
Porter Ophthalmology

Notice of Privacy Practices

Effective April 14, 2003 revised October 29, 2013

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

If you have any questions about this Notice, please contact our Privacy Officer:

**Privacy Officer
Porter Ophthalmology
1422 E Millbrook Road
Raleigh, NC 27609
(919) 876-4064**

Our Responsibilities

Porter Ophthalmology is required by law to maintain the privacy of protected health information. Protected health information (PHI) includes any identifiable information that we obtain from you or others that relates to your physical or mental health, the health care you have received, or payment for your health care.

As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of health information. We must protect 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 health information about you. We must explain how, when or why we use and/or disclose health information about you. 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 may only use and/or disclose health information as we have described in this Notice. We reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all protected health information we maintain. Our most current privacy notice will be posted in the office. You can always request a copy of our most current privacy notice from our staff or you can access it on our website at www.eyeporter.com.

PERMITTED USES AND DISCLOSURES

We may use and disclose your health information for the purposes of treatment, payment, and health care operations, as described below.

Treatment. We may use and disclose your health information to provide, coordinate, or manage your health care and any related services, including consultations between health care providers regarding your care and referrals for health care from one health care provider to another. *For example, we may schedule you for surgery at an outpatient facility. We will share your medical information with the facility staff in order to coordinate your care and services.*

Payment. We may use or disclose your health information so that we may bill and receive payment from you, an insurance company, or another third party for the health care services you receive from us. We may disclose health information about you to your health plan or a third party in order to verify eligibility and benefits for planned services, in order to obtain prior approval for a service, or in order to facilitate a review for medical necessity or pre-existing denials. *For example, prior to providing health care services, we may need to provide information to your health plan regarding your medical condition to determine whether the proposed course of treatment will be covered. When we subsequently bill the health plan for the services rendered to you, we can provide the health plan with information regarding your care if necessary to obtain payment.*

Health care operations. We may use or disclose, as needed, your health information in order to support the business activities of our practice. This includes activities related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities. *For example, we may use your health information to evaluate the performance of our staff in caring for you. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment and may leave the message on your answering machine or with another member of your household.*

We may share your health information with third party "business associates" that perform various activities (e.g., billing and transcription services) on our behalf. Whenever an arrangement with a business associate involves the use or disclosure of your health information, we will have a written contract that contains terms that will protect the privacy of your health information. *For example, our computer vendor may have access to your information while updating or repairing our computer system.*

We may use or disclose your health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your health information for other marketing activities. *For example, your name and address may be used to send you information about new products or services that we believe may be beneficial to you.* You may contact our Privacy Officer in writing to request that these materials not be sent to you.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITH AN OPPORTUNITY TO OBJECT

We may use and disclose your health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your health information. If you are not present or able to agree or object to the use or disclosure of the health information, then we may, using professional judgment, determine whether

the disclosure is in your best interest. In this case, only the health information that is relevant to your health care will be disclosed.

Insurance Companies/Health Plans: At the patient's request, we may not disclose information about care the patient has paid for out-of-pocket to health plans, unless for treatment purposes or in the rare event the disclosure is required by law.

Optical Prescriptions: We may disclose your health information in the form of an optical prescription to an optical shop upon request. The optical shop will be expected to identify you by full name and date of birth when making such a request. The optical prescription will only be released in writing, by mail or fax.

Family Members and Friends: We may disclose your health information to individuals, such as family members and friends, who are involved in your care or who help pay for your care. We may make such disclosures when we have your verbal agreement to do so; when we make such disclosures and you do not object; or when we can infer from the circumstances that you would not object to such disclosures. *For example, if your spouse comes into the exam room with you, we will assume that you agree to our disclosure of your information while your spouse is present in the room.*

We also may disclose your health information to family members or friends in instances when you are unable to agree or object to such disclosures, provided that we feel it is in your best interests to make such disclosures and the disclosures relate to that family member or friend's involvement in your care. *For example, if you present to our office with an emergency medical condition, we may share information with the family member or friend that comes with you to the office. We also may share your health information with a family member or friend who calls us to request a prescription refill for you.*

New rules allow us to make relevant disclosures to the deceased's family and friends under essentially the same circumstances such disclosures were permitted when the patient was alive; that is, when these individuals were involved in providing care or payment for care and the physician is unaware of any expressed preference to the contrary. It eliminates any HIPAA protection for Protected Health Information 50 years after a patient's death.

Copies of e-Protected Health Information: We typically can supply medical records within 48 hours of written request for his or her Protected Health Information. We will have up to 30 days to respond to a patient's written request for his or her PHI with one 30-day extension, regardless of where the records are kept (eliminating the longer 60-day timeframe for records maintained offsite). We must provide access to EHR and other electronic records in the electronic form and format requested by the individual if the records are "readily reproducible" in that format. Otherwise, we must provide the records in another mutually agreeable electronic format. Hard copies are permitted only when the individual rejects all readily reproducible e-formats.

Emailing Protected Health Information: We must also consider transmission security, and may send PHI in unencrypted emails only if the requesting individual is advised of the risk and still requests that form of transmission.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT

We may use or disclose your protected health information in the following situations without your authorization. These situations include:

Required By Law: We may disclose your health information when required by federal, state, or local law to do so. The disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your health information to public health authorities that are authorized by law to receive and collect health information for the purpose of preventing or controlling disease, injury, or disability; to report births, deaths, suspected abuse or neglect, reactions to medications; or to facilitate product recalls.

Communicable Diseases: We may disclose your health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose your health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the Practice, and (6) medical emergency and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose your health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: We may disclose your health information to worker's compensation programs when your health condition arises out of a work-related illness or injury.

Inmates: We may use or disclose your health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

USES AND DISCLOSURES BASED UPON YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that the Practice has taken an action in reliance on the use or disclosure indicated in the authorization.

BREACH NOTIFICATION POLICIES

It is our obligation to notify patients if there is a breach of their protected health information (PHI). They are now presumed reportable unless, after completing a risk analysis applying four factors, it is determined, that there is a "low probability of PHI compromise." We must consider all of the following four factors:

- the nature and extent of the PHI involved – issues to be considered include the sensitivity of the information from a financial or clinical perspective and the likelihood the information can be re-identified;
- the person who obtained the unauthorized access and whether that person has an independent obligation to protect the confidentiality of the information; whether the PHI was actually acquired or accessed, determined after conducting a forensic analysis; and
- the extent to which the risk has been mitigated, such as by obtaining a signed confidentiality agreement from the recipient.

YOUR RIGHTS

- You have the right to request restrictions on our uses and disclosures of health information for treatment, payment and health care operations. However, we are not required to agree to your request. To request restrictions, please send a written request to the Privacy Officer.

- You have the right to reasonably request to receive communications of health information by alternative means or at alternative locations. To make such a request, you must notify the Privacy Officer in writing how or where you wish to be contacted.

- You have the right to inspect or copy your health information. You must submit your request in writing to the Privacy Officer. If you request a copy, you may be billed a charge for copying, mailing or other supplies. In certain circumstances we may deny your request to inspect or copy your health information. If we deny a request for access for any reasons described above, then you have the right to have our denial reviewed in accordance with the requirements of applicable law.

- You have the right to request a correction to your health information. Requests must be made in writing to the Privacy Officer and must include a reason to support the request. We may deny your request if it is not in writing or does not include a reason to support the request. We may also deny the request if:

1. The information was not created by us, unless the person that created the information is no longer available to make the amendment,
 2. The information is not part of the health information kept by or for us,
 3. The information is not part of the information you would be permitted to inspect or copy, or
 4. The information is accurate and complete
- In any event, any agreed upon correction will be included as an addition to, and not a replacement of, already existing records.

- You have the right to receive an accounting of disclosures of health information made by us to individuals or entities other than to you, except for disclosures for our own uses for treatment, payment and health care operations, (as those functions are described above) and with certain other exceptions pursuant to the law.

- You have the right to request and receive a paper copy of this notice from us.

COMPLAINTS

If you believe that your privacy rights have been violated, you should immediately contact the Privacy Officer. We will not take action against you for filing a complaint. You also may file a complaint with the Secretary of Health and Human Services.

This notice is effective as of April 14, 2003 revised as of October 29, 2013.