

The Retina Center, P.A. Privacy Statement

The Retina Center, P.A. has created this statement in order to demonstrate our firm commitment to privacy.

Each time you visit The Retina Center, P.A. physicians, a record of your visit is made. This record contains symptoms, test results, diagnoses, and treatment plans. This information is referred to as your Protected Health Information or PHI and serves as a tool for communication among the health care professionals who contribute to your care and the staff of The Retina Center, P.A. for effective planning and treatment of each patient. Your PHI is also used for legal documentation describing the care you received for billing purposes. In some cases, your PHI is used for educating health care professionals and patients for a better understanding of diagnoses and treatment plans. Personal information collected includes, but is not limited to, your name, address, phone number, birth date, social security number and insurance information.

You have the right to the information in your PHI, although they are the property of the health care professional that compiled it. You may obtain a paper copy, inspect and amend information in your PHI up request under supervision of physician and/or staff.

Please refer to <http://www.hipaaps.com/cgi-bin/viewlaw.cgi>.

It is the responsibility of The Retina Center, P.A. to maintain the privacy of your PHI and to provide you with a notice of our legal duties pertaining to your PHI by abiding by the terms of this notice. It is the right of The Retina Center, P.A. to make changes and provisions to this privacy policy as new information is provided to us. We will advise patients of these changes accordingly.

Samples of, but not all inclusive, Treatment, Payment and Health Operations

We will use your PHI for treatment: For example: Information obtained by a technician, nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will use your health information for payment/collections: For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations: For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Other Permitted or Required Uses and Disclosures

Business Associates: There are some services provided in our organization through contacts with business associates. Examples include physician services in the operating room, surgical centers, emergency departments, radiology, certain laboratory tests, and a copy service we may use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard our information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, you location, and general condition.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care such as appointment changes, schedule changes, diagnostic scheduling, etc.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Funeral directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public. The above are only examples, as not every situation for disclosure of PHI can be foreseen.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the director of health information management at (352)333-5050, (352)873-7300 , or visit the official site of HIPAA at <http://www.hipaa.com>. or ask questions at www.theretinacenter.com.

If you believe your privacy rights have been violated, you can file a complaint with the director of health information management or with the secretary of Health and Human Services. There will be no retaliation for filing a complaint.

By providing your mobile number, you agree to receive text messages from The Retina Center. SMS Consent is not shared with third parties. Messaging frequency may vary. Message and data rates may apply. To opt out at any time text: STOP. For assistance, text: HELP or visit our website at www.theretinacenter.com. Visit www.theretinacenter.com to see our privacy policy and terms of service. By opting into SMS from a web form or other medium, you agree to receive SMS messages from The Retina Center, PA. This includes SMS messages regarding appointments, account notifications, and conversational communications related to your care. Messaging frequency may vary. Message and data rates may apply.

I do NOT consent to SMS text messages from The Retina Center, PA

I consent to SMS text messages from The Retina Center, PA