



## Cardinal Vision LLC 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 of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, health care operations, and other actions permitted or required by law. It also describes your rights to access and control your protected health information, which may identify you and relate to your past, present, or future physical or mental health or condition and related health care services.

We are required by law to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. New notices will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices.

### 1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with other healthcare providers and third parties involved in your care or treatment. For example, we may provide your protected health information to a pharmacy that would fill your prescriptions.

**Payment:** Your protected health information will be used and disclosed, as needed, to obtain payment from your health care plan or other third-party payers for services provided by Cardinal Vision LLC. These activities may include making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

**Health Care Operations:** We may use or disclose, as needed, your protected health information in order to support the daily functions of Cardinal Vision LLC. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, fundraising activities, and conducting or arranging for other business activities.

**Business Associates:** We may share your protected health information with third party business associates that perform various activities (i.e. billing or transcription services) for our practice. To protect your privacy, we require all business associates to appropriately safeguard your protected health information.

**Individuals Involved in Your Health Care or Payment for your Care:** Unless you object, using our professional judgment, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care or payment related to your care. If you are not present or able to agree or object to the use or disclosure of the PHI, then your healthcare provider may, using professional judgement, determine whether the disclosure is in your best interest. In this care, only the PHI that is necessary will be disclosed.

**Health-related Communications:** We may disclose your protected health information, as necessary, to contact you to provide refill reminders, information about treatment alternatives or other health-related benefits and services that may be of interest to you, appointment reminders, and results from exams or tests.

**Fundraising:** We may contact you as part of a fundraising effort.

**Other Permitted and Required Disclosures and Uses:** We are permitted to use and disclose your protected health information without your authorization or consent for the following purposes: as required by law; for public health activities; for public health activities; health oversight activities; in cases of abuse or neglect; to comply with food and drug administration requirements; legal proceedings; law enforcement purposes; research purposes; coroners; funeral directors; organ donation; criminal activity; military activity; matters pertaining to national security; worker's compensation; when an inmate in a correctional facility; and upon request of the Department of Health and Human Services in order to investigate or determine our compliance with the requirements of the Privacy Rule.

### 2. YOUR RIGHTS

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**You have the right to inspect and copy your protected health information:** You may inspect and obtain a copy of protected health information about you for so long as we maintain the protected health information. You may obtain your medical record that contains medical and billing records and any other records that your physician or the practice uses to make decisions about you. As permitted by federal or state law, we may charge you a reasonable fee for copying, mailing, and supplies that are necessary to fulfill your request.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and laboratory results that are subject to law that prohibits access to protected health information. Depending on the circumstances, you may have a right to have reviewed a decision to deny access. Please contact our Privacy Officer if you have questions about access to your medical record.

**You have the right to authorize other use and disclosure:**

Other uses and disclosures of your protected health information, beyond those outlined in this form, will be made only with your written authorization, unless otherwise permitted or required by law as described above. For example, we would need your written authorization to use or disclose your PHI for marketing purpose, for most uses or disclosures of psychotherapy notes, or if we intend to sell your PHI. You may revoke this authorization in writing at any time, on a form we provide. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization.

**You have the right to request a restriction of your protected health information:** You have the right to request additional restrictions on our use or disclosure of your protected health information by sending a written request, on a form we provide, to Cardinal Vision LLC. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. You will have the right to request, in writing, that we restrict communication to your health plan regarding a specific treatment or service that you, or someone on your behalf, has paid for in full, out-of-pocket. We are not required to agree to the requested restrictions. If we agree to the requested restriction, we will abide by it, except in emergency circumstances when the information is needed for your treatment.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location:** We will accommodate reasonable requests. We will not request an explanation from you as to the basis for the request. You must inform us in writing, using a form provided by our practice how you wish to be contacted if other than the address(es)/phone number(s)/email(s) that we have on file.

**You may have the right to have your physician amend your protected health information:** You may request an amendment of protected health information about you in a designated record set for so long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. All request must be in writing and on a form provided by our office.

**You have the right to receive an accounting of certain disclosures we have made of your protected health information:** This right applies to disclosures for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. The accounting will exclude certain disclosures, such as disclosures made directly to you, disclosures you authorize, disclosures to friends or family members involved in your case, disclosures for certain exceptions, restrictions, and limitations. To request an accounting, please submit a written request, on a form we provide, to Cardinal Vision LLC. We will accommodate all reasonable requests.

**You have the right to receive a privacy breach notice:** You have the right to receive written notification if the practice discovers a breach of your unsecured PHI and determines through a risk assessment that notification is required.

**You have the right to obtain a paper copy of this notice:** Upon request, even if you have accepted this notice electronically.

### 3. COMPLAINTS

You may submit comments or complaints about our privacy practices to us directly or to the Secretary of Health and Human Services if you believe your privacy rights have been violated.

You may send a letter outlining your concerns to our privacy officer:

Gavin Davis, M.D.  
4723-A Sunset Blvd  
Lexington, SC 29072  
(803) 999-EYES  
administration@cardialvision.com

No penalties or retaliation will be incurred for filing a complaint.

This notice was published and becomes effective on January 1, 2020.