Precision Eye Care Privacy Policy

**Summary Notice of HIPAA 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 AND REPORT ANY GRIEVANCE TO: South Carolina Agency, 2600 Bull St., Columbia, SC 29601; Email: [info@dhec.sc.gov](mailto:info@dhec.sc.gov) ; Phone# (803) 898-3432

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form whether electronically, on paper, orally, or via SMS texting, are kept properly confidential. This Act gives you, the patient, significant rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. We have prepared this “Summary Notice of HIPAA Privacy Practices” to explain how we are required to maintain the privacy of your health information and how we may disclose your health information.

**We may use and disclose your medical information for each of the following purposes: Treatment, Payment, and Health Care Operations:**

* Treatment means providing, coordinating, or managing healthcare and related services by one or more healthcare providers.
* Payment means such activities as obtaining payment or reimbursement for services, billing, or collection activities and utilization review.
* Health Care Operations include managing your Electronic Health Record Information to facilitate diagnostic medical consultations with participating physicians, as well as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. We may also create and distribute de-identified health information by removing all services that may be of interest to you. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your previous authorization.

**You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the South Carolina Agency listed above:**

* You have the right to ask for restrictions on the ways we use and disclose your health information for treatment, payment, and health care operations. You may also request that we limit our disclosures to persons assisting in your care. We will consider your request, but we are not required to accept it.
* You have the right to request that you receive communications containing your protected health information from us by alternative means or at alternative locations. For example, you may ask that we contact you only at home or by mail.
* Except under certain circumstances, you have the right to inspect and copy medical, billing, and other records used to make decisions about you. If you ask for copies of this information, we have the right to charge you a nominal fee for copying and delivery of these records. South Carolina indicates a clerical fee of $15.00 as well as $0.65 per page for the first 30 pages and $0.50 per page for any pages after that.
* If you believe that information in your records is incorrect or incomplete, you have the right to ask us to correct the existing information or add missing information. Under certain circumstances, we may deny your request, such as when the information is already accurate and complete.
* You have a right to receive a list of certain instances when we have used or disclosed your medical information. If you ask for this information from us more than once every 12 months, we may charge you a fee.