



## NOTICE OF PRIVACY PRACTICES

Written pursuant to the rules and regulations  
implementing the Health Insurance Portability and  
Accountability Act (or "HIPAA")  
Effective April 1, 2003

### **Effective March 24, 2010**

**Asheville Eye Associates' (AEA) and Asheville Eye Surgery Centers' (AESC) This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this carefully.**

AEA's Notice of Privacy Practices applies only to the care and treatment you receive at facilities and from service providers operating under the AEA and/or AESC name, including:

Asheville Eye Associates  
8 Medical Park Drive  
Asheville, NC 28803

Asheville Eye Surgery Center  
8B Medical Park Drive  
Asheville, NC 28803

Asheville Eye Associates  
Arden Location  
2001 Hendersonville Road  
Asheville, NC 28803

Asheville Eye Associates  
Sylva Location  
1196 Skyland Drive  
Sylva, NC 28779

Western Carolina Retinal Associates  
Division of Asheville Eye Associates  
21 Medical Park Drive  
Asheville, NC 28803

Asheville Eye Associates  
Hendersonville Location  
2311 Asheville Highway  
Hendersonville, NC 28796

Asheville Eye Associates  
Franklin Location  
144 Holly Springs Drive  
Franklin, NC 28734

Western Carolina Retinal Associates  
Division of Asheville Eye Associates  
Hayesville Retina Satellite  
1091 Highway 64E, Suite 2  
Hayesville, NC 28904

Western Carolina Retinal Associates  
Division of Asheville Eye Associates  
Boone Retina Satellite  
610 State Farm Road  
Boone, NC 28607

Western Carolina Retinal Associates  
Division of Asheville Eye Associates  
Clyde Retina Satellite  
486 Hospital Drive  
Clyde, NC 28721

**What do we mean when we say "Medical Information About You"?**

Each time you visit AEA and/or AESC for treatment, medical information, otherwise known as “Protected Health Information” or “PHI” is created. For example, when you visit AEA and/or AESC you provide information regarding who you are, your medical history, etc. This information creates your PHI. During your visit, your doctors, technicians, nurses, and other staff who take care of you will create more information about you, your condition, and how you are responding to treatment. This information will be referred to in our Notice of Privacy Practices as your “PHI”. In general, your “PHI” includes information about:

1. Your past, present or future physical or mental health condition;
2. The health care you received, are receiving, or will receive, and;
3. The ways you have paid for, are paying for, or will pay for, your health care.

### **Why does anyone else want to know about your PHI?**

Your PHI is used for multiple reasons in providing your care and for this reason other people may have a need to know about it to insure quality care is provided. For example, a doctor who is planning to do your surgery needs to know if you have had any illnesses which may change your treatment plan. Although there are multiple reasons people may want to know your PHI, it is important for you to know our intentions are to release your PHI on a need to know basis only

### **How does AEA and/or AESC use your PHI?**

#### **Uses and Disclosures**

**For treatment:** We often use and share your PHI so we can help you receive quality treatment and care. Sometimes, we will share your PHI within the organizations. For example, if you complete medical history information regarding an allergy to a medication when checking in, it may be communicated to your care giver to ensure medication is not prescribed for your care. Another example of sharing your information outside the organizations, would be follow-up with provider outside of local area that you may also see to ensure information obtained by your other providers may assist in providing continuity in your quality of care

**For payment:** In order to receive payment of medical treatment and services you receive at AEA and/or AESC, your PHI is shared with others. For example, billing departments, collection agencies, and/or insurance companies, etc. to assist in sending you a bill and/or collecting payment for services you received. Usually, we share your PHI with others after you have received treatment. At times, we share your PHI with others before you receive treatment, to ensure in advance, your treatment costs are covered or payment plans are arranged

**For our healthcare operations:** Every day, we look at how we can run our healthcare organizations more safely and effectively. In exploring these possibilities, we may use your PHI when applying for insurance or when evaluating our staff and physician performance. Our goal is the end results of these efforts will improve your care in our facilities

**To make sure we are providing good services:** AEA and AESC continually strive to improve the quality of the services we provide. Therefore, your PHI and your ideas are very important to us. For example, a new successful technology which improves recovery for patients is used as educational purposes for colleagues to provide same technology for their patients

**To let you know about other treatments:** As new treatments or services become available to assist you with your medical care, we may use or share your PHI to communicate and provide education for you

**Fund raising:** We will not use your PHI in any fund raising attempts without your written authorization

**To let you know about other services:** Your PHI may be used and shared to educate you on services and benefits you may want to take advantage of

**To remind you about appointments:** Your PHI may be used or disclosed to provide a reminder to you about an upcoming appointment

**To comply with the law:** State, Federal, or Local laws require your PHI to be shared. In such a case, we abide by legal mandated regulatory requirements

**To promote public health:** Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the State's Public Health Department

**To meet government regulatory requirements:** The government, accrediting organizations, insurance companies and other businesses oversee AEA and/or AESC to ensure quality care is provided. For example, the State of North Carolina has the authority to survey AEA and/or AESC to ensure compliance of state law regulations

**To comply with a court order, subpoena, or legal request for PHI:** If you are involved with a law suit or legal dispute, we may be required to share your PHI with the court, lawyers, and/or other people involved

**To do clinical research:** Your PHI may be used for research purposes if participation by AEA is warranted. Information obtained by Research Coordinator will only be used for research study purposes

**To help your employer provide you benefits:** If AEA is treating you for an illness or injury you obtained while working, we may share your information with the employer for payment or payment assistance for your treatment

## **What are your Rights?**

### **The right to ask us to limit the amount of your PHI that we use and share:**

- **You have a right to ask us:** to limit the amount of your PHI that we use and share for treatment, payment, or operation purposes. You also have a right to ask us to limit the amount of your PHI that we share with your friends and family members who are involved in or paying for your care with written authorization
- **You have a right to:** view and receive a copy of your PHI with written authorization and photo identification. A fee is received for this service and we will communicate this cost to you in advance. We may also in rare cases deny your request
- **Your right to ask for an amendment to your PHI:** If you do not think your PHI is complete or correct, you have the right to ask us to change it. To exercise this right, you must complete authorization and document correct information. An evaluation of your request will be reviewed and may be denied
- **Your right to find out who we have shared your PHI with:** You have a right to know the names of people who we have shared your PHI with. To exercise this right you must complete authorization stating your request for disclosures. A fee is received for this service and we will communicate this cost to you in advance
- **Your right to get a copy of AEA and/or AESC Notice of Privacy Practices:** To receive a copy of AEA and/or AESC Notice of Privacy Practice, upon written request

## **What else do I need to know?**

**AEA and/or AESC duty to protect your PHI:** The law requires AEA and/or AESC to protect the privacy of your PHI. It also requires us to give you notice of the organization's legal duties and privacy practices

**Changes to AEA and/or AESC Notice of Privacy Practice:** AEA and/or AESC have the right to amend or modify to their Notice of Privacy Practices at any time, for any reason. AEA and/or AESC Notice of Privacy Practices will have its effective date posted in a place where you can see it. We will offer you a copy of the most recent edition of AEA and/or AESC Notice of Privacy Practices each time you register at one of our facilities for services. We are only required to abide by the most-recent edition of AEA and/or AESC Notice of Privacy Practices

**Complaints:** If you think that any of your PHI has been used or shared inappropriately, you may file a complaint with us. Please write a letter including your name, address, telephone number, date(s) of treatment, and description of your complaint and send it to:

**Asheville Eye Associates  
Asheville Eye Surgery Center  
Business Office Manager/Privacy Officer  
8 Medical Park Drive  
Asheville, NC 28803**

You may also file complaint with Department of Health and Human Services (DHHS). Your complaint to DHHS must be filed within 180 days of when you knew, or should have now, that the act or failure to act that you are complaining about occurred. However, DHHS may give you more time to file a complaint if it thinks that there is a good reason for your delay. Please know that you will not be punished for filing a complaint with us or with DHHS:

**Office of Civil Rights  
Department of Health and Human Services (DHHS)  
61 Forsyth Street SW  
Suite 3B70  
Atlanta, Georgia 30303-8909  
Telephone # 404-562-7886  
[www.hhs.gov/ocr/howtofile.html](http://www.hhs.gov/ocr/howtofile.html)**

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