



**NOTICE OF HEALTH INFORMATION PRACTICES  
THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT  
YOU MAYBE USED AND DISCLOSED AND HOW YOU CAN GET  
ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

**Understanding Your Health Record/ Information**

This notice describes the practices of St. Luke's Cataract and Laser Institute and St. Luke's Surgical Center (hereafter St. Luke's) and that of any physician with staff privileges with respect to your protected health information created while you are a patient at St. Luke's. St. Luke's, physicians with staff privileges, and personnel authorized to have access to your medical chart are subject to this notice. In addition, St. Luke's and physicians with staff privileges may share medical information with each other for treatment, payment or health care operations described in this notice.

We create a record of the care and services you receive at St. Luke's. We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. This notice applies to all of the records of your care at St. Luke's.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

**Your Health Information Rights**

Your health record is the physical property of St. Luke's. You have certain rights regarding the information maintained in the record:

- Request a restriction on certain uses and disclosures of your information for treatment, payment, health care operations and as to disclosures permitted to persons, including family members involved with your care and as provided by law. However, we are not required by law to agree to a requested restriction;
- Obtain a paper copy of this notice of information practices;
- Inspect and request a copy of your health record as provided by law;
- Request that we amend your health record as provided by law. We will notify you if we are unable to grant your request to amend your health record;
- Obtain an accounting of disclosures of your health information as provided by law;

- Request communication of your health information by alternative means or at alternative locations. We will accommodate reasonable requests; and
- Revoke your consent or authorization to use or disclose health information except to the extent that action has already been taken in reliance on your consent or authorization.

You may exercise your rights set forth in this notice by providing a written request, except for requests to obtain a paper copy of the notice, to the Medical Records Supervisor at St. Luke's, 43309 U.S. Hwy 19 North, Tarpon Springs, Florida 34689-6221.

### **Our Responsibilities**

In addition to the responsibilities set forth above, we are also required to:

- maintain the privacy of your health information;
- provide you with a notice as to our legal duties and privacy practices with respect to information we maintain about you;
- abide by the terms of this notice;
- notify you if we are unable to agree to a requested restriction on certain uses and disclosures;

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain, including information created or received before the change. Should our information practices change we are not required to notify you, but we will have the revised notice available for you to request at St. Luke's. The revised notice will also be posted at St. Luke's and on the St. Luke's web page at [www.stlukeseye.com](http://www.stlukeseye.com); and

We will not use or disclose your health information without your written authorization, except as described in this notice.

### **Examples of Disclosures for Treatment, Payment, Health Care Operations and As Otherwise Allowed By Law.**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information should fall within one of the categories.

#### **We will use your health information for treatment.**

For example: We may disclose medical information about you to doctors, nurses, technicians, or other personnel who are involved in taking care of you at St. Luke's. We may share medical information about you in order to coordinate different treatments, such as prescriptions, lab work and imaging. We may also provide your physician or a subsequent health-care provider with copies of various reports to assist in treating you once you are

discharged from care at St. Luke's. We also may disclose medical information about you to people outside the Practice who may be involved in your medical care after you leave the Practice; this may include your family members, or other personal representatives authorized by you or by a legal mandate (a guardian or other person who has been named to handle your medical decisions, should you become incompetent).

**We will use your health information for payment.**

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 care operations.**

For example: We may use the information in your health record to assess the care and outcome 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 health care and services we provide.

**We will use your health information as otherwise allowed by law. The following are some examples of how we may use or disclose medical information about you:**

**Business Associates:** There are some services provided in our organization through agreements with business associates. Examples include answering services and record storage services. To protect your health information, however, we require business associates to appropriately safeguard your 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, your location, and general condition.

**Research:** We may disclose information to researchers when the research has been approved by St. Luke's Institute review board that has reviewed the research proposal and established protocols to protect the privacy of your health information.

**Communications for treatment and health care operations:**

We may contact you to provide information about treatment alternatives or other health related benefits and services that may be of interest to you. We may use and disclose medical information to contact you as a reminder that you have an appointment for medical care with the Practice or that you are due to receive periodic care from the Practice. This contact may be by phone, in writing, or otherwise and may involve the leaving a message on an answering machine, or otherwise which could (potentially) be received or intercepted by others.

**Food and Drug Administration (FDA):**

We may disclose to the FDA health information relative to adverse events with respect to food, medications, devices, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Worker's compensation:**

We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's 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. We may use and disclose medical information about you when necessary to prevent a serious threat either to your specific health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Abuse, neglect or domestic violence:**

As required by law, we may disclose health information to the appropriate government authorities for the purposes of investigating alleged abuse, neglect or domestic violence.

**Judicial, administrative and law enforcement purposes:**

Consistent with applicable law, we may disclose health information about you for judicial, administrative and law enforcement purposes.

**Required or allowed by law:**

We will disclose medical information about you when required or allowed to do so by federal, state or local law.

If you have questions and would like additional information, you may contact the St. Luke's Privacy Official, 43309 US Hwy 19 North, Tarpon Springs, Florida, 34689-6221, 727-938-2020.

If you believe your privacy rights have been violated, you may file a complaint with the St. Luke's Privacy Official or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.