



RETINA ASSOCIATES OF KENTUCKY

Summary of the Notice of Privacy Practices

Our goal is to take appropriate steps to attempt to safeguard any medical or other personal information that is provided to us. The Privacy Rule under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires us to : (i) maintain the privacy of medical information provided to us; (ii) provide notice of our legal duties and privacy practice; and (iii) abide by the terms of our Notice of Privacy Practices currently in effect.

INFORMATION COLLECTED ABOUT YOU

In the ordinary course of receiving treatment and health care services from us, you will be providing us with personal information such as:

- You name, address, and telephone number
- Information relating to your medical history
- Your insurance information and coverage
- Information concerning your doctor, nurse or other medical providers
- Emergency contacts and telephone numbers

In addition, we will gather certain medical information about you and will create a records of the care provided to you. Some information also may be provided to us by other individuals or organizations that are part of you “circle of care” – such as the referring physician, your other doctors, your health plan, and close friends or family members.

HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU

We may use and disclose personal and identifiable health information about you for a variety of purposes. All of the types of uses and disclosures of information are described below, but not every use or disclosure in a category is listed.

For a description of each bullet point, please see the full Notice of Privacy Practices.

- Required Disclosures
- For Treatment
- For Payment
- For Health Care Operations
- Public Policy Uses and Disclosures
- Our Business Associates
- Disclosures to Persons Assisting in Your Care or Payment for Your Care
- Appointment Reminders
- Treatment Alternatives
- Other Uses and Disclosures of Personal Information

INDIVIDUAL RIGHTS

- Request restrictions on the ways we use and disclose your health information
- Request to receive communications by alternative means
- Inspect and copy medical, billing and other records used to make decisions about you
- Receive a list of certain instances when we have used or disclosed your medical information
- A copy of the full notice in paper form

If you ask for this information from us more than once every twelve months, we may charge you a fee.

Breach Notifications

It is our duty to notify any affected individuals following a breach of unsecured protected health information.

Changes to this Notice

We reserve the right to make changes to this notice at any time. In the event there is a material change to this notice, the revised notice will be posted. In addition, you may request a copy of the revised notice at any time.

To obtain more information concerning this notice, you may contact our Privacy Office at (800) 627-2020, 120 North Eagle Creek Drive, Suite 500, Lexington, KY 40509.

This notice is effective as of April 14, 2003 and has been revised April 28, 2005 and September 18, 2013.