

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

### **Emory Health Information Exchange**

Health information exchanges allow health care providers, including Emory Healthcare, to share and receive information about patients, which assists in the coordination of patient care. Emory Healthcare participates in a health information exchange that may make your health information available to other providers, health plans, and health care clearinghouses for treatment or payment purposes. Your health information may be included in the health information exchange. We may also make your health information available to other health exchange services that request your information for coordination of your treatment and/or payment for services rendered to you. Participation in the health information exchange is voluntary, and you have the right to opt out. Please see the "Right to Request Restrictions" section to learn about opting out of the HIE. Additional information on Emory Healthcare's HIE can be found at our website, [www.emoryhealthcare.org/ehealthexchange](http://www.emoryhealthcare.org/ehealthexchange).

### **Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our website.

This Notice of Privacy Practices applies to the following organizations.

Georgia Eye Partners  
OPAL Aesthetics  
Eye Surgery Center of Georgia, LLC

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)



## Notice of Privacy Practices

Your Information.  
Your Rights.  
Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Georgia Eye Partners  
550 Peachtree St., NE  
Suite 1500  
Atlanta, GA 30308  
(404) 897-6810  
[www.GaEyePartners.com](http://www.GaEyePartners.com)

Please review it carefully.

## Your Rights

When it comes to your health information, you have certain rights.

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### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may request a reasonable, cost-based fee

### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this
- We may say “no” to your request, but we’ll tell you why in writing within 60 days

### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address
- We will say “yes” to all reasonable requests

### Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations
- We are not required to agree to your request, and we may say “no” if it would affect your care
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer
- We will say “yes” unless a law requires us to share that information
- If you do not want to participate in the Emory Health Information Exchanges, you must make your request in writing to the Emory Healthcare Privacy Office, 101 West Ponce de Leon Ave, 2<sup>nd</sup> Floor, Suite 242, Decatur, Georgia 30030. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

- We will make sure the person has this authority and can act for you before we take any action.

### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on the back page.
- You can file a complaint with the Privacy Officer at (404) 897-6810 or with the U.S. Department of Health and Human Services office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

## Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

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### In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

### In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

### In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again

## Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

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### Treat you

- We can use your health information and share it with the other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition

### Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary

Example: We use health information about you to manage your treatment and services

### Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

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### Help with public health and safety issues

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone’s health or safety

### Do research

- We can use or share your information for health research

### Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law

### Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations

### Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### Address workers’ compensation, law enforcement, and other government requests

- We can use or share health information about you:
  - For workers’ compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services

### Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.