

## **PATIENT NOTICE OF PRIVACY PRACTICES**

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

Center for Advanced Eye Care respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes us to do so.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. We use and disclose your PHI for many different reasons. For some of these uses and disclosures, we need your specific authorization. Below, we describe the different categories of uses and disclosures.

We reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Whenever we make an important change in our policies, we will promptly change this notice and post a new notice in public areas of our offices.

This notice is also on our website at [www.centerforeyes.com](http://www.centerforeyes.com).

### **Examples of Use and Disclosures of Protected Health Information for Treatment, Payment, and Health Operations.**

#### **FOR TREATMENT:**

Information obtained by a technician, physician or other member of our health care team will be recorded in your medical record and used to help decide what care may be right for you.

- We may also provide information to others providing you care, except where the PHI is related to HIV/AIDS, genetic testing, or services from federally funded drug or alcohol abuse treatment facilities, or where otherwise prohibited pursuant to State or Federal law. This will help them stay informed about your care.

#### **FOR PAYMENT:**

- We request payment from your vision/medical health insurance plan. These plans need information from us about your medical care. Information provided to health plans may include your diagnosis, diagnostic tests performed or recommended care.
- We also may provide portions of your PHI to our billing staff and any management services organization we use to handle our billing to get paid for the health care services we provided to you.

#### **FOR HEALTH CARE OPERATIONS:**

- We use your medical records to assess and improve services.
- We may use and disclose medical records to review the qualifications and performance of our health care providers and to train our staff.
- We also may provide portions of your PHI to any management services organization we use to handle our operations.
- We may also provide your PHI to our accountants, attorneys, consultants, and others to make sure we're complying with the laws that affect us or for services they provide to our organizations.
- We may contact you to remind you about your appointments.

- We may use and disclose your information to conduct or arrange services, including:
  1. Medical quality review by your health plan
  2. Accounting, legal, risk management and insurance services
  3. Audit functions, including fraud and abuse detection and compliance programs
- All Other Uses and Disclosures Require Your Prior Written Authorization. Other than as stated herein, we will not disclose your PHI without your written authorization. You can later revoke your authorization in writing except to the extent that we have acted in reliance upon the authorization.
- Incidental Uses and Disclosures. Incidental uses and disclosures of information may occur. An incidental use or disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a by-product of an otherwise permitted use or disclosure. However, such incidental uses or disclosure are permitted only to the extent that we have applied reasonable safeguards and do not disclose any more of your PHI than is necessary to accomplish the permitted use or disclosure. For example, disclosures about a patient within the office that might be overheard by persons not involved in your care would be permitted.

#### **YOUR HEALTH INFORMATION RIGHTS**

The health care billing records we create and store are the property of Center For Advanced Eye Care. The protected health information in it, however, generally belongs to you. Under certain circumstances we have the right to deny you access. You have a right to:

- Receive, read and ask questions about this Notice;
- Restrict certain uses and disclosures. With the exception of the right to limit disclosures to insurers if you, as the patient, paid for the services, we are not required to grant the request. In this case, your medical records will be released directly to you;
- Request and receive from us a paper copy of the most current Privacy Policy Notice for Protected Health Information;
- Request that you be allowed to see and get a copy of your protected health information. This request must be in writing. We have a form available for this type of request. If you request a copy of your information, we reserve the right to charge reasonable fees for the costs of copying, mailing or other costs incurred by us in complying with your request, in accordance with applicable law.
- Have us review a denial of access to your health information.
- Ask us to change your health information. You may write a statement of disagreement if your request is denied. It will be stored in your medical record and included with any release of your records.
- When you request, we will give you a list of disclosures of your health information. The list will not include disclosures to third-party payers. You may receive this information, as well as a copy of your health information, without a charge every 12 months.
- Ask that your health information be given to you by another means or at another location. Please sign, date, and give us request in writing.
- You have the right to receive notification of a "breach" of your unsecured PHI.

For help with these rights during normal business hours, please contact:  
Privacy Officer at (302) 485-0699

#### **OUR RESPONSIBILITIES:**

- Keep your health information private;
- Give you this notice;
- Notify you of a breach of unsecured protected health information;
- Follow the terms of this Notice.

We have a right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting one of our locations.

**TO ASK QUESTIONS OR TO FILE A COMPLAINT:**

If you have questions, want more information, or want to report a problem about the handling of your Protected Health Information, you may contact: Privacy Officer at (302) 485-0699

If you believe your privacy rights have been violated, you may discuss your concerns with the physician or the Privacy Officer. You may also deliver a written complaint to any Center For Advanced Eye Care location. You may also file a complaint with the U.S. Department of Health and Human Services via email at [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov) or through the mail at 200 Independence Ave., S.W.; Room 509F; HHH Bldg., Washington, DC 20201. If you complain, we will not retaliate against you.

## **Other Disclosures and Uses of Protected Health Information**

**NOTIFICATION OF FAMILY AND OTHERS**

- Unless you object, we may release health information about you to a friend or family member who is involved with your medical care. We may also give you information to someone who helps pay for your care. In addition, we may disclose health information about you to assist in disaster relief. If you object, we will not use or disclose it.

**WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION AS FOLLOWS:**

- Another physician within Center for Advanced Eye Care may review records for the purpose of random review as part of quality improvement.
- To Funeral Directors/Coroners
- To Organ Procurement Organizations
- To the FDA
- To comply with Workers' Compensation Laws; if you made a workers' compensation claim
- For Public Health & Safety purposes as allowed or required by law
- To report suspected abuse or neglect
- For Law Enforcement Purposes & to Correctional Institutions
- For work-related conditions that could affect employee health
- To the Military Authorities of U.S. & Foreign Military Personnel as required by law
- In the Course of Judicial Administration Proceedings at your request or as directed by a subpoena or court order.
- For Specialized Government Function
- Uses & disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

**EFFECTIVE DATE OF THIS NOTICE: APRIL 30, 2021**