

# **NOTICE OF PRIVACY POLICIES AND PRACTICES FOR CHARLESTON CORNEA & REFRACTIVE SURGERY, PA**

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

At Charleston Cornea & Refractive Surgery, P.A., we are committed to treating and using protected healthcare information about you responsibly. It also describes your rights as they relate to your protected healthcare information as defined by federal regulations.

## **1. UNDERSTANDING YOUR MEDICAL RECORD/HEALTH INFORMATION**

Each time you visit Charleston Cornea & Refractive Surgery, P.A., a record of your visit is documented. This record contains information about your examination, your diagnosis, test results, treatment provided, and other pertinent healthcare data. Understanding what is in your record and how this information is used helps to ensure its accuracy. It helps you to determine what entities should have access to your information when making a decision to authorize the disclosure of this information to other individuals.

## **2. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

Your protected healthcare information may be used and disclosed by the physician, our staff, or others outside of our practice for:

Providing treatment	Processing information for payment
Healthcare operations	Appointment correspondence
Communication with family members	Business Associates

You may submit a written revocation of your authorization of use or disclosure of your protected healthcare information, if you mind. Your protected healthcare information may be used and disclosed, without your written consent, authorization or opportunity to object, under these circumstances:

Law Enforcement	Legal Proceedings
Criminal Investigations	Public Health
Healthcare Oversight Agency	Military and National Security
Information required by Food & Drug Administration	Coroners and Funeral Directors
Organ Donation Agencies	Research/Training/Teaching

## **3. OUR RESPONSIBILITIES**

Charleston Cornea & Refractive Surgery, P.A. is required to:

- Maintain the privacy of your protected healthcare information
- Provide you with this Notice as to our legal duties and privacy practices with respect to the information we collect
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have regarding communication of healthcare information

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes may be required by changes in Federal and State laws and regulations. Upon request, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected healthcare information that we maintain.

## **4. YOUR RIGHTS UNDER THE FEDERAL PRIVACY STANDARDS**

**You have the right to inspect and copy your protected healthcare information.**

**You have the right to request a restriction of your protected healthcare information.**

**You have the right to receive confidential communication from us by alternate means or at an alternate location.**

**You have the right to an accounting of how and to whom your protected healthcare information has been disclosed.**

**You have the right to amend or submit corrections to your protected healthcare information.**

**You have the right to receive a printed copy of this notice.**

## **5. TO FILE A COMPLAINT**

If you believe that your privacy rights have been violated, please contact our Privacy Officer, Teresa McKenzie, at (843)856-5275, or 574 Lone Tree Road, Mount Pleasant, SC 29464, to file a complaint. You may also file a complaint with the Office for Civil Rights, US Department of Health and Human Services, 200 Independence Ave., S.W., Room 509F HHH Building, Washington, D.C., 20201. There will be no retaliation for filing a complaint.

This notice was published and becomes effective April 14, 2003

