

Greenman Eye Associates, PLLC

Statement of Patients' Rights

1. YOU HAVE THE RIGHT TO INSPECT AND COPY YOUR PROTECTED HEALTH INFORMATION.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. We may require written requests. We may provide you with a summary of the personal health information requested, in lieu of providing access to the personal health information or may provide an explanation of the personal health information to which access has been provided, if you agree in advance to such a summary or explanation and agree to the fees imposed for such summary or explanation. If you request a copy of your personal health information or agree to a summary or explanation of such information, we may charge a reasonable cost-based fee for copying, postage, if you request mailing, and the costs of preparing an explanation or summary as agreed upon in advance. We reserve the right to deny you access to and copies of certain personal health information as permitted or required by law.

2. YOU HAVE THE RIGHT TO REQUEST A RESTRICTION OF YOUR PROTECTED HEALTH INFORMATION.

This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family

members or friends who may be involved in your care or for notification purposes as described in this notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to a restriction that you may request. If a physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

3. YOU HAVE THE RIGHT TO REQUEST TO RECEIVE CONFIDENTIAL COMMUNICATIONS FROM US BY ALTERNATIVE MEANS OR AT AN ALTERNATIVE LOCATION.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, i.e. electronically. We may require written requests. We may condition the provision of confidential communications on your providing us with information as to how payment will be handled and specification of an alternative address or other method of contact. We may require that a request contain a statement that disclosure of all or a part of the information to which the request pertains could endanger you.

4. YOU MAY HAVE THE RIGHT TO HAVE YOUR PHYSICIAN AMEND YOUR PROTECTED HEALTH INFORMATION.

We may require that you submit written requests and provide a reason to support the requested amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. We have the right to deny your request for amendment, if: (a) we determine that the information or record that is the

subject of the request was not created by us, unless you provide a reasonable basis to believe that the originator of the information is no longer available to act on the requested amendment, (b) the information is not part of your designated record set maintained by us, (c) the information is prohibited from inspection by laws, or (d) the information is accurate and complete.

5. YOU HAVE THE RIGHT TO RECEIVE AN ACCOUNTING OF CERTAIN DISCLOSURES WE HAVE MADE, IF ANY, OF YOUR PROTECTED HEALTH INFORMATION.

We are not required to provide accountings of disclosures for the following purposes: (a) treatment, payment and healthcare operations, (b) disclosures pursuant to your authorization, (c) disclosures to you, (d) for a facility directory or to persons involved in your care, (e) for national security or intelligence purposes, (f) to correctional institutions and (g) with respect to disclosures occurring prior to 4/14/03. We reserve our right to temporarily suspend your right to receive an accounting of disclosures to health oversight agencies or law enforcement officials, as required by law. We will provide the first account to you in any twelve (12) month period without charge, but will impose a reasonable cost-based fee for responding to each subsequent request for accounting within that same twelve (12) month period. Requests must be in writing and the time period cannot exceed six years prior to the date of the request.

6. COMPLAINTS.

You may complain to us or to the Secretary of Health and Human Services if you believe that your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy officer in writing. A complaint must name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of HIPAA. The complaint must

be received within 180 days of when you knew or should have known that the act or omission complained of occurred. You will not be retaliated against for filing any complaint.

Patient Responsibilities

1. The patient (or his/her parent or legal designated representative) has the responsibility to provide, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to his/her health. The patient has the responsibility to report unexpected changes in his/her condition to the responsible physician. A patient (or his/her parent or legal designated representative) is responsible for making it known whether he/she clearly comprehends a contemplated course of action and what is expected of him/her.

2. A patient (or his/her parent or legal representative) is responsible for following the treatment plan recommended by the physician primarily responsible for his/her care. This may include following the instructions of health care personnel as they carry out the coordinated plan of care and implement the responsible physician's orders, and as they enforce the applicable practice rules and regulations. The patient is responsible for keeping appointments and, when he/she is unable to do so for any reason, for notifying the physician or the practice.

3. The patient (or his/her parent or legal designated representative) is responsible for his/her actions if he/she refuses treatment or does not follow the physician's instructions. If the patient cannot follow through with the treatment, he/she is responsible for informing the physician.

4. The patient (or his/her parent or legal designated representative) is responsible for assuring that the financial obligations of his/her health care are fulfilled as promptly as possible. The patient is responsible for providing information for insurance.

5. The patient (or his/her parent or legal designated representative) is responsible for following practice rules and regulations affecting patient care and conduct.

6. The patient (or his/her parent or legal designated representative) is responsible for being considerate of the rights of other patients and personnel and for assisting in the control of noise, observance of our no-smoking or eating policy, and the number of visitors accompanying the patient to the office. The patient is responsible for being respectful of the property of others and of the practice.

7. A patient's health depends not just on his/her care but, in the long term, on the decisions he/she makes in his/her daily life. He/she is responsible for recognizing the effect of lifestyle on his/her personal life and health.

Notice of Privacy Practices

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operation (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographics information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION:

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

TREATMENT: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a physician to whom you have been referred or who referred you to our practice to ensure that the physician has the necessary information to diagnose or treat you.

PAYMENT: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay or a procedure in the office may require that your relevant protected health information be disclosed to the health plan to obtain approval for the procedure or admission.

HEALTHCARE OPERATIONS: We may use or disclosed, as needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students or students of various healthcare professions, licensing and conducting or arranging for other business activities. For example we may disclose your protected health information to medical school students or students from other healthcare professions that see patients

in our office. We may call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment/s.

WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION IN THE FOLLOWING SITUATIONS WITHOUT YOUR AUTHORIZATION. THESE SITUATIONS INCLUDE:

as Required By Law; Public Health Issues as required by law; Communicable Diseases; Health Oversight; Abuse or Neglect; Food and Drug Administration requirements; Legal Proceedings; Law Enforcement; Coroners; Funeral Directors; Organ Donation; Research; Criminal Activity; Military Activity and National Security; Workers' Compensation; Inmates; Required Uses and Disclosures. Under the law, we must make disclosures to you and, when required, by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES: These will be made only with your consent, authorization or opportunity to object unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

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HIPAA Notice of Privacy Practices

Charlotte, NC 28211

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