



NOTICE OF PRIVACY PRACTICES

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

Our Duties

We are required by law to maintain the privacy of your Protected Health Information (PHI). We must also provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of our Notice of Privacy Practices currently in effect. However, we reserve the right to change our privacy practices in regard to PHI and make new privacy policies effective for all PHI that we maintain. We will provide you with a copy of any current privacy policy upon your written request, addressed to our Privacy Officer, at our current address.

Who Will Follow This Notice

This notice describes the practices of our employees and staff as well as Louisiana Retinal Consultants. This notice applies to each of these individuals, entities, sites and locations. In addition, these individuals, entities, sites and locations may share medical information with each other for treatment, payment and health care operation purposes described in this notice.

Your Complaints

You may complain to us and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. You may file a complaint with us by sending a certified letter addressed to "Privacy Officer" at our current address, stating what PHI you believe has been used or disclosed improperly. You will not be retaliated against for making a complaint. For further information you may contact our Privacy Officer at telephone number (337) 478-3810.

How We May Use and Disclose Information About You

We may use and disclose your PHI to carry out (i) treatment, (ii) payment, (iii) health care operations, and (iv) public policy uses and disclosures authorized by law. Here are some examples of our use of your PHI: In connection with treatment, we will, for example, allow a physician associated with us to use your medical history, symptoms, injuries, or diseases, to treat your current condition. In connection with payment, we will, for example, send your PHI to your insurer or to a federal program, such as Medicare, that pays for your treatment. This allows us to obtain payment for the services we rendered on your behalf. In connection with Health Care Operations, we will, for example, allow our auditors, consultants, or attorneys access to your PHI to determine if we billed you accurately for the services we provided to you.

In addition, the privacy regulations give us the right to use and disclose your PHI: (i) if you are an inmate in a correctional institution; (ii) if we have an indirect treatment relationship with you; (iii) if, in an emergency treatment situation, we attempt to obtain consent as soon as reasonably practicable after we delivered such emergency treatment; (iv) if we are required by law to treat you, and we try but are unable to obtain such consent; or (v) if we attempt to obtain consent from an individual who has substantial barriers to communicating, but we determine in our professional judgement, that your consent to receive treatment is clearly inferred from the circumstances. The purposes for which we might use your PHI would be to carry out treatment, payment, and health care operations similar to those described above.

Other Uses and Disclosures Require Your Authorization

We are required to obtain written authorization from you for any other uses and disclosures of medical information other than those described above. If you provide us with such permission, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose personal information about you for the reasons covered by your written authorization, except to the extent we have already relied on your original permission.

Uses of PHI to Contact You

We may use your PHI to contact you regarding appointment reminders or to contact you with information about treatment alternatives or other health related benefits and services that, in our opinion, may be of interest to you.

Individual Rights

You have the right to ask for restrictions on the ways we use and disclose your health information for treatment, payment, and health care operation purposes. You may also request that we limit our disclosures to persons assisting your care or payment for your care. We will consider your request, but we are not required to accept it.

You have the right to request that you receive communications containing your PHI from us by alternative means or at alternative locations. For example, you may ask that we only contact you at home or by mail. Except under certain circumstances, you have the right to inspect and copy medical, billing, and other records used to make decisions about you. If you ask for copies of this information, we may charge you a fee for copying and mailing.

If you believe that information in your records is incorrect or incomplete, you have the right to ask us to correct the existing information or add missing information. Under certain circumstances, we may deny your request, such as when the information is accurate and complete.

You have a right to receive a list of certain instances when we have used or disclosed your medical information. We are not required to include in the list uses and disclosures for your treatment, payment for services furnished to you, our health care operations, disclosures to you, disclosures you give us authorization to make and uses and disclosures before April 14, 2003, among others. If you ask for this information from us more than once every twelve months, we may charge you a fee.

You have the right to a copy of this notice in paper form. You may ask for a copy at any time.

You may also obtain a copy of this form at our website: www.theeyeclinic.net.

This notice is effective as of April 14, 2003.