



NOTICE OF PRIVACY PRACTICES

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by our company.

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

The following categories describe different ways that we use and disclose medical information. Not every use or disclosure in a category will be listed. However; all of the ways we are permitted to use and disclose information will fall within one of the categories.

1. Treatment: We will use medical information to provide for your medical care. For example, we may share your medical information with other physicians or other health care providers who will provide services which we do not provide.

2. Treatment Alternatives. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

3. Payment: We will use medical information to obtain payment for the services we provide.

4. Healthcare Operations: We may use medical information to operate medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the quality and competence of our professional staff.

5. Appointment Reminders: We may use and disclose medical information to contact and remind you about appointments. We will not provide any medical information when leaving messages.

6. Sign in Sheet: We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

7. Email: We may contact you via email.

8. Marketing: We may contact you to give you information about products and services related to your treatment, case management, or care coordination.

9. Required by Law: As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. We may at times be required to disclose your health information to a law enforcement official for purposes of identifying or locating a suspect fugitive, material witness, or missing person.



10. Judicial and Administrative Proceedings: We may, and are sometimes required by law to disclose your health information in the course of administrative or judicial proceedings to the extent expressly authorized by a court or administrative order.

11. Public Health: We may, and are sometimes required by law to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the FDA problems with products and reactions to medications and reporting disease or infection exposure.

12. Food and Drug Administration (FDA). We may disclose health information about you (applicable to study patients only) to the FDA, or to an entity regulated by the FDA, in order, for example, to report an adverse event or a defect related to a drug or medical device.

OTHER USES OF MEDICAL INFORMATION:

Other uses and disclosures of medical 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 medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. 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.

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 medical information we already have about you as well as any information we receive in the future. The notice will contain the effective date.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with Acuity Eye Group via mail or email the Compliance Officer at Compliance@acuityspecialists.com. All complaints must be submitted in writing. You will not be penalized for filing a complaint.