



GOROVOY MD EYE SPECIALISTS PRIVACY NOTICE

PATIENT HEALTH INFORMATION:

Under Federal Law, your patient health information is protected and confidential. Patient health information includes information about your: symptoms; test results; diagnosis; treatment and related medical information. Your health information also includes: payment; billing; and insurance information.

HOW WE USE YOUR PATIENT HEALTH INFORMATION:

We use health information about you for: treatment; to obtain payment and for health care operations including administrative purposes and evaluation of the quality of care that you receive. Under some circumstances, we may be required to use or disclose the information even without your permission.

Example of treatment, payment and health care operations:

Treatment: We will use and disclose your health information to provide you with medical treatment or services. For example, nurses, physicians and other members of your treatment team will record information in your record (electronic or paper) and use it to determine the most appropriate course of care. We may also disclose the information to other health care providers who are participating in your treatment. We disclose information to pharmacists who are

filling your prescriptions and to family members that you have allowed/authorized access to your health care information.

Payment: We will use and disclose your health information for payment purposes. For example, we may need to obtain authorization from your insurance company/provider before providing certain types of treatment. We will submit bills and maintain records of payments from your health plan.

Health Care Operations: We will use and disclose your health information to conduct our standard internal operations, including proper administration of records, evaluation of quality of treatment and to assess the care and outcome of your case and others like it. This includes utilization of your health care information by our compliance committee which ensures the standards of care set forth by the committee.

Special Uses:

We may use your information to contact you with appointment reminders. We may also contact you to provide information about treatment alternatives or other health related benefits and services that may be of interest to you.

Other uses and disclosures:

We may use or disclose identifiable health information about you for other reasons even without your consent. Subject to certain requirements, we are permitted to give out health information without your permission for the following purposes:

Required by Law: We may be required by law to report: gunshot wounds; suspected abuse or neglect and or similar injuries/events.

Research: We may use or disclose health information for approved medical research.

Public Health Activities: As required by law, we may disclose: vital statistics; diseases; information related to recalls of dangerous products and similar information to the public health authorities.

Health Oversight: We may be required to disclose information to assist in investigations and audits, eligibility for government programs and similar activities.

Judicial and Administrative Procedures: We may disclose information in response to a subpoena or court order.

Law Enforcement Purposes: Subject to certain restrictions, we may disclose information required by law enforcement officials

Deaths: We may report information regarding death to coroners, medical examiners, funeral directors and organ donation agencies.

Serious Threat to Health and Safety: We may use and disclose information when necessary to prevent a serious threat to your health and safety or the health and safety of the public.

Military and Special Government Functions: If you are a member of the armed forces, we may release information as required by military command authorities. We may also disclose information to correction institutions or for National Security purposes.

Workers Compensation: We may release information about you to workman's compensation or similar programs providing benefits for work related injuries.

In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information you can later revoke that authorization to

stop any further disclosures. All authorizations/revocations must be in writing and have a witness.

Individual Rights:

You have the following rights with regard to your health information. Please contact the person listed below to obtain the appropriate forms for exercising the below rights.

Request Restrictions: You may request restrictions on certain uses and disclosures of your health information. We are not required to agree to such restrictions but if we do agree we must abide by those restrictions.

Confidentiality Communications: You may ask us to communicate with you confidentially. Examples would be: sending notices to a special address; discontinuation of post card notices and specific email or electronic communications.

Inspect and obtain copies: In most cases you have a right to look at or obtain a copy of your health information. There is a minimum \$15.00 charge to copy any information you want. You must schedule a time that is convenient to both you and this office.

Amend Information: If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add missing information.

Accounting of Disclosures: You may request a list of instances where we have disclosed health information about you for reasons other than treatment, payment and health care operations.

OUR LEGAL DUTY:

We are required by law to protect and maintain the privacy of your health information and to provide this notice about our legal duties. We also are required to maintain your privacy regarding protected health information and to abide by the terms of the notice currently in effect.

Changes in Privacy Practices:

We may change our policies at any time. Before we make significant changes in our policies we will change our notice and post the new notice in the waiting area. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

Complaints:

If you are concerned that we have violated your privacy rights or if you disagree with a decision we made about your record, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. The person below will provide you with that address. You will not be penalized in any way for filing a complaint.

Contact Person:

If you have any questions, requests or complaints please contact:

Bob Lehet Administrator

12381 S. Cleveland Ave.

Suite 300

Fort Myers, FL 33907

Phone: 239.939.1444

Fax: 239.936.7710

Email: blehet@gorovoyeye.com