The Eye Associates

Notice of Privacy Practices **Effective Date: _____06/02/2025_____**

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.

At **The Eye Associates**, protecting your privacy is a priority. This Notice explains how we may use and disclose your Protected Health Information (PHI) and describes your rights under the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act.

OUR LEGAL RESPONSIBILITIES

We are required by law to:

- Maintain the privacy and security of your PHI.
- Provide you with this Notice outlining our privacy practices.
- Notify you promptly if a breach occurs that may compromise your PHI.
- Follow the terms of this Notice.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

1. Treatment

We may use and share your PHI to provide, coordinate, and manage your eye care. This includes sharing information with ophthalmologists, optometrists, opticians, certified nurse anesthetists, and other healthcare professionals involved in your treatment.

2. Payment

We may use and disclose your PHI to bill and collect payment from you, your insurance provider, or a third party. This can include verifying eligibility, obtaining prior authorization, or processing claims.

3. Healthcare Operations

We may use and disclose your PHI for business and operational purposes, such as quality improvement, staff training, licensing, and auditing.

4. Appointment Reminders & Health-Related Services

We may contact you to remind you of upcoming appointments or to inform you of services or treatment options that may benefit your care.

5. As Required by Law

We will disclose your PHI when required by federal, state, or local law.

6. Public Health & Safety

We may disclose your PHI to public health authorities for reasons such as preventing disease, reporting abuse or neglect, or to reduce a serious threat to health and safety.

7. Research

We may use or share your PHI for research purposes under certain conditions and with proper safeguards.

8. Legal and Law Enforcement

We may disclose your PHI in response to court orders, subpoenas, or other lawful processes, as required by law enforcement or regulatory bodies.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

1. Right to Access

You may request to review or obtain copies of your PHI.

2. Right to Request Amendments

You can request corrections to your PHI if you believe it is incomplete or incorrect.

3. Right to an Accounting of Disclosures

You may request a list of certain disclosures of your PHI made outside of treatment, payment, or healthcare operations.

4. Right to Request Restrictions

You may request restrictions on the use or disclosure of your PHI. While we may not always be legally required to agree, we will comply where applicable by law.

5. Right to Confidential Communications

You may request that we communicate with you in a specific way or at a specific location.

6. Right to a Paper Copy of This Notice

You can request a paper copy of this Notice at any time, even if you receive it electronically.

7. Right to Revoke Authorization

You may revoke your consent for the use or disclosure of your PHI in writing, except where actions have already been taken.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. Any changes will apply to all PHI we maintain, and a current version will be posted in our office and on our website.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the appropriate government agency. We will not retaliate against you for filing a complaint.

1. Contact Our Privacy Officer:

The Eye Associates
4101 Evans Ave
Fort Myers, FL 33901
239-939-3456

2. U.S. Department of Health and Human Services - Office for Civil Rights (OCR):

Phone: 1-800-368-1019
TTY: 1-800-537-7697
Website: https://www.hhs.gov/hipaa/filing-a-complaint/

3. Medicare Beneficiary Ombudsman:

Phone: 1-800-MEDICARE (1-800-633-4227)
Website: https://www.medicare.gov/claims-appeals/file-a-complaint/complaints-about-your-care-or-services

4. Florida Agency for Health Care Administration (AHCA) - Consumer Complaint Hotline:

Phone: 1-888-419-3456
Website: https://ahca.myflorida.com/Complaint

5. Georgia Department of Community Health - Healthcare Facility Regulation:

Phone: 1-800-878-6442
Website: https://dch.georgia.gov/divisionsoffices/hfrd/hfr-complaints

6. South Carolina Department of Health and Environmental Control (DHEC):

Phone: 1-800-922-6735
Website: https://scdhec.gov/healthcare-facility-complaints