

Our Privacy Responsibilities

Our responsibilities are to:

Maintain the privacy of your health information.

Provide you with this notice as to our legal duties and

Privacy practices with respect to information we collect and maintain.

Abide by the terms of the notice.

Notify you if we are unable to agree to a requested Restriction

Accommodate reasonable requests you may have to communicate your health information.

Your Individual Rights

Although your health record is the physical property of Eye

Surgical Associates, the information belongs to you. You have the

Right to: Request restrictions on how we use and share your health information. We will consider all requests for restrictions carefully but are not required to agree to any restriction.

Request that we use a specific telephone number or address to communicate with you.

Inspect and receive a copy of your health information, including medical and billing records. Fees may apply. Under limited circumstances, we may deny you access to a

portion of your health information, and you may request a review of the denial.

Request we make corrections or additions to your health information.

Request an accounting of certain disclosures of your health information made by us. The accounting does not include disclosures made for treatment, payment, and health care operations. Some disclosures may be required by law.

Eye Surgical Associates, PC

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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.

Our promise to you, your information is confidential.

Your information is important and confidential. Our ethics and policies require that your information be held in strict confidence.

Our Promise to You

Eye Surgical Associates understands that your medical and health information is important to you. We follow strict federal and state laws that require us to maintain the confidentiality of your health information. We have instituted security measures to protect the privacy of your health information.

The Use of Your Health Information

When you receive care from Eye Surgical Associates, we may use or disclose your health care information for treatment, payment, or health care operations. Examples of how we use or disclose information include:

Treatment: We keep records of the services we provide you and may use the information for scheduling appointments, prescribing medications, referring you to another doctor, or getting copies of your health information from a previous health provider.

Payment: We may use or disclose your health information by asking you about your health care insurance plans, or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency or an attorney).

Health Care Operations: This means those administrative and managerial functions necessary to run our office. We may use your health information for financial or billing audits; internal quality assurance; personal decisions; participation in managed care plans; defense of legal matters and business planning.

We routinely use your health information inside our office for these purposes without special permission. If we need to disclose your health information outside of our office for the reasons we usually will not ask you for special permission.

Sharing Your Health Information

There are limited situations when we are permitted or required to disclose health information without your signed authorization. These situations are:

- For public health purposes such as reporting communicable diseases, work related illnesses, or other diseases and injuries permitted by law; reporting reactions to drugs.
- To protect victims of abuse, neglect, or domestic violence.
- For health oversight activities such as investigations, audits, and inspections.
- For lawsuits and similar proceedings.

- When requested by law enforcement as required by law or court order.
- Incidental disclosures that are an unavoidable byproduct of permitted uses or disclosures.
- To reduce or prevent a serious threat to public health and safety.
- For Workers' Compensation or other similar programs if you are injured at work.

Other Services We Provide

We may also use your health information to:

- Share information with family members involved in your care or payment for your care when appropriate.
- Call, write or send an e-mail to remind you of scheduled appointments, change in an existing appointment or to remind you it is time to make an appointment.

More Information

For more information about the practices and rights described in this notice please contact our Privacy Officer at 334.699.2244.

Other Uses and Disclosures

We will not make any other uses or disclosures of your health information unless you sign a written authorization form.