

Southern Eye Physician's Center, LLC
Southern Eye Surgery Center, LLC
JOINT HIPAA PRIVACY NOTICE

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

Southern Eye Physician's Center, LLC & Southern Eye Surgery Center, LLC (Practice) is dedicated to protecting your Medical Information. We are required by law to maintain the privacy of protected health information (PHI) and to provide you with this Notice of our legal duties and privacy practices with respect to PHI. SEPC & SESC is required by law to abide by terms of this *Privacy Notice*, making any revision applicable to the PHI we maintain. If we revise the terms of this *Notice*, we will post a revised notice in the reception area and will make paper copies of this *Notice* available. Your PHI is available for review upon request.

How your Medical Information will be used and disclosed:

We will use your medical information (MI) as part of rendering patient care. For example, your medical information (MI) may be used by the health care professional treating you, by the business office to process your payment for the services rendered and by administrative staff reviewing the quality and appropriateness of the care you receive.

We may also use and/or disclose your information in accordance with federal/state laws for the following:

- We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits that may be of interest to you.
- We may disclose medical information (MI) when required by the U.S. Department of Health and Human Services as part of an investigation or determination of the Practice's compliance with relative laws.
- Unless you object, we may use or disclose your MI to notify a family member, or other person responsible for your care at our location and your general condition, or death.
- We may use or disclose your MI for public health activities, including the reporting of disease, injury, and the conduct of public health surveillance. We may disclose your MI concerning abuse, neglect, or violence in accordance with federal and state law.
- We may disclose your MI in the course of certain judicial or administrative proceedings.
- We may disclose your medical information for law enforcement purposes/other specialized governmental functions.
- We may disclose your medical information to a coroner, medical examiner, or funeral director.
- If you are an organ donor, we may disclose your MI to an organ donation and procurement organization.

- We may use or disclose your MI for certain research purposes.
- We may use or disclose your MI to prevent or lessen a serious threat to health & safety of another or the public.
- We may disclose your MI as authorized by laws relating to Workers Comp or other programs.

We will not use or disclose your medical information for any other purpose without your written authorization. Once given, you can revoke your authorization at any time. You have the following rights with respect to your medical information:

- The right to request restrictions on certain uses and disclosures of your Medical Information (MI). We are not required to agree to your requested restriction, but if we do, we will honor it.
- The right to receive communications from us in a confidential manner.
- The right to inspect and copy your medical information. The right is subject to certain specific exceptions and you may be charged a reasonable fee for any copies of your records.
- The right to request an amendment of your medical information. We may deny your request for certain specific reasons, and if denied, we will provide you with written explanation for the denial and information regarding further rights you would have at that point.
- The right to receive an accounting of the disclosures of your medical information in the six years prior to your request (following April 14, 2003), except for disclosure for treatment, payment, or practice operational purposes, disclosures pursuant to an authorization and certain other specific disclosure types.
- The right to request a paper copy of this *Privacy Notice*.
- The right to complain to the Practice and/or to the U.S. Department of Health and Human Services, if you believe that the Practice has violated your privacy rights. To complain to the Practice, please call:

Compliance Officer: (601) 264-3937

If you choose to file a complaint, you will not be retaliated against in any way.

This notice is effective as of April 14, 2003