

HIPAA NOTICE OF PRIVACY PRACTICES

MD EYECARE, LLC

Effective Date: April 15, 2003

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY

If you have any questions about this notice, please contact George W. Duncan M.D. at (410) 828-5558.

OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. However, so that we may provide you with appropriate medical care, for general practice operations and or for the purposes of obtaining payment, we will, at our discretion provide information pertaining to the treatment you received in this practice, the charges for this treatment and related information regarding the treatment and charges to other health care related entities. This information will be submitted through the following mechanisms: US Postal Service, fax submission, Internet submission, voice mail and/or personal communications. The following is a list of the most common types of entities that we most typically would provide personal health related information. This list is not an all-inclusive list. Other entities may be added to this list.

- Physicians
- Medical Facilities (i.e. hospitals, outpatient centers).
- Laboratory & Radiology Facilities for medical tests.
- Other health care providers, such as pharmacies, contact lens and frame companies, optical labs.
- MVA
- Insurance companies (or third party administrators) for the purpose of obtaining payments, reviewing medical necessity and or general case management.
- State or Federal agencies that require the submission of specific health related information.
- Any federal, state or local agency that may require us by law to disclose health insurance information

Use or disclosure of your health information will follow the more stringent of state or federal laws.

GENERAL OFFICE POLICIES:

1. We may need to contact you, by phone, to discuss your appointments, test results, treatments, referrals, account balance and/or to return your phone call. We will use the home or work numbers provided by you. If your are not available, we will leave a message for you to either call

the office for a specified reason (i.e. discuss test results, account balance) or we will remind you of your appointment time.

2. In the event you do not pay all of your charges in full at the time of your visit, we will mail a statement to your home. We do mail reminder and recall cards to your home noting the date and time you have a scheduled appointment or a need to contact the office to schedule an appointment. We may also mail test results or surgery posting information to your home. We will use the home address you provided us with at the time you register with the practice.

3. When necessary we will also discuss your medical needs with your family members/caregivers unless you specifically ask us not to. We will then comply with your requests as long as it is in your best interest for medical treatment.

4. We may contact your insurance company to determine your coverage, eligibility, unmet deductible and/or your co-insurance and co-pay requirements. If necessary for obtaining payment, we will provide credit bureaus and/or collection agencies with your account information.

5. When you arrive at our practice for your appointment, we will ask you to sign in. We will do our very best to see you promptly.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

Right to Inspect and Copy:

You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes health and billing records. Please submit your request in writing to George W. Duncan M.D. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies and services associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by our practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend:

If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information. To request an amendment, your request must be made in writing and submitted to George W. Duncan M.D. You must provide a reason that supports your request for an amendment. We will review your reason(s) for such a request and if we agree, will make the change(s). If we do not agree with your request, you are entitled to have your statement added to the record.

Right to an Accounting of Disclosures:

Also, you may request information regarding to whom we have disclosed your medical information to for purposes other than treatment, payment and health care operations. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free.

Right to Request Restrictions:

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to

request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. ***We are not required to agree to your request for restrictions if it is not feasible for us to ensure our compliance or believe it will negatively impact the care we may provide you.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request a restriction, you must make your request in writing to George W. Duncan M.D. In your request, you must tell us what information you want to limit and to whom you want the limits to apply.

Right to Request Confidential Communications:

You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box. To request confidential communications, you must make your request in writing to George W. Duncan M.D. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. You may file a privacy complaint by submitting in writing on our "Privacy Complaint Form" either in person or by mail. This must be done within 180 days of the infraction. **You will not be penalized for filing a complaint.**

OTHER USES OF HEALTH INFORMATION:

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Right to a Paper Copy of This Notice:

You have the right to obtain a paper copy of this notice at any time. You may also obtain a copy from our website, www.mdeyecare.net.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our office.

Acknowledgement of Receipt of this Notice:

We will request that you sign a separate form or notice acknowledging you have received a copy of this notice. If you choose, or are not able to sign, a staff member will sign their name and date. This acknowledgement will be filed with your records.