

# Notice of Privacy Practice

**THIS NOTICE DESCRIBES HOW MEDICAL AND HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This notice describes how we, The Eye Clinic, Inc., use or disclose your PHI ("PHI"). PHI is information that identifies you and relates to health care services, the payment of health care services or your physical health or condition, in the past, present or future. This notice also describes your rights to access and control your PHI.

## **The Eye Clinic Inc. Responsibilities**

Federal law requires that we maintain the privacy of your PHI and provide to you with this Notice of our legal duties and privacy practices. We are required to notify affected individuals following a breach of unsecured PHI. We are required to abide by the terms of this Notice, which may be amended periodically. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that we maintain at The Eye Clinic, Inc. We will promptly revise and distribute this Notice wherever there is a change to the uses or disclosures, your rights, our duties, or other practices stated in this Notice. Except when required by law, a material change to this notice will not be implemented before the effective date of the new Notice in which the change is reflected.

## **How we may Use or Disclose PHI for Treatment, Payment, Health Care Operations**

**For Treatment.** We may use or disclose your PHI to coordinate or manage your care within The Eye Clinic Inc. and with individuals or organizations outside of the Eye Clinic Inc. that are involved in your care, such as primary physician, other health care professionals, contracted service providers or any other related service organization. An example of this would include a service provider involved in your care may need information about your medical condition in order for us to deliver services properly.

**To Obtain or Provide Payment.** We may include your PHI in invoices to obtain reimbursement for services to any third parties, confirming coverage of benefits, billing or collection activities and utilization review. An example of this would be sending your bill from your visit to your insurance company.

**To Conduct Health Care Operations.** We may use and disclose PHI for our own operations and as necessary to provide quality care to all of our service recipients. Health care operations includes but is not limited to the following activities: quality improvement or assessment activities; activities designed to improve health or reduce health care costs; protocol development; professional review and performance evaluation, review and auditing, including compliance reviews; medical reviews, legal services and compliance programs; general administrative activities of The Eye Clinic, Inc. An example of this would be an internal quality assessment review.

How We May Use or Disclose for Appointment Reminders, Treatment Alternatives or Fundraising We may use or disclose your PHI to contact you as a reminder that you have an appointment for an office visit. We may use and disclose your PHI to advise you or recommend possible options or alternatives that may be of interest to you. At this time, The Eye Clinic Inc. will not contact you for Fundraising Activities.

Disclosures You May Authorize Us to Make We will not use or disclose your PHI without authorization, except described in this Notice. Subject to certain or limited exceptions, we may not use or disclose PHI for marketing without your authorization. We may not sell PHI without your authorization. You may give us written authorization to use and/or disclose health information to anyone for any purpose. If you authorize us to use or disclose such information, you may revoke that authorization in writing at any time.

Other Specific Uses or Disclosures

**When Legally Required.** We will disclose your PHI when required by any Federal, State or Local law.

**In the Event of a Serious Threat to Life, Health or Safety.** We may, consistent with applicable law and ethics standards of conduct, disclose your PHI if we, in good faith, believe that such disclosure is necessary to prevent or lessen a serious or imminent threat to your life, health, safety or to the health and safety of the public.

**When there are Risks to Public Health.** The Eye Clinic Inc. may disclose your PHI for public activities and purposes allowed by law in order to prevent or control diseases, injury or disability; report disease, injury and vital events such as birth or death; conduct public health surveillance, investigations and interventions; or notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.

**To Report Abuse, Neglect or Domestic Violence.** We may notify government authorities if we believe a consumer is the victim of abuse, neglect or domestic violence. We will make this disclosure only when required or authorized by law, or when the consumer agrees to the disclosure.

**To Conduct Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary actions. However, we may not disclose your PHI if you are the subject of an investigation and your PHI is not directly related to your receipt of health care or public benefits.

**In Connection with Judicial and Administrative Proceedings.** We may disclose your PHI in the event of any judicial or administrative proceeding in response to an order of a court or administrative hearing as expressly authorized by such order or, or, a response to a subpoena, discovery request or other lawful process, if we determine that reasonable efforts have been made by the party seeking the information to either notify you about the request or to secure a qualified protective order regarding your health information.

Under Ohio law, some requests may require a court order for the release of any confidential medical information.

**For Law Enforcement Purposes.** As permitted or required by law, we may disclose specific and limited PHI about you for certain law enforcement purposes.

**For Research Purposes.** We may, under select circumstances, use your PHI for research. Before The Eye Clinic Inc. discloses any of your PHI for such research purposes in a way that you could be identified, the project will be subject to an extensive review and approval process, unless otherwise prohibited by Medicaid.

**For Specified Government Functions.** Federal regulations may require or authorize us to use or disclose your PHI to facilitate specified government functions relating to military and veterans; national security and intelligence activities; protective services for the President and others; medical suitability determinations; and inmates and law enforcement custody.

**For Workers' Compensation.** We may use or disclose your PHI for workers' compensation.

**Transfer of Information at Death.** In certain circumstances, we may disclose your PHI to funeral directors, medical examiners and coroners to carry out their duties consistent with applicable law.

**Organ Procurement Organizations.** Consistent with applicable law, we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purposes of tissue donation and transplant.

#### Your Rights with Respect to PHI

**Right to a Personal Representative.** You may identify persons to us who may serve as your authorized personal representative, such as a court-appointed guardian, a properly executed and specific power-of-attorney granting such authority, a Durable Power of Attorney for Health Care **if** it allows such persons to act when you are not able to communicate on your own or other method recognized by applicable law. We may, however, reject a representative if, in our professional opinion that it is not in your best interest.

**Right to Request Restrictions.** You may request restrictions on certain uses and disclosures of your health information. You have a right to request a limit on our disclosure of your PHI to someone who is involved in your care or the payment of your care. Although we will consider your request, please be aware that we are under no obligation to accept it or to abide by it unless the request concerns a disclosure of PHI to a health plan for purposes carrying out payment or health care operations and the PHI pertains solely to a health care service for which the provider has been paid out of pocket in full. To request such restrictions, please contact the Privacy Officer at 330-837-5191.

**Right to Confidential Communications.** You have the right to request that we communicate with you in a confidential manner. For example, we may ask to discuss

your medical care confidentially without any other family members present. If you wish to receive confidential communications, please contact the Privacy Officer at 330-837-5191.

**Right to Inspect and Copy your PHI.** Unless your access to your records is restricted for clear and documented treatment reasons, you have a right to see your PHI upon request. You have the right to inspect and copy such health information, including billing records, at a reasonable time and place. A request to inspect and copy records containing your PHI may be made to the Privacy Officer at 330-837-5191. If you request a copy of such health information, we may charge you a reasonable copying, processing and personnel fees.

**Right to Amend your PHI.** You have the right to request that we amend your records, if you believe that your PHI is incorrect or incomplete. The request may be made as long as we maintain the information. A request for an amendment of records must be made in writing to the Privacy Officer at 3545 Lincoln Way East, Massillon, OH 44646. We may deny the request if it is not in writing, or does not include a reason for the amendment. The request also may be denied if your health information records were not created by us, if the records you are requesting are not part of our records, if the health information you wish to amend is not part of the health information that you are permitted to inspect and copy, or if, in our opinion, the records containing your health information is accurate and complete. We take the position that amendments may take the form of including a written statement from you and may not include changing, defacing or destroying any necessary information related to your health care.

**Right to Know what Disclosures Have Been Made.** You have the right to request an accounting of disclosures of your PHI made by us for certain reasons, including reasons related to public purposes authorized by law, and certain research. The request for an accounting must be made in writing to the Privacy Officer at 3545 Lincoln Way East, Massillon, OH 44646. The request must specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years prior to the date on which the accounting is requested. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a cost based fee.

**Right to a Paper Copy of this Notice.** You have a right to receive paper copy of this Notice at any time, even if you have received this Notice previously. To obtain a paper copy, please contact the Privacy Officer at 330-837-5191.

#### Where to file a complaint

You have the right to complain to us if you believe that your privacy rights have been violated, including the denial of any rights set forth in this Notice. Any complaints to us shall be made in writing to the Privacy Officer at 3545 Lincoln Way East, Massillon, OH 44646. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C., 20201 or call toll free 877-696-6775, by email to [OCRCComplaint@hhs.gov](mailto:OCRCComplaint@hhs.gov), or to Region V, Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL., 60601, Voice Phone 312-886-2359, Fax 312-886-1807 or TDD 312-353-5693.

#### Contact Persons

We have designated the Privacy Officer as our contact point for all issues regarding consumer privacy and your rights under this Notice. If you have any questions regarding this Notice, please contact the Privacy Officer:

#### **The Eye Clinic Inc.**

Privacy Officer

3545 Lincoln Way East

Massillon, OH 44646

330-837-5191

Toll Free: 1-877-696-6775

#### Effective Date

This notice is effective April 1, 2013

**If you have any questions regarding this notice, please contact the Privacy Officer at 837-5191.330-**