



Dr. P. Duncan Roy, Jr.  
Optometry

- Ocular Disease Diagnosis and Treatment
- Adult and Pediatric Eye Care
- Contacts
- Second Opinions
- Low Vision Evaluations
- Pre-evaluation for Surgery to Reduce Myopia (Nearsightedness)
- Orthokeratology

## HIPAA NOTICE OF PRIVACY STATEMENT

This notice describes how medical and optical information may be used and disclosed, and how you can get access to this information. Please review it carefully.

This privacy statement describes how we, Coosa Eye Associates, P. C. (herein after referred to as "the practice" and/or "eye doctor") may use and disclose your protected health information to carry out treatment, payment or health care operations and for the purposes that are permitted or required by law. It also describes your rights to access and control your protected information.

### Uses and Disclosures of Protected Health Care Information:

Your Protected health information may be used and disclosed by "the practice", our office staff, and others outside our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the practice, and other uses required by law.

### Treatment:

We will use and disclose your protected health information to provide, coordinate, or manage your health care. This includes the coordination or management of your health care with a third party. For example, your protected health care information may be provided to another doctor to whom you have been referred to ensure the doctor has the necessary information to diagnose or treat you.

### Payment:

Your protected health care information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for outpatient tests and surgery may require that your relevant protected health information may be disclosed to the health plan to obtain approval for the procedure.

### Healthcare Operations:

We may use or disclose, as needed, your protected health information in order to support the business activities. We may use a sign in sheet at the registration desk where you will be asked to sign your name, and we will also call you by name in the waiting room when the staff is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to confirm your appointment or appointments you have missed, our office staff may leave a message, send post cards or other means if applicable.

We may use or disclose your protected health care information in the following situations without your authorization. These situations include: as Required by Law, Public Health issues required by law, Communicable Diseases: Health Oversight: Abuse or Neglect: Food and Drug Administration: Legal Proceedings: Law Enforcement: Coroners, Funeral Directors, and Organ Donation: Research: Criminal Activity: Military Activity and National Security: Worker's Compensation: Inmates: Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other permitted and required uses and disclosures may be made with your Consent, Authorization or Opportunity to Object unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that your "eye doctor" or "the practice" has taken an action in reliance on the use of disclosure indicated in the authorization.

### Your Rights:

The following is a statement of your rights with respect to your protected health information.

You have the right to inspect your protected health information., at an agreed upon time and a fee may be charged for that time.

You have the right to request in writing a restriction of your protected health information. This means you may ask, in writing, us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request, in writing, that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Statement. Your request, in writing, must state the specific restriction request and to whom you want the restriction to apply.

\*\*The practice is not required to agree with the restriction that you may request. If the practice believes it is in your best interest to permit use and disclosure of your protected health care information, your information will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

You may have the right to have the practice amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and provide you with a copy of such rebuttal.

You may have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

We reserve the right to change the terms of this notice and if possible, we will inform you accordingly.

### Complaints:

If you feel your privacy rights have been violated you may file a complaint with our HIPAA COMPLIANCE OFFICER/Dr. Roy.

This notice becomes effective April 14, 2003

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_