

SOUTHERN VITREORETINAL ASSOCIATES, PL

NOTICE OF PRIVACY PRACTICES

Effective Date: September 23, 2013

Last Revision Date: None

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.

This Notice serves as a notice for Southern Vitreoretinal Associate (SVA). We will follow the terms of this Notice and may share health information with each other for purposes of treatment, payment and health care operations as described in this Notice and as required under the Health Insurance Portability and Accountability Act of 1996.

OUR DUTIES REGARDING YOUR HEALTH INFORMATION

We respect the confidentiality of your health information and recognize that information about your health is personal. We are committed to protecting your health information and to informing you of your rights regarding such information. We are also required by law to protect the privacy of your protected health information and to provide you with notice of these legal duties.

This Notice explains how, when and why we typically use and disclose health information and our privacy rights regarding your health information. In our Notice, we refer to our uses and disclosures of health information as our "Privacy Practices." Protected health information generally includes information that we create or receive that identifies you and your past, present or future health status or care or the provision of or payment for that health care. We are obligated to abide by these Privacy Practices as of the effective date listed above.

We may, however, change our Privacy Practices in the future and specifically reserve our right to change the terms of this Notice and our Privacy Practices. We will communicate any change in our Notice and Privacy Practices as described at the end of this Notice. Any changes that we make in our Privacy Practices will affect any protected health information that we maintain.

Generally, our Privacy Practices strive:

- To make sure that health information that identifies you is kept private;
- To give you this Notice of our Privacy Practices and legal duties with respect to protected health information;
- To follow the terms of the Notice that is currently in effect; and
- To make a good faith effort to obtain from you a written acknowledgement that you have received or been given an opportunity to receive this Notice.

HITECH Amendments

SVA is including HITECH Act provisions to its Notice as follows:

HITECH Notification Requirements

Under HITECH, SVA is required to notify patients whose PHI has been breached. Notification must occur by first class mail within 60 days of the event. A breach occurs when an unauthorized use or disclosure that compromises the privacy or security of PHI poses a significant risk for financial, reputational, or other harm to the individual. This notice must:

- (1) Contain a brief description of what happened, including the date of the breach and the date of discovery;
- (2) The steps the individual should take to protect themselves from potential harm resulting from the breach;
- (3) A brief description of what SVA is doing to investigate the breach, mitigate losses, and to protect against further breaches.

Business Associates

SVA's Business Associate Agreements have been amended to provide that all HIPAA security administrative safeguards, physical safeguards, technical safeguards and security policies, procedures, and documentation requirements apply directly to the business associate.

Cash Patients/Clients

HITECH states that if a patient pays in full for their services out of pocket they can demand that the information regarding the service not be disclosed to the patient's third party payer since no claim is being made against the third party payer.

Access to E-Health Records

HITECH expands this right, giving individuals the right to access their own e-health record in an electronic format and to direct SVA to send the e-health record directly to a third party. SVA may only charge for labor costs under the new rules.

Accounting of E-Health Records for Treatment, Payment, and Health

SVA does not currently have to provide an accounting of disclosures of PHI to carry out treatment, payment, and health care operations. However, starting January 1, 2014, the Act will require SVA to provide an accounting of disclosures through an e-health record to carry out treatment, payment, and health care operations. This new accounting requirement is limited to disclosures within the three-year period prior to the individual's request.

SVA must either: (1) provide an individual with an accounting of such disclosures it made and all of its business associates disclosures; or (2) provide an individual with an accounting of the disclosures made by SVA and a list of business associates, including their contact information, who will be responsible for providing an accounting of such disclosures upon request.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We use and disclose your protected health information in a variety of circumstances and for different reasons. Many of these uses and disclosures require your prior authorization. There are situations, however, in which we may use and disclose your health information without your authorization. Many of these uses and disclosures will occur with your treatment, for payment of health services or for our health care operations. There are additional situations, however, where the law permits or requires us to use and disclose your health information without your authorization. These situations will also be described in this section of the Notice. Specifically, we may use and disclose your protected health information as follows:

For Treatment, Payment and Health Care Operations

1. For Your Treatment. We may use and/or disclose your protected health information to physicians, nurses, dietitians, technicians, residents, medical or other health professional students, physical therapists or other health care personnel who are involved in your care and who will provide you with medical treatment or services.

2. For Payment of Health Services that You Receive. We may use and/or disclose your protected health information to bill and receive payment for the health services that you receive from us. For example, we may provide your health information to our billing or claims department to prepare a bill or statement to send to your insurance company, including Medicare or Medicaid, or another group or individual that may be responsible for payment for your health services.

3. For Our Health Care Operations. We perform many activities to help assess and improve the services that we provide. Such activities include, among others, participating in medical or nursing training programs or education, performing quality reviews, conducting patient opinion surveys, developing clinical guidelines and protocols, engaging in case management and care coordination, business management, insurance or legal compliance reviews or participating in accreditation surveys such as the Joint Commission for the Accreditation of Healthcare organizations. These activities are referred to as "health care operations." We may use and/or disclose health information for purposes of any of these health care operations.

For example, we may use health information to assess the scope of our services or to determine if additional health services are needed. In determining what services are needed, we may disclose health information to physicians, medical or other health or business professionals for review, consultation, comparison and planning. If we use or disclose health information in this manner, we may try to remove any information that identifies you to further protect your health information.

Additionally, we may disclose health information to auditors, accountants, attorneys, government regulators, or other consultants to assess and/or ensure our compliance with laws or to represent us before regulatory or other governing authorities or judicial bodies.

4. For Another Provider's Treatment, Payment or Health Care Operations. The law also permits us to disclose your protected health information to another health care provider involved with your treatment to enable that provider to treat you and get paid for those services as well as for that provider's health care operation activities involving quality reviews, assessments or compliance audits.

5. Special Circumstances When We May Disclose Your Health Information related to Treatment, Payment or Health Care Operations. After removing direct identifying information (such as your name, address, and social security number) from the health information, we may use your health information for research, public health activities or other health care operations (such as business planning). While only limited identifying information will be used, we will also obtain certain assurances from the recipient of such health information that they will safeguard the information and only use and disclose the information for limited purposes.

Additionally, we may disclose health information to outside organizations or providers in order for them to provide services to you on our behalf. We will also seek written assurances from these providers to safeguard the health information that they receive.

For Permitted or Required by Law Activities.

There are situations where we may use and/or disclose your health information without first obtaining your written authorization for purposes other than for treatment, payment, or health care operations. Except for the specific situations where the law requires us to use and disclose information (such as reports of abuse or neglect to social services), we have listed all these permitted uses and disclosures in this section.

1. For Public Health Activities. We may use or disclose health information to a public health authority that is authorized by law to collect or receive information in order to report, among other things, communicable diseases and child abuse, or to the F.D.A. to report medical device or product related events. In certain limited situations, we may also disclose health information to notify a person exposed to a communicable disease.

2. For Health Oversight Activities. We may disclose health information to a health oversight agency that includes, among others, an agency of the federal or state government that is authorized by law to monitor the health care system.

3. For Law Enforcement Activities. We may disclose limited health information in response to law enforcement official's request for information to identify or locate a victim, a suspect, a fugitive, a material witness or a missing person (including individuals who have died) or for reporting a crime that has occurred on our premises or that may have caused a need for emergency services.

4. For Judicial and Administrative Proceedings. We may disclose health information in response to a subpoena or order of a court or administrative tribunal.

5. To Coroners, Medical Examiners, and Funeral Directors. We may release health information to a coroner or medical examiner to identify a deceased person or to determine the cause of death.

6. For Purposes of Organ Donation. We may disclose health information to an organ procurement organization or other facility that participates in the procurement, banking or transplantation of organs or tissues.

7. For Purposes of Research. We conduct and participate in medical, social, psychological and other types of research. Most research projects are subject to a special approval process to evaluate the proposed research project and its use of health information before we use or disclose health information. In certain circumstances, however, we may disclose health information to people preparing to conduct a research project to help them determine whether a research project can be carried out or will be useful, so long as the health information they review does not leave our premises.

Additionally, because we are committed to advancing science and medicine, and as a part of your treatment, our clinicians may offer you information about clinical research trials (investigational treatments). To determine whether you are a candidate for certain clinical trials, our clinicians and research personnel may occasionally review your medical records and compare your information to the clinical trial requirements.

8. To Avoid Harm to a Person or for Public Safety. We may use and disclose health information if we believe that the disclosure is necessary to prevent or lessen a serious threat or harm to the public or the health or safety of another person.

9. For Specialized Government Functions. We may use and disclose health information of certain military individuals, for specific governmental security needs, or as needed by correctional institutions.

10. For Workers' Compensation Purposes. We may disclose your health information to comply with the workers' compensation laws or other similar programs.

11. For Appointment Reminders and to Inform You of Health Related Products or Services. We may use or disclose your health information to contact you for medical appointments or other scheduled services, or to provide you with information about treatment alternatives or other health-related products and services.

12. For Fund-raising Purposes. We may use or disclose demographic information, including the dates that you received health care from us, to contact you to raise funds for us to continue or expand our health care activities. If you do not wish to be contacted as part of our fund-raising efforts, please contact the individual(s) listed in the Contact Section of this Notice.

When your preferences will guide our use or disclosure.

While the law permits certain uses and disclosures without your authorization, the law also provides you with an opportunity to inform us of your preference, in certain limited situations, concerning the use or disclosure of your health information. For these limited uses and disclosures, we may simply ask and you may simply tell us your preference concerning the use or disclosure of your health information. These limited situations include:

1. Facility directory information on individuals who are receiving health services from us. A facility directory may include your name, your location in the facility, your general condition such as fair, stable, etc., and your religious affiliation (if provided by you). Unless you tell us that you would like to restrict your information in a facility directory, you will be included and directory information may be disclosed to members of the clergy or to people who ask for you by name.
2. The information, if any, given to family or friends. Unless you tell us otherwise prior to a discussion or if your situation appears to permit us, we may disclose to a family member, other relative or a close personal friend health information concerning your care, including information concerning the payment for your care.

All Other Uses and Disclosures Require Your Prior Written Authorization.

For situations not generally described in our Notice, we will ask for your written authorization before we use or disclose your health information. You may revoke that authorization, in writing, at any time to stop future disclosures of your information. Information previously disclosed, however, will not be requested to be returned nor will your revocation affect any action that we have already taken. In addition, if we collected the information in connection with a research study, we are permitted to use and disclose that information to the extent it is necessary to protect the integrity of the research study.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

This portion of our Notice describes your individual privacy rights regarding your health information and how you may exercise those rights.

Requesting Restrictions of Certain Uses and Disclosures of Health Information.

You may request, in writing, a restriction on how we use or disclose your protected health information for your treatment, for payment of your health care services, or for activities related to our health care operations. You may also request a restriction on what health information we may disclose to someone who is involved in your care, such as a family member or friend. To make a request to Southern Vitreoretinal Associates, please contact Administrator, 850-942-6700 or juneb@svaretina.com

We are not required to agree to your request. Additionally, any restriction that we may approve will not affect any use or disclosure that we are legally required or permitted to make under the law, including our facility directory.

As stated earlier under HITECH, if a patient pays in full for their services out of pocket they can demand that the information regarding the service not be disclosed to the patient's third party payer since no claim is being made against the third party payer.

Requesting Confidential Communications.

You may request and receive reasonable changes in the manner or the location where we may contact you for appointment reminders, lab results or other related information. You must make your request in writing and specify the alternate method or location where you wish to be contacted and how you will handle payment for your health services. To make a request to Southern Vitreoretinal Associates, please contact Administrator, 850-942-6700.

We will accommodate your reasonable request, but in determining whether your request is reasonable, we may consider the administrative difficulty it may impose on us.

Inspecting and Obtaining Copies of Your Health Information.

You may ask to look at and obtain a copy of your health information. You must make your request in writing. For Southern Vitreoretinal Associates, please submit your request to Administrator, 850-942-6700 or juneb@svaretina.com

We may charge a fee for copying or preparing a summary of requested health information. We will respond to your request for health information within 30 days of receiving your request unless your health information is not readily accessible or the information is maintained in an off-site storage location.

As stated previously, HITECH expands this right, giving individuals the right to access their own e-health record in an electronic format and to direct SVA to send the e-health record directly to a third party. SVA may only charge for labor costs under electronic transfers of e-health records.

Requesting a Change in Your Health Information.

You may request, in writing, a change or addition to your health information. To make a request to Southern Vitreoretinal Associates, please submit your request to Administrator, 850-942-6700 or juneb@svaretina.com. The law limits your ability to change or add to your health information. These limitations include whether we created or include the health information within our medical records or if we believe that the health information is accurate and complete without any changes. Under no circumstances will we erase or otherwise delete original documentation in your health information.

Requesting an Accounting of Disclosures of Your Health Information.

You may ask, in writing, for an accounting of certain types of disclosures of your health information. The law excludes from an accounting many of the typical disclosures, such as those made to care for you, to pay for your health services, or where you provided your written authorization to the disclosure.

To make a request for an accounting: for Southern Vitreoretinal Associates, please submit your request to the individual listed in the Contact Section of this Notice. Generally, we will respond to your request within 60 days of receiving your request unless we need additional time.

Obtaining a Notice of Our Privacy Practices.

We provide you with our Notice to explain and inform you of our Privacy Practices. You may also take a copy of this Notice with you. Even if you have requested this Notice electronically, you may request a paper copy at any time.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice concerning our Privacy Practices affecting all the health information that we now maintain, as well as information that we may receive in the future. We will provide you with the revised Notice by making it available to you upon request and by posting it at our service sites. We will also post the revised Notice on our patient portal.

COMPLAINTS

We welcome an opportunity to address any concerns that you may have regarding the privacy of your health information. If you believe that the privacy of your health information has been violated, you may file a complaint with the individual(s) listed in this Notice. You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services.

YOU WILL NOT BE PENALIZED OR RETALIATED AGAINST FOR FILING A COMPLAINT