

HIPAA NOTICE OF PRIVACY PRACTICES

MD EYECARE, LLC

Effective Date: April 14, 2003

Revised July 25, 2005

Revised September 1, 2013

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), electronic healthcare clearinghouses for the purpose of obtaining payments, reviewing medical necessity, eligibility 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
- Abuse or Neglect: If we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes.

- **Public Health Responsibilities:** We will disclose your health care information to report problems with products, reactions to medications, product recalls, and disease/infection exposure and to prevent and control disease, injury and/or disability.

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 you 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. Because we do not have electronic medical records, all copies will be available on paper only. There will be some limited exceptions.

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: 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: If you pay in full out of pocket for your treatment, you can instruct us not to share information about your treatment with your health plan; if the request is

not required by law. Effective March 26, 2013, the Omnibus Rule restricts provider's refusal of an individual's request not to disclose PHI.

Emergencies: We may use or disclose your health information to notify, or assist in the notification of a family member or anyone responsible for your care, in case of any emergency involving your care, your location, your general condition or death. If at all possible we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions or if you are incapacitated we will use our professional judgment to disclose only that information directly relevant to your care. We will also use our professional judgment to make reasonable inferences of your best interest by allowing someone to pick up prescriptions, glasses, contact lenses or other similar forms of health information and /or supplies unless you have advised us otherwise.

Marketing Health-Related Services: We will not use your health information for marketing purposes unless we have your written authorization to do so. Effective March 26, 2013, we are required to obtain an authorization for marketing purposes if communication about a product or service is provided and we receive financial remuneration (getting paid in exchange for making the communication). No authorization is required if communication is made face to face or for promotional gifts.

Fundraising: MD Eyecare LLC does not participate in any fundraising.

Sale of PHI: We are prohibited to disclose PHI without an authorization if it constitutes remuneration (getting paid in exchange for the PHI). "Sale of PHI" does not include disclosure for public health, certain research purposes, treatment and payment, and for any other purpose permitted by the Privacy Rule, where the only remuneration received is a "reasonable cost-based fee" to cover the cost to prepare and transmit the PHI for such purpose or a fee otherwise expressly permitted by law. Corporate transactions (i.e., sale, transfer, merger, consolidation) are also excluded from the definition of "sale".

Breach Notifications Requirements: It is presumed that any acquisition, access, use or disclosure of PHI not permitted under the HIPAA regulations is a breach. We are required to complete a risk assessment, and if necessary, inform HHS and take any other steps required by law. You will be notified of the situation and any steps you should take to protect yourself against harm due to the breach.

Uses and disclosure not described in this notice will be made only with your signed authorization.

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.

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 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**

How to contact us:

Privacy Officer: George W Duncan, M.D.

**MD Eyecare LLC
8625 Pleasant Plains Rd
Towson MD 21286
Phone: 410-828-5558 Fax: 410-823-6315**