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Notice of Privacy Practices

*This notice describes how medical information about you may be disclosed and how you can get access to this information.
Please review it carefully. Effective: April 13, 2003*

Use and Disclosures:

How information about you may be used or disclosed

Treatment - We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses or other Health Care Providers that are involved in taking care of you.

Payment - We may use and disclose health information about you so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company or a third party.

Office Business Operations - We may use and disclose health information about you for Office Business Operations. These uses and disclosures are necessary to run the office and make sure that all patients receive quality care.

Examples:

- Appointment Reminders
- Treatment Alternatives & Options
- Health Related Benefits & Services
- Worker's Compensation
- Health Over-site Activities as required by law

Individual Rights: You have the right to:

- ◆ **Access** to inspect and request a copy of your health information. Usually this includes medical and billing records. There may be a charge.
- ◆ **Request to Amend** your health information;
- ◆ **Accounting** of the uses and disclosures of your information other than for treatment, payment or Office Operations.
- ◆ To receive a paper **Copy** of this notice;
- ◆ Request **Restrictions** on certain uses and disclosures of your health information;
- ◆ Request that we **Communicate** with you confidentially about your information.

Who Will Comply with this Notice

All health care professional and employees of Coastal Eye Care and their business partners.

Complaints

If you believe your privacy rights have been violated, you may file a written complaint with the Secretary of the Department of Health and Human Services. To file a complaint with this office call 207-667-6300 and ask for the Privacy Officer.

You will not be retaliated against for filing a complaint.

Contact

If you have questions about this notice or any of the rights listed, please contact us at 207-667-6300.

Other Uses of Health Information

Other uses and disclosure of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization.

Covered Entity Duties

- ◆ CEC is required by law to maintain the privacy of your protected medical information and to provide individuals with notice of its legal duties and privacy practices with respect to your medical information.
- ◆ CEC will abide by the terms of the notice currently in effect.

Our Pledge Regarding Medical Information

We create a record of the care and services you receive here to provide you with quality services and for certain legal requirements. We understand that medical information about you and your health is personal. We are committed to protecting your medical information.

Revisions To This Notice

CEC reserves the right to change this notice. We will promptly revise and distribute this notice whenever there is a change that affects uses or disclosures, your rights, our legal obligation, or other changes in privacy practices.

