

**THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION (PHI) MAY BE USED & DISCLOSED & HOW YOU GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this notice, please contact the Privacy Office at Eye Centers of Florida, 4101 Evans Ave, Ft Myers, FL, 33901; (239) 335-1729 or email: [ecofprivacy@ecof.com](mailto:ecofprivacy@ecof.com).

**Eye Centers of Florida's Pledge Regarding Personal Health Information PHI:**

At the Eye Centers of Florida (ECOF), we understand that medical information is personal to you, and we are committed to protecting the information about you.

This Notice of Privacy Practices (NPPs) describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights and certain obligations ECOF has regarding the use and disclosure of your medical information. Pursuant to the HIPAA Privacy Rule, 45 CFR § 164.520, we are required to:

- Ensure that medical information that identifies you is kept private;
- Make available this notice (NPPs), highlighting ECOF's legal duties and our privacy practices concerning your medical information; and
- To adhere to the terms of the NPPs currently in effect.

**Uses & Disclosures of Personal Health Information PHI:**

ECOF uses and discloses medical information in many ways. Listed below are the various ways and examples ECOF is permitted under the HIPAA Privacy Rule, 45 CFR § 164.520 to use or disclose your Personal Health Information (PHI):

**Treatment:**

- Treatment means providing, coordinating, or managing healthcare and related services by one or more healthcare providers. An example of this would include referring you to a retina specialist.

**Payment:**

- ECOF may disclose your PHI so that the treatment and services you receive by us may be billed for and payment collected.

**Health Care Operations:**

- Health Care Operations include business aspects of running our practice, such as conducting quality assessments and improving activities, auditing functions, cost management analysis, and customer service. An example of this would be new patient survey cards.

**Examples of Disclosures for Treatment, Payment and Health Operations**

**Business Associates:**

- Business associates: There are some services provided in our organization through contacts with business associates. Examples include an extenuation of care thru the use of

outside physician services (ex: radiology & laboratory tests).

**Healthcare Oversight Activities:**

- ECOF may disclose your PHI to a healthcare oversight agency for activities authorized by law. These oversight activities include: audits, investigations, inspections, and licensure.

**Appointment Reminders:**

- ECOF may contact you to provide appointment reminders.

**Treatment Alternatives:**

- ECOF may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Research:**

- Under certain circumstances ECOF may disclose information for research purposes. For example: a research project may involve comparing the health and recovery of all patients who received one medication to those patients who received another medication for the same condition. Please Note: That all research projects are subject to a special approval process and that ECOF only discloses PHI to Institutional Review Board (IRB) approved research projects that have a defined research protocol that ensures the privacy of PHI.

**Required by Law:**

- ECOF may disclose your PHI when required to do so by federal, state or local law.

**Lawsuits & Disputes:**

- If you are involved in a lawsuit or a dispute, ECOF may disclose your PHI in response to a court or administrative order. ECOF may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to notify you of the request or to obtain an order protecting the information requested.

**Law Enforcement:**

- ECOF may release your PHI if asked to do so by a law enforcement official:
  - In response to a court order, subpoena, warrant, summons or similar process;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  - About a death we believe may be the result of criminal conduct;
  - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Military and Veterans:**

- If you are a member of the armed forces, we may release your PHI to military command authorities, as required by law.

**Organ and Tissue Donation:**

- If you are an organ donor, ECOF may release your PHI to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**To Avert a Serious Threat to Health and/or Safety:**

- ECOF may disclose your PHI when necessary to prevent a serious threat to your health and safety, as well as the health and safety of the public. Any disclosure, however, would only be made to someone able to help prevent the threat.

**Public Health:**

- As required by law, ECOF may disclose your PHI public health activities. These activities generally include:
  - Preventing disease, controlling disease, injury, or disability;
  - To report births and deaths;
  - To report child abuse or neglect;
  - To report reactions to medications or problems with products;
  - To notify a person of recalls of products they may be using;
  - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease condition;
  - To notify the appropriate government authority if we believe a patient has been a victim of abuse, neglect or domestic violence. Please note: ECOF will only make this disclosure upon your authorization or if required/authorized under special circumstance by law.

**Inmates:**

- If you are an inmate of a correctional institution or under custody of a law enforcement official, ECOF may release your PHI to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with healthcare; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

**All Other Uses and Disclosures:**

- **For any uses and disclosures not previously described within this NPP notice, will only occur upon your written authorization, which you have the right to revoke at any time (HIPAA Privacy Rule, 45 CFR § 164.520).**

**Rights Regarding Your PHI:**

Although your health record/PHI is the physical property of ECOF, the information belongs to you. You have the following rights regarding your PHI maintained by ECOF:

**Right to Inspect and Copy:**

- You have the right to inspect and copy medical information that may be used to make decisions about your care. Typically, this includes medical and billing records,

but does not include psychotherapy notes. To inspect and copy your medical information, you must submit a request in writing to the Privacy Officer. **Please Note: there may be a fee associated with your request to cover the costs of copying, mailing or other supplies associated with your request.**

#### **Right to Amend:**

- If you feel that medical information we have about you is incorrect or incomplete, you may request for additional information to be added to your medical record. You also have the right to request an amendment to the information entered in your medical record, if you feel it is incorrect. To request an amendment, please submit a written request to the Privacy Officer. Within your written request, you must provide a reason that supporting the need for an amendment. Please note: ECOF may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, ECOF may deny your request if you ask us to amend information that:
  - Was not created by ECOF, or an ECOF affiliated provider;
  - Is not part of the medical information maintained by ECOF;
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.

#### **Right to an Accounting of Disclosures:**

- You have the right to request an “accounting of disclosures”. This is a list of the disclosures made with regards to your PHI, excluding disclosures made for the purpose of treatment, payment, and healthcare operations. **Please Note: there may be a fee associated with your request to cover the costs of copying, mailing or other supplies associated with your request.**

#### **Right to Request Restrictions:**

- You have the right to request a restriction or limitation on the medical information ECOF uses or discloses, with regards to your treatment, payment, or healthcare operations. You also have the right to request a limit on the PHI ECOF discloses about you to someone who is involved in your care or payment for your care. Please Note: ECOF is not required to agree to your request.
- If you have paid for services “out of pocket”, in full, and you request that we not disclose PHI related solely to those services to your health plan, we will accommodate your request, except where we are required by law to make a disclosure.

#### **Right to Request Confidential Communication:**

- You have the right to receive confidential communication from us by alternative means or at an alternative location.

#### **Right to Restrict Release of Information:**

- You have the right to request a restriction of your PHI. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this NPP. Your physician is not required to agree to a restriction that you may request. If your

physician believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted.

#### **Right to Breach Notification:**

- Amend your health record as provided in 45 CFR 164.528,
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, and Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

#### **Right to a Paper Copy of This notice (NPPs):**

- You have the right to obtain a paper copy of this notice from us upon request.

#### **Our Responsibilities:**

The Eye Centers of Florida is required 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 about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post a copy of current Notice, which will identify its effective date in our institution and on our website.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

#### **For More Information or to Report a Problem:**

If you have questions and would like additional information, you may contact the practice's Privacy Officer,

**Eye Centers of Florida**  
**Administration – Privacy Office**  
**239-335-1729 or 800-226-3377**  
**Email: [ecofprivacy@ecof.com](mailto:ecofprivacy@ecof.com)**

If you believe your privacy rights have been violated, you can file a complaint with the Practice's Privacy Office or with the Department of Health and Human Services. To file a complaint with the Privacy Office, contact our office manager. There will be no retaliation for filing a complaint with either the Privacy Office or the Department of Health and Human Services.



**Eye Centers of Florida**  
Improving Your Outlook On Life

## **Notice of HIPAA Privacy Policies (NPP)**

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

**PLEASE REVIEW IT  
CAREFULLY.**

Date of Revision: July 2013  
Effective Date: September 1, 2013