

BUCKNER ELAM MEDICAL

NOTICE OF PRIVACY PRACTICES

Privacy Officer: Setal Rana, MD

This notice describes how health information about you may be used and disclosed. It also explains how you can get access to your health information. Please read this information carefully. The privacy of your health information is extremely important to us.

OUR LEGAL DUTY

We are required by applicable state and federal law to maintain the privacy of your health information. We are also legally required to provide you this notice of privacy practices, as well as our legal duties and your rights concerning your health information. We must adhere to the information that is described in this notice. This new law was put into effect on April 14, 2003, and will remain in effect until we replace it.

We reserve the right to change our privacy and the terms of this notice at any time, as long as such changes are allowable by both federal and state law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. In the event we make a material change in our privacy practices, we will change the Notice and provide it to you.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of the Notice, please contact us using the information listed above.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for the purposes of treatment, payment, and healthcare operations. These are described in more detail below:

Treatment: We may use or disclose your health information to an optician, ophthalmologist, or other healthcare provider providing treatment to you for: (a) the provision, coordination, or management of health care and related services by health care providers; (b) consultation between healthcare providers relating to a patient (c) the referral of a patient for healthcare from one health provider to another, or (d) recall information.

Payment: We may use and disclose your health information to obtain payment for services provided to you. This may include: (a) billing and collection activities and related data processing; (b) actions by a health plan or insurer to obtain premiums or to determine of fulfill its responsibilities for coverage and provision of benefits under its health plan or insurance agreement, determinations of eligibility or coverage, adjudication or subrogation of health benefit claims; (c) medical necessity and appropriateness of care reviews, utilization review activities; (d) disclosure to consumer reporting agencies of information relating to collection of premiums or reimbursement.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include things as quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conduction training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your healthcare information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

Marketing Health Products or Services: We will not use your health information for marketing communications, without your prior written authorization. We may provide you with information regarding products or services that we offer related to your healthcare needs. We will never sell your health information without your prior authorization.

To You, Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so or, if you are not able to agree, if it is necessary in our professional judgment.

Persons Involved in Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to