

EAST CAROLINA RETINA CONSULTANTS, PLLC

NOTICE OF PRIVACY PRACTICES

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

PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Our Responsibilities

We are required by applicable federal and state law to maintain the privacy of your health information. We call this information Protected Health Information or "PHI" throughout this Notice. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 1, 2003 and will remain in place until we replace it.

We reserve the right to change this notice and our privacy practices at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all PHI that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

<p>How We Use and Disclose Your Protected Health Information</p>

We may use and disclose your PHI as permitted by federal and state privacy laws and regulations. We have described below how we are most likely to use and disclose your PHI under these laws and regulations. Generally, we will only use and disclose your PHI as authorized by you or as permitted or required by law.

We use and disclose PHI about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your PHI to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your PHI to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your PHI in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your PHI for treatment, payment or healthcare operations, you may give us written authorization to use your PHI or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your PHI for any reason except those described in this Notice.

To Your Family and Friends: We must disclose any PHI to you, as described in the Patient Rights section of this Notice. We may disclose your PHI to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved in Care: We may use or disclose PHI to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your PHI, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose PHI based on a determination using our professional judgment disclosing only PHI that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of PHI.

Marketing Health-Related Services: Your PHI may be used to send you information that you may find interesting for the treatment and management of your medical condition. We may also send you information describing other health-related products and services that we believe may interest you.

Research: We may disclose your PHI to researchers when an institutional review board or privacy board has reviewed the research proposal and established protocols to protect the privacy of your PHI.

Required by Law: We may use or disclose your PHI when we are required to do so by law.

Abuse or Neglect: We may disclose your PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the PHI of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials PHI required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement officials having lawful custody of PHI of an inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your PHI to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

Our Policies for Protecting Your Protected Health Information

We protect the PHI that we maintain about you by using physical, electronic, and administrative safeguards that meet or exceed applicable law. When our business activities require us to provide PHI to third parties, they must agree to follow appropriate standards of security and confidentiality regarding the PHI provided. Access to your PHI is also restricted to appropriate business purposes.

We have developed privacy policies to protect your PHI. All employees receive training on these policies and they must sign a privacy acknowledgment form, binding them to abide by our policies and procedures.

YOUR RIGHTS

The following is a list of your rights with respect to your PHI.

Right to Access, Inspect and Copy Your PHI. You have the right to see or get a copy of the PHI that we maintain about you. Your request must be in writing. You may visit our office to look at the PHI, or you may ask us to mail it to you. We will charge a reasonable fee to cover the cost of copying the information. We will contact you to review the fee and obtain your agreement to pay the charges. If you wish to access your PHI, please contact us using the information listed at the end of this Notice.

Right To Correct, Amend or Delete Your PHI. You have the right to ask us to correct, amend or delete your PHI. Your request must be in writing. We are not required to agree to make the correction, amendment or deletion. For example, we will not generally make a correction, amendment or deletion if we did not create the PHI or if we believe that the PHI is correct. If we deny your request, we will provide you a written explanation. You have the right to file a statement explaining why you disagree with our decision and setting forth what you believe is the correct, relevant and fair information. We will file the statement with your PHI and we will provide it to anyone who receives any future disclosures of your PHI. If we accept your request to correct, amend or delete your PHI, we will make reasonable efforts to inform others, including people you name, of the amendment and include the changes in any future disclosures of your PHI. If you wish to correct or amend your PHI, please contact us using the information listed at the end of this Notice.

Right to Request an Accounting of Disclosures. You have a right to receive a list of certain instances in which we or our business associates disclosed your PHI for purposes other than our treatment, payment or healthcare operations and certain other activities. You are entitled to this accounting of disclosures for the six years prior to the date you make the request, but not for disclosures made before April 14, 2003. We will provide you with the date on which we made a disclosure, the name of the person or entity that received your PHI, a description of the PHI that we disclosed, the reason for the disclosure, and certain other information. If you request this list more than once in a 12-month period, we may charge you a reasonable fee for preparing the list. Your request must be in writing and you may contact us using the information listed at the end of this Notice.

Right to Request Restrictions. You have the right to ask us to place additional restrictions on our use or disclosure of your PHI for our treatment, payment and healthcare operations. *We are not required to agree to these restrictions.* In most instances, we will not agree to these restrictions unless you have requested Confidential Communications as described below.

Right to Confidential Communications. If you believe that a disclosure of your PHI could endanger you, you may ask us to communicate with you confidentially at a different location. For example, you may ask us to contact you at your work address or other place instead of your home address. You may contact us using the information listed at the end of this Notice. Once we have received your confidential communications request, we will only communicate with you as directed on the confidential communications form, and we will also terminate any prior authorizations that you have filed with us.

Right to File a Privacy Complaint. You may complain to us if you believe that we have violated your privacy rights. You may also file a complaint with us by sending a letter outlining your concerns to Privacy Officer, East Carolina Retina Consultants, PLLC, 2501-A Stantonsburg Road, Greenville, NC 27834. You may also file a complaint with the Secretary of the U. S. Department of Health and Human Services in Washington, D.C. We will not take any action against you or in any other way retaliate against you for filing a complaint with the Secretary or with us.

Right to Obtain a Copy of this Privacy Notice. You have a right to request a copy of this notice at any time by contacting us using the information listed at the end of this Notice. Even if you agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Contact Person: The name and address of the person you may contact for further information concerning our Privacy Practices is: Sharon Eaton, Privacy Officer, East Carolina Retina Consultants, PLLC, 2501-A Stantonsburg Road, Greenville, NC 27834, Telephone 252-758-2402.

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