

**Georgia Vision Institute  
Georgia Cataract and Eye Specialty Center  
158 Clinic Avenue  
Carrollton, GA 30117**

**Notice of Privacy Practices for Protected Health Information**

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

We will collect information about you so that you can receive treatment and services from us: your name, address, phone number, insurance information, and information relating to your medical history and your primary care doctor or other providers.

**Personal Health Information (PHI)** is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

We understand that your health information is personal to you, and we are committed to protecting the information about you. This “Notice of Privacy Practices” (or “Notice”) describes how we use and disclose protected information and data that we receive or create related to your health care.

**Our Duties** We are required by law to maintain the privacy of your health information and to give you this Notice describing our legal duties and privacy practices. We are also required to follow the terms of the Notice currently in effect.

**How We May Use and Disclose Health Information About You**

**Georgia Vision Institute and Georgia Cataract and Eye Specialty Center (“GVI”) will not use or disclose your medical information (also called “protected health information” or “PHI”) without your authorization, except in the following situations:**

**Treatment:** We will use and disclose your health information while providing, coordinating or managing your health care. For example, information obtained by a nurse, physician or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. We may share this information with another physician, hospital, surgical center or other facility to which we may send you for consultation, procedures or follow up care.

**Payment:** We will use and disclose your medical information to obtain or provide compensation or reimbursement for providing your healthcare. For example, we may send a bill to you or your health plan. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis or procedures you have had or about or receive. We may also disclose information to your health plan so that the health plan may determine your eligibility for payment of certain benefits.

**Healthcare Operations:** We will use and disclose your health information to deal with certain administrative aspects of your healthcare and to manage our business more efficiently. For example, members of our staff may use information in your health record to assess the quality of care and outcomes in your case or others like it. This information will then be used in an effort to improve the quality and effectiveness of the healthcare and services we provide.

**Business Associates:** There are some services we provide through contracts with business associates. We may disclose your health information to them so they can perform the job we've asked them to do. However, we require business associates to take precautions to protect your health information.

**Communication with Family:** We may use or disclose health information to notify or assist in notifying a family member, friend, personal representative or other person responsible for your care, of your location and general condition. We may disclose to a family member, close personal friend or any other person you identify, health information relevant to that person's involvement in your care.

**Research:** Consistent with applicable law we may use or disclose your information for research. In these cases your privacy will be protected by the confidentiality of the research.

**Funeral Director, Coroner and Medical Examiner:** Consistent with applicable law we may disclose health information to funeral directors, coroners and medical examiners to help them carry out their duties.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events, product defects or post-marketing surveillance information to enable product recalls, repairs or replacements.

**Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse and neglect; reactions to medications; product problems or defects; or to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

**Victims of Abuse, Neglect or Domestic Violence:** We may disclose your health information to appropriate governmental agencies, such as adult protective or social services agencies, if we reasonably believe you are a victim of abuse, neglect or domestic violence.

**Health Oversight Activities:** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, licensure, or disciplinary actions, and other proceedings, actions or activities necessary for monitoring the health care system, government programs, and compliance with civil rights laws.

**Court Proceedings:** We may disclose your PHI in response to requests made during judicial and administrative proceedings, such as court orders or subpoenas.

**Law Enforcement:** Under certain circumstances, we may disclose your PHI to law enforcement officials. These circumstances include reporting required by certain laws such as reporting certain types of wounds (such as gunshot wounds), reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death and crimes on our premises.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to that institution or law enforcement official. The release would be necessary for the institution to provide you with healthcare; to protect the health and safety of yourself and/or others; or for the safety and security of the correctional institution.

**Threats to Public Health or Safety:** We may disclose or use health information when it is our good faith belief, consistent with ethical and legal standards, that it is necessary to prevent or lessen a serious and imminent threat or is necessary to identify or apprehend an individual.

**Worker's Compensation:** We may release health information when authorized and necessary to comply with laws relating to worker's compensation or other similar programs.

**Appointment and Patient Recall Reminders:** We may use and disclose PHI to remind you of an appointment. This contact may be by phone, in writing or as an answering machine message, which could potentially be received or intercepted by others. We may also ask you on the day of your appointment to sign your name on a "sign in" log at the receptionist's desk.

**Prohibition or Other Uses or Disclosures:** Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you have provided us with your permission to use or disclose medical information about you, you may revoke it, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI for the reasons covered by your written authorization. Please understand that we are unable to recover any disclosures already made with your permission and we are required to retain our records of the care that we provided to you. We will NEVER share protected health information for marketing purposes, sell your health information, or share your psychotherapy notes, unless you give us written permission.

### Rights of Patients

**Right to Inspect and Copy:** Upon written request, you have the right to inspect and copy PHI contained in a designated record set, maintained by or for use. A "designated record set" contains medical and billing records and any other records that we use for making decision about you. However, we are not required to provide you access to all the Health Information that we maintain and we may deny your request to inspect and copy in certain very limited circumstances. For example, this right of access does not extend to psychotherapy notes, or information compiled in reasonable anticipation of, or use in, civil, criminal or administrative proceeding. Where permitted by the Privacy Rules, you may request that certain denials to inspect and copy your Health Information be reviewed. Upon proof of an appropriate legal relationship, records of others related to you or under your care (guardian or custodial) may also be disclosed. To inspect and copy your record you must submit your request in writing to our HIPAA Privacy Officer. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, preparing a summary or explanation, mailing or other supplies associated with your request.

**Right to Amend:** You have the right to request an amendment of your Health Information contained in our medical record that you feel is incorrect or incomplete. Your request must be made in writing and it must explain why you are requesting an amendment to your PHI. We may deny your request if your request is not in writing and does not include a reason to support the request. The physician or other health provider is not required to make such amendments.

**Right to an Accounting of Disclosures:** You have the right to request a list of certain disclosures we made of PHI for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request in writing to the above-referenced HIPAA Privacy officer.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about your PHI in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail or that we not leave you a voicemail message, etc. Requests must be made in writing and specify how or where you wish to be contacted. We will accommodate all reasonable requests, without requiring you to provide a reason.

**Right to Request Restriction:** You have the right to request that we restrict use or disclosure of your PHI for treatment, payment or health care operations; disclosure to persons involved in your health care or payment for health care; or disclosure to notify family members or others about your general condition. This must be a written request that must include (a) what information you want to limit; (b) whether you want to limit use, disclosure, or both; and (c) to whom you want the limits to apply – for example, disclosures to your spouse, parents, children, etc. We are not required to agree to your request for restrictions but we will comply with your request unless the information is needed to provide emergency treatment for you or as required by law.

**Right to a Electronic Copy of Electronic Medical Records:** You have the right to request printed copy of your electronic medical record. We may charge you a reasonable fee for the labor associated with printing the electronic medical record.

**Right to Receive a Notice of Breach:** You have the right to be notified upon a breach of any of your unsecured Health Information.

**Out of Pocket Payments:** If you pay your expenses out of pocket (if you request we not bill your insurance in full), you have the right to ask that your Health Information with respect to that service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

**Fundraising:** We may contact you for fundraising efforts, but you can tell us not to contact you again.

**Right to Paper Copy of This Notice:** You have the right to receive a paper copy of this notice upon request, even if you have agreed to receive this notice electronically. You may obtain a copy of this notice at our website, [www.georgiavisioninstitute.com](http://www.georgiavisioninstitute.com), or obtain a paper copy from our office.

**Concerns/Complaints:** If you feel your privacy rights have been violated you may respond as follows:

HIPAA Privacy Officer - Georgia Vision Institute and Georgia Cataract and Eye Specialty Center  
158 Clinic Avenue  
Carrollton, GA 30117  
Phone: (770) 834-1008 Fax: (770) 834-2531

Secretary of the Department of HHS Phone: (202) 619-0257  
Office of Civil Rights (877) 696-6775 (toll-free)  
Dept. of Health and Human Services  
200 Independence Avenue, SW  
Washington, D.C. 20201

All complaints must be submitted in writing. You will not be penalized for filing a complaint regarding our privacy practices.

**Changes to this Notice:** We reserve the right to change our privacy practices and to apply the revised practices to health information about you that we already have. This document and any revision of this document based on current Federal guidelines under the Health Information Portability and Accountability Act of 1996.

The Effective Date of Privacy Notice is April 14, 2003; the Notice was revised 1/2018