



NOTICE OF PRIVACY PRACTICES

TO OUR PATIENTS: THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU AS A PATIENT OF HODGES EYE CARE & SURGICAL CENTER, INC., HEREINAFTER REFERRED TO AS HODGES EYE CARE, MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR HEALTH INFORMATION. **PLEASE READ IT CAREFULLY.**

This Notice is required by the Privacy Regulations as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA). Effective date: April 14, 2003.

Our commitment to your privacy

Hodges Eye Care is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information. We realize that these laws are complicated, but, we are required to provide you with the following important information.

Use and disclosure of your health information in certain special circumstances

We will not disclose your health information without your authorization except in the following situations:

1. **Treatment:** We will use and disclose your health information while providing coordinating or managing your healthcare needs. An example of this would be an eye exam by the physician or related services by other health care professionals.
2. **Payment:** We will use and disclose your medical information for reimbursement for providing your healthcare. For example, we may send a bill to your health plan.
3. **Healthcare Operations:** We will use and disclose your health information for the administrative aspects of your healthcare inside of our practice to manage our business more efficiently. An example would be an internal quality assessment.
4. **Business Associates:** In some cases, we may need to disclose your health information to our business associates so they can perform the job we've asked them to do. For example, we would need to release glasses or contact lens prescriptions to vendors or labs in order to fill a prescription.
5. **Communication with the family:** We may disclose to a family member, personal friend or any other person you identify, health information relevant to your care.
6. **Public Health:** We may disclose your health information to public health authorities and health oversight agencies that are authorized by law to collect information.
7. **Court Proceedings:** We may disclose your health information for lawsuits and similar proceedings in response to a court of administrative order.
8. **Law Enforcement:** We may disclose your health information to law enforcement officials if required to do so. An example would be a report for victims of crime.
9. **Threats to Public Health or Safety:** We may disclose your health information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.
10. **Special Government Functions:** Subject to certain requirements, we may disclose health information for military personnel and veterans, for national security and intelligence activities, for medical suitability determinations for the Department of State, and for government programs providing public health benefits.
11. **Inmates:** We may disclose health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
12. **For Workers Compensation and similar programs.**