



North Fulton Eye Center / Cumming Eye Clinic  
2500 Hospital Blvd., suite 115  
Roswell, GA 30076  
HIPAA Privacy Officer: Administrator 770-475-0123  
e-mail: patientrecords@northfultoneyecenter.com

## NOTICE OF PRIVACY PRACTICES

Written pursuant to the rules and regulations implementing the Health Insurance Portability and Accountability Act (or "HIPAA") effective in 2003.

**This notice describes how medical information about you may be used and disclosed and how you can get access to the information. Please review this carefully.**

North Fulton Eye Center's (Cumming Eye Clinic) Notice of Privacy Practices applies only to the care and treatment you receive at facilities and from service providers operating under the North Fulton Eye Center (Cumming Eye Clinic) name, including

North Fulton Eye Center (NFEC)  
2500 Hospital Blvd., suite 115  
Roswell, GA 30076

Cumming Eye Clinic (CEC)  
868 Buford Road  
Cumming, GA 30041

### What do we mean when we say "Medical Information about You"?

Each time you visit NFEC and/or CEC for treatment, medical information, otherwise known as "Protected Health Information" or "PHI" is created. For example, when you visit NFEC and/or CEC you provide information regarding who you are, your medical history, etc. This information creates your PHI. During your visit, your doctors, technicians and other staff who take care of you will create more information about you, your condition, and how you are responding to treatment. This information will be referred to in our Notice of Privacy Practices as your "PHI". In general, your "PHI" includes information about:

1. Your past, present or future physical or mental health condition;
2. The health care you received, are receiving, or will receive, and;
3. The ways you have paid for, are paying for, or will pay for, your health care

### Why does anyone else want to know about your PHI?

#### Users and Disclosures

**For treatment:** We often use and share your PHI so we can help you receive quality treatment and care. Sometimes, we will share your PHI within the organization. For example, if you complete medical history information regarding an allergy to a medication when checking in, it may be communicated to your care giver to ensure medication is not prescribed for your care. Another example of sharing your information outside the organization, would be follow-up with provider outside of local area that you may also see to ensure information obtained by your other providers may assist in providing continuity in your quality of care

**For payment:** In order to receive payment of medical treatment and services you receive at NFEC, your PHI is shared with others. For example, billing departments, collection agencies, and/or insurance companies, etc. to assist in sending you a bill and/or collecting payment for services you received. Usually, we share your PHI with others after you have received treatment. At times, we share your PHI with others before you receive treatment, to ensure in advance, your treatment costs are covered or payment plans are arranged

**Appointment Reminders:** We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone

**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

**Notification and Communication with Family:** We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed us otherwise, in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

**For our healthcare operations:** Every days, we look at how we can run our healthcare organization more safely and effectively. In exploring these possibilities, we may use your PHI when applying for insurance or when evaluating our staff and physician performance. Our goal is the end results of these efforts will improve your care in our offices

**To make sure we are providing good services:** NFEC continually strive to improve the quality of the services we provide. Therefore, your PHI and your ideas are very important to us. For example, a new successful technology which improves recovery for patients is used as educational purposes for colleagues to provide same technology for their patients

**To let you know about other treatments:** As new treatments or services become available to assist you with your medical care, we may use or share your PHI to communicate and provide education for you.

**Fund raising:** We will not use your PHI in any fund raising attempts without your written authorization.

**To let you know about other services:** Your PHI may be used and shared to educate you on services and benefits you may want to take advantage of

**To remind you about appointments:** Your PHI may be used or disclosed to provide a reminder to you about an upcoming appointment

**To comply with the law:** State, Federal, or Local laws require your PHI to be share. In such a case, we abide by legal mandated regulatory requirements

**To promote public health:** Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the State's Public Health Department

**To meet government regulatory requirements:** The government, accrediting organizations, insurance companies and other businesses oversee NFEC to ensure quality care is provided. For example, the State of Georgia has the authority to survey NFEC to ensure compliance of state regulations

**To comply with a court order, subpoena, or legal request for PHI:** If you are involved with a law suit or legal dispute, we may be required to share your PHI with the court, lawyers, and/or other people involved

**To do clinical research:** Your PHI may be used for research purposes if participations by NFEC is warranted, Information obtained by a research coordinator will only be used for research study purposes

## What are your Rights?

### The right to ask us to limit the amount of your PHI that we use and share:

- **You have a right to ask us:** to limit the amount of your PHI that we use and share for treatment, payment, or operation purposes. You also have a right to ask us to limit the amount of your PHI that we share with your friends and family members who are involved in or paying for your care with written authorization
- **You have a right to:** view and receive a copy of your PHI with written authorization and photo identification. A fee is received for this service and we will communicate this cost to you in advance. We may also in rare cases deny your requests.
- **Your right to ask for an amendment to your PHI:** If you do not think your PHI is complete or correct, you have the right to ask us to change it. To exercise this right, you must complete authorization and document correct information. An evaluation of your request will be reviewed and may be denied.
- **Your right to find out who we have shared your PHI with:** You have a right to know the names of people who we have shared your PHI with. To exercise this right, you must complete authorization and document correct information. A fee is received for this service and we will communicate this cost to you in advance
- **Your right to get a copy of your NFEC and/or COLLC Notice of Privacy Practices:** To receive a copy of NFEC Notice of Privacy Practice, upon written request
- **You have a right to request confidential communications:** You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications

## What else do I need to know?

**Breach Notification.** In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate. [Note: Only use e-mail notification if you are certain it will not contain PHI and it will not disclose inappropriate information. For example if your email address is "northfultoneyecenter.com" an e-mail sent with this address could, if intercepted, identify the patient and their condition.]

**NFEC duty to protect your PHI:** The law requires NFEC to protect the privacy of your PHI. It also requires us to give you notice of the organization's legal duties and privacy practices

**Changes to NFEC Notice of Privacy Practice:** NFEC has the right to amend or modify to their Notice of Privacy Practices at any time, for any reason. NFEC's Notice of Privacy Practices will have its effective date posted in a place where you can see it. We will offer you a copy of the most recent edition of NFEC Notice of Privacy Practices each you register at one of our offices for services. We are only required to abide by the most recent edition of the NFEC Notice of Privacy Practices.

**Complaints:** If you think that any of your PHI has been used or shared inappropriately, you may file a complaint with us. Please write a letter include your name, address, telephone, date(s) of treatment, and descriptions of your complaint and send it to:

**North Fulton Eye Center, PC  
Practice Manager/Privacy Officer  
2500 Hospital Blvd., suite 115  
Roswell, GA 30076**

You may also file complaint with Department of Health and Human Services (DHHS). Your complaint to DHHS must be filed within 180 days of when you knew, or should have now, that the act or failure to act that you are complaining about occurred. However, DHHS may give you more time to file a complaint if it thinks that there is a good reason for your delay. Please know that you will not be punished for filing a complaint with us or with DHHS:

**Office of Civil Rights**

**Department of Health and Human Services (DHHS)**

**61 Forsyth Street, SW**

**Suite 3870**

**Atlanta, Georgia 30303-8909**

**Telephone # 404-562-7886**

**[www.hhs.gov/ocr/howtofile.html](http://www.hhs.gov/ocr/howtofile.html)**