

Georgia Vision Institute and Georgia Cataract and Eye Specialty Center

Notice of Patient Privacy Practices for Protected Health Information (Revision Date 1/11/2018)

- A. OUR COMMITMENT TO YOUR PRIVACY:** The terms of this notice apply to all records containing your Protected Health Information (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 on our website (www.georgiavisioninstitute.com) and you may request a copy of our current Notice at any time.
- B. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:** GVI Privacy Officer 770-834-1008.
- C. WE MAY USE AND DISCLOSE YOUR PHI IN THE FOLLOWING WAYS:**
1. For Treatment – we may use your information to provide you with medical treatment or services.
 2. For Payment from your insurance company of treatment and services you receive.
 3. Health Care Operations –billing services, transcription services, quality improvement, audits.
 4. Appointment Reminders.
 5. We may contact you regarding possible treatment options that may interest you.
 6. We may contact you regarding health-related benefits and services that may interest you.
 7. Our practice may release your PHI to a family member or friend that is involved in your care or who assists in taking care of you.
- D. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES:**
1. Public Health Risks –for disease control; FDA regulations; OSHA requirements.
 2. Health Oversight Activities – audits and investigations required by government agencies, etc.
 3. Lawsuits and Similar Proceedings.
 4. Law Enforcement Purposes.
 5. Deceased Patients – funeral directors, coroners, medical examiners to determine cause of death.
 6. Organ and Tissue Donation.
 7. Research.
 8. Serious Threats to Health or Safety.
 9. Military or Veterans – we may release medical information as required by law.
 10. National Security/Essential Government Functions.
 11. Inmates – In order to provide you with healthcare we may release your medical information to a correctional facility or law enforcement officer that you are in custody of.
 12. Worker’s Compensation.
- E. YOUR RIGHTS REGARDING YOUR PHI:** You have the following rights regarding your PHI:
1. To request confidential communications when we need to contact you.
 2. To request a restriction in our use or disclosure of your PHI.
 3. To inspect and obtain a copy of the PHI, including electronic medical records.
 4. To ask us to amend your health information if you believe it is incorrect or incomplete
 5. To request an Accounting of Disclosures we make about you.
 6. To be notified in case of a breach of unsecured PHI.
 7. You are entitled to receive a paper copy of our Notice of Privacy Practices.
 8. Our practice will obtain your written authorization for uses and disclosures that are not identified by the Notice or permitted by applicable law such as for marketing purposes, sale of your information, or to share your psychotherapy notes. We may use or disclose your demographic information in order to contact you for our fundraising activities, but you have the right to opt out of such communications.

If you believe your privacy rights have been violated, you may file a complaint with our practice, Attn: Georgia Vision Institute Privacy Officer or with the Secretary of the Department of Health and Human Services or through the U.S. Department of Health and Human Services’ Office of Civil Rights website: www.hhs.gov/ocr.