



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. **This notice is effective 01/01/2011 until further notice.**

Right to Notice

We understand that medical information about you is personal and we are committed to protecting it. Under the Health Insurance Portability and Accessibility Act (HIPAA), Lowcountry Eye Care and Joseph M. Pitcavage, O.D. can use your protected health information for treatment, payment and health care operations.

How we can use or disclose your health information:

- a) Treatment - We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.
- b) Payment - We may use and disclose your health information to obtain payment from you, your insurance company, or a third party for services and materials we provide you.
- c) Health care operations - We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competency or qualifications of healthcare professionals, evaluating provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.
- d) For appointment reminders – Including annual eye exam cards, to tell you about health related products and services, or recommend possible treatment alternatives that may be of interest to you.

Your Authorization

Most uses and disclosures that do not fall under treatment, payment, health care operations will require your written authorization. Upon signing, you may revoke your authorization (in writing) through our practice at any time.

Marketing

We will not give, sell, or trade your health or personal information to any other party except those listed below that are protected by law. We may use your personal information for internal marketing purposes (i.e. practice newsletters, promotional events like Open Houses or trunk shows, reminders for appointments, or special occasions such as holiday greetings) without your written permission but will not release any health information under such circumstances.



Required by Law

We may also use or disclose your health information when we are required to do so by law.

Abuse or Neglect

We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your or other people's health or safety.

Your Rights as a Patient

- You have the right to restrict the disclosure of your protected health information (in writing). The request for restriction may be denied if the information is required for treatment, payment or health care operations.
- You have the right to receive confidential communications regarding your protected health information.
- You have the right to inspect and copy your protected health information.
- You have the right to amend your protected health information.
- You have the right to receive an account of disclosures of your protected health information.
- You have the right to a paper copy of this notice of privacy practices.

Legal Requirements

Joseph M. Pitcavage O.D. and Lowcountry Eye Care. is required by law to maintain the privacy of your protected health information. We are required to abide by the terms of this notice as it is currently stated, and reserve the right to change this notice. The policies in any new notice will not be in effect until they are posted to this site, or are available within our office.

By signing below, I acknowledge that I have received Lowcountry Eye Care's Privacy Notice.

Signature of Patient or Authorized Representative

Date