

## JOHNSON CITY EYE CLINIC

### NOTICE OF PRIVACY PRACTICES

(Physician and Physician Offices)

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Purpose: This form Notice of Privacy Practices presents the information that federal law requires a covered entity to give patients regarding its privacy practices. This form Notice of Privacy Practices requires customization to match the particular privacy practices of the various services you offer, as well as the various relationships you have with others. For example, you may need joint Notices if you participate in an organized health care arrangement.

Instructions: Consult our Privacy Officer and Legal Counsel to ensure that the Notice of Privacy Practices you intend to use accurately reflects your privacy practices and those of any organized health care arrangements in which you participate. You must check applicable state privacy law to determine if it provides greater privacy protections or rights than federal law. If so, your Notice must reflect those greater protections or rights. Your Privacy Officer and Legal Counsel must approve each final Notice of Privacy Practices, including any joint Notice you may use for an organized health care arrangement to ensure that the Notice sufficiently complies with applicable federal and state laws before you may distribute the Notice.

Statements in the following sample Notice that are in **bold** and bracketed by { and } are optional statements that may be required based on the activities you engage in.

A covered entity must distribute its Notice to each individual no later than the date of first service delivery, including service delivered electronically after April 14, 2003. You must also have the Notice available at the service delivery site for individuals to request to take with them. You must post the Notice at each of your physical service delivery sites in a clear and prominent location where it is reasonable to expect any individuals seeking service from you to be able to read the Notice. Whenever the Notice is revised, you must make the Notice available upon request on or after the effective date of the revision in a manner consistent with the above instructions. Thereafter, you must distribute the Notice to each new patient at the time of service delivery and to any person requesting a Notice.

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## NOTICE OF PRIVACY PRACTICES

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**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 PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.**

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### Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your medical information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect **04/14/03**, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice

effective for all medical information that we maintain, including medical information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

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### {Organizations Covered by this Notice}

**{This notice applies to the privacy practices of the organizations listed below, with the sites they maintain for delivery of health care products and services. These organizations are each participants in an organized health care arrangement. As such, we may share your**

**medical information and the medical information of others we service with each other as needed for treatment, payment or health care operations relating to our organized health care arrangement.}**

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JOHNSON CITY EYE CLINIC

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EYE CARE FOR THE APPALACHIANS

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JOHNSON CITY COSMETIC LASER SKIN CARE

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### Uses and Disclosures of Medical Information

We use and disclose medical information about you for treatment, payment, and health care operations. For example:

**Treatment:** We may use your medical information to treat you or disclose your medical

information to a physician or other health care provider providing treatment to you.

**Payment:** We may use and disclose your medical information to obtain payment for services we provide to you.

**Health Care Operations:** We may use and disclose your medical information in connection with our health care operations. Health care operations include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**To You and on Your Authorization:** You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your medical information for any reason except those described in this notice.

**To Your Family and Friends:** We must disclose your medical information to you, as described in the Individual Rights section of this notice. We may disclose your medical information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care, but only if you agree that we may do so.

**Appointment Reminders:** We may use your medical information to contact you to provide appointment reminders.

**Reschedule Appointments:** We may use your medical information to contact you to reschedule appointments.

**Lab Results:** We may use your medical information to contact you regarding lab results.

**Surgeries or Procedures:** We may use your medical information to contact you to discuss scheduled surgeries or procedures.

**Messages:** We may use your medical information to contact you by telephone or other electronic means. At times it may be necessary that we leave a message on your voicemail or answering machine. However, you have the right to request that we contact you by alternate means. This request must be made in writing.

**Persons Involved In Care:** We may use or disclose medical information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, your location, your general condition, or death. If you are present, then prior to use or disclosure of your medical information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose protected health information based on a determination using our professional judgment disclosing only protected health information that is directly relevant to the person's involvement in your health care. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of medical information.

**Disaster Relief:** We may use or disclose your medical information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

**Marketing Health Related Services.** We may use your medical information to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. We may disclose your medical information to a business associate to assist us in these activities.

**Fundraising:** We may use your medical information to contact you for fundraising purposes. We will limit our use and disclosure to your demographic information and the dates of your health care. We may disclose this information to a business associate or foundation to assist us in fundraising activities. We will provide you with any fundraising materials and a description of how you may opt out of receiving future fundraising communications.

**Research:** We may use or disclose your medical information for research purposes in limited circumstances.

**Death; Organ Donation:** We may disclose the medical information of a deceased person to a coroner, medical examiner, funeral director, or

organ procurement organization for certain purposes.

**Required by Law:** We may use or disclose your medical information when we are required to do so by federal, state, or local law. For example, we must disclose your medical information to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws. We may disclose your medical information when authorized by workers' compensation or similar laws. We may disclose your medical information to a government agency authorized to oversee the health care system or government programs or its contractors, and to public health authorities for public health purposes.

**Law Enforcement:** We may disclose your medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may disclose your medical information to law enforcement officials. We may disclose limited information to a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person. We may disclose the medical information of an inmate or other person

in lawful custody to a law enforcement official or correctional institution under certain circumstances.

**Abuse or Neglect:** We may disclose your medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your medical information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. We may disclose medical information when necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

**National Security:** We may disclose to military authorities the medical information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials medical information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or individual under certain circumstances.

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## Individual Rights

**Access:** You have the right to look at or get copies of your medical information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. **{You must make a request in writing to obtain access to your medical information. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we will charge you \$0.\_\_\_\_ for each page, \$\_\_\_\_ per hour for staff time to locate and copy your medical information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your medical information in that format. If you prefer, we will prepare a summary or an explanation of your medical information for a fee. Contact us using the information listed at**

**the end of this notice for a full explanation of our fee structure.}**

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your medical information for purposes, other than treatment, payment, health care operations or pursuant to an authorization and certain other activities, since April 14, 2003. We will provide you with the date on which we made the disclosure, the name of the person or entity to whom we disclosed your medical information, a description of the medical information we disclosed, the reason for the disclosure, and certain other information. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). **{Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing.}**

**Confidential Communication:** You have the right to request that we communicate with you about your medical information by alternative means or to alternative locations. **{You must make your request in writing, and you must state that the information could endanger you if it is not communicated by the alternative means or to the alternative location you want.}** We must accommodate your request if it is reasonable, specifies the alternative means or location, and provides satisfactory explanation how payments will

be handled under the alternative means or location you request.

**Amendment.** You have the right to request that we amend your medical information. **{Your request must be in writing, and it must explain why the information should be amended.}** We may deny your request if we did not create the information you want amended and the originator remains available or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

**Electronic Notice:** If you receive this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

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## Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information or to have us communicate with you by alternative means or at alternative locations, you

may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Attention: Privacy Officer

Contact Office: Johnson City Eye Clinic

Telephone: (423) 929-2111

Fax: (423) 929-0497

E-mail: [pwilson1@johnsoncityeye.com](mailto:pwilson1@johnsoncityeye.com)

Address: 222 E Unaka Avenue

Johnson City, TN 37601

Attention: Privacy Officer

Contact Office: Eye Care for the Appalachians

Telephone: (423) 989-2020

Fax: (423) 764-3937

E-mail:

Address: 225 Midway Medical Park

Bristol, TN 37620