information about you and who need the amendment.

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5. Rights to a listing of disclosures we have made. If you ask our contact person in writing, you have the right to receive a listing of certain disclosures of PHI about you our practice has made. You may ask for disclosures made up to seven (7) years before your request (not including disclosures made prior to April 14, 2003). We are required to provide a listing of all disclosures other then treatment, payment, healthcare operations and other requests authorized by you.

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. If, under permitted circumstances, Health Information about you has been disclosed for certain types of research projects, the list may include different types of information.

If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee.

6. Rights to a copy of this Notice. You have the right to request a paper copy of this Notice at any time by using the contact information at the end of this notice. We will provide a copy of this Notice no later than the date you first receive service from us (except for emergency services, and then we will provide the Notice to you as soon as possible).

Complaints and Questions About Our Privacy Practices

If you want more information about our privacy practices or have any questions or concerns, please contact us.

If you think we have violated your privacy rights, or you disagree with our privacy practices you may respond to us using the contact information below. You may also send a written response to the United States Secretary of the Department of Health and Human Services. If you file a response, we will not take any action against you or change our treatment of you in any way.

Privacy Officer: Carl Stice

Chapel Hill Eyecare Optometry PA

PO Box 3420

Chapel Hill, North Carolina 27515

Phone 919-968-4774

Fax 919-942-5291

Acknowledgement of Receipt

I acknowledge that I received a copy of Chapel Hill Eyecare Optometry PA's Notice of Privacy Practices.

Patient Name _____

Signature _____ Date _____