



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PROTECTED MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. Eye Care Center (ECC) is permitted to make uses and disclosures of protected health information for treatment, payment and health care operations, as described in the following examples:
 - a. For treatment (Referral to another eye care specialist or physician)
 - b. For payment (Submission of claim to third party payer)
 - c. For health care operations
2. ECC is permitted or required, under specific circumstances, to use or disclose protected health information without the individual's written authorization.
3. Other uses and disclosures will be made only with the Individual's written authorization, and the individual may revoke such authorization.
4. ECC may engage in one or more of the following activities:
 - a. ECC may contact the individual to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of the interest to the individual or patient.
 - b. ECC may contact the Individual/Patient to raise funds for ECC; or
 - c. A group health plan, or a health insurance issuer or HMO with respect to a group health plan, may disclose protected health information to the sponsor of the plan.
5. The Individual has the following rights regarding protected health information:
 - a. The right to request restrictions on certain uses and disclosures of protected health information. ECC is not required to agree to a requested restriction, however.
 - b. The right to receive confidential communications of protected health information, as applicable.
 - c. The right to inspect and copy protected health information, as provided in the Privacy Regulation.
 - d. The right to amend protected health information, as provided in the Privacy Regulation.
 - e. The right to receive an accounting of disclosures of protected health information.
 - f. The right to obtain a paper copy of the Notice of Privacy Practices from the covered entity upon request. This right extends to an individual who has agreed to receive the Notice electronically.
6. ECC is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and Privacy practices with respect to protected health information.
7. ECC is required to abide by the terms of the Notice currently in effect.
8. ECC reserves the right to change the terms of this Notice. The new Notice provisions will be effective for all protected health information that it maintains.
9. ECC will provide individuals or patients with a revised Notice by posting it on the company's web site.
10. Individuals may complain to ECC and to the Secretary of the Department of Health and Human Services without fear of retaliation by the organization, if they believe their privacy rights have been violated. A brief description of how the individual may file a complaint follows: submission in writing to ECC addressed to Office Manager or Compliance Officer).
11. ECC's contact person for matters relating to complaints is: Kendal Brawley, located at 492 Williamson Road Mooresville, NC 28117 and at phone number (704) 664-9121, extension 230.
12. This notice is first in effect on April 1, 2003.

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I hereby acknowledge that I have received a copy of ECC's Notice of Privacy Practices

Printed Name: _____

Signature: _____ Date: _____