

## **NOTICE OF PRIVACY PRACTICES**

Effective Date: May 27, 2016

**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.**

This notice applies to all of the records of your care generated by Fairview Eye Center, whether made by the Practice or an associated facility. If you are under 18 years of age, your parents or legal guardians must sign for you and are responsible for your privacy rights.

This notice describes the Privacy Practices of Fairview Eye Center and extends to all employees of Fairview Eye Center and our business associates including facilities to which we refer patients, on call physicians, and so on.

The Fairview Eye Center provides this Notice to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

### **YOUR PROTECTED HEALTH INFORMATION (PHI)**

We understand that your medical information is personal to you, and we are committed to protecting the information about you. As our patient, we create paper and electronic medical records about your health, our care for you, and the services and/or items we provide to you as our patient. We need this record to provide for your care and to comply with certain legal requirements.

We are required by law to:

- make sure that the protected health information about you is kept private;
- provide you with a Notice of our Privacy Practices and your legal rights with respect to protected health information about you; and
- follow the conditions of the Notice that is currently in effect.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

We use and disclose our patients' health information for a variety of reasons. Under Federal law, we have the right to use and/or disclose your health information to provide treatment, to obtain payment for our services and to carry out our health care operations without your prior consent or authorization. However, we will ask for your prior written consent for most disclosures of your health information to third parties in order to comply with more stringent requirements under Ohio law. For uses and disclosures other than for treatment, payment and health care operations, both Federal and Ohio law, with exceptions described below, require us to have your written authorization. If we disclose your health information to an outside entity so that the entity may perform a function on your behalf, we will enter into an agreement with that entity to protect your information in the same manner that we must protect it.

The following categories describe and we provide examples of how we may use and disclose your health information. Not every use or disclosure in a category is either listed or actually in place. The explanation is provided for your general information only.

- **Medical Treatment.** We use previously given medical information about you to provide you with current or prospective medical treatment or services. Therefore we may, and most likely will, disclose medical information about you to doctors, nurses, technicians, pharmacies, drug or medical device providers, medical students, or hospital personnel who are involved in taking care of you. For example, a doctor to whom we refer you for ongoing or further care may need your medical record. Different areas of the Practice also may share medical information about you including your record(s), prescriptions, requests of

lab work and x-rays. We may also discuss your medical information with you to recommend possible treatment options or alternatives that may be of interest to you. 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).

- Payment. We may use and disclose medical information about you for services and procedures so they may be billed and collected from you, an insurance company, or any other third party. For example, we may need to give your health care information, about treatment you received at the Practice, to obtain payment or reimbursement for the care. We may also tell your health plan and/or referring physician about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment, to facilitate payment of a referring physician, or the like. We may disclose limited parts of your medical information to consumer reporting agencies relating to collection of payments owed to us.
- Health Care Operations. We may use and disclose medical information about you so that we can run our Practice more efficiently and make sure that all of our patients receive quality care. These uses may include reviewing our treatment and services to evaluate the performance of our staff, deciding what additional services to offer and where, deciding what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes.

We may also use or disclose information about you for internal or external utilization review and/or quality assurance, to business associates for purposes of helping us to comply with our legal requirements, to auditors to verify our records, to billing companies to aid us in this process and the like. We shall endeavor, at all times when business associates are used, to advise them of their continued obligation to maintain the privacy of your medical records.

We participate in one or more Health Information Exchanges. Your healthcare providers can use this electronic network to securely provide access to your health records for a better picture of your health needs. We, and other healthcare providers, may allow access to your health information through the Health Information Exchange for treatment, payment, or other healthcare operations. This is a voluntary agreement. You may opt-out at any time by notifying the practice administrator.

- Notification and Communication with Family. We may disclose your medical information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition, or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use the best judgment in communication with your family and others.
- Disclosures To You, Your Family and Friends. We will disclose your medical information to you as described in the Patient Rights section of this notice. We may disclose also to a family member, friend or other representative to the extent necessary to help with your health care.
- Marketing of Health-Related Products and Services. Marketing means a communication for which we receive any type of payment from a third party that encourages you to use a service or buy a product. Before we use or disclose your medical information to market a health-related product or service to you, we must obtain your written authorization to do so. The authorization form will let you know that we have been paid to make the communication to you. Marketing does not include: prescription refill reminders, or other information that describes a drug you currently are being prescribed, so long as payment we receive for the communication is to cover the cost of making the communication; face-to-face communications; or gifts of nominal value, such as pens or key chains stamped with our name or the name of the health care product manufacturer. Communications made about your treatment, such as when your physician refers you to another health care provider, generally are not marketing.

- Emergency Situations. In addition, we may disclose medical information about you to an organization assisting in a disaster relief effort or in an emergency situation so that your family can be notified about your condition, status, and location.
- Sale of Medical Information. We cannot sell your medical information without first receiving your authorization in writing. Any authorization form you sign agreeing to the sale of your medical information must state that we will receive payment of some kind disclosing your information. However, because a “sale” has a specific definition under the law, it does not include all situations in which payment of some kind is received for the disclosure. For example, a disclosure for which we charge a fee to cover the cost to prepare and transmit the information does not qualify as a ‘sale’ of your information.
- Research. We may use and disclose your medical information for research purposes when the research has been approved by a privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.
- Fundraising Activities. We may contact you to provide information about Fairview Eye Center sponsored activities, including fundraising. To do so, we would only use your contact information, demographic information, and dates of service at Fairview Eye Center. If you do not want Fairview Eye Center to contact you for fundraising efforts, you must notify us. We will process your request promptly, but may not be able to stop contacts that were initiated prior to receiving your opt-out notice. However, even if you have opted-out, we may send you non-targeted fundraising materials that are sent out to the general community and are not based on information from your treatment. In the future, if you wish to receive these fundraising notices, you must let us know in writing.
- Legal Matters. We will disclose health information about you outside of this office when required to do so by federal, state, or local law, or by the court process. We may disclose health information about you for public health reasons, like reporting births, deaths, child abuse or neglect, reactions to medications or problems with medical products. We may release health information to help control the spread of disease or to notify a person whose health or safety may be threatened. We may disclose health information to a health oversight agency for activities authorized by law, such as for audits, investigations, inspections, and licensure.
- To Avert a Serious Threat to Health or Safety. 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.
- Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- Workers' Compensation. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. This is particularly true if you make your health an issue. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We shall attempt in these cases to tell you about the request so that you may obtain an order protecting the information requested if you so desire. We may also use such information to defend ourselves or any member of our Practice in any actual or threatened action.

- National Security and Intelligence Activities. We may release without your consent medical information about you as required by applicable law to authorized federal or state officials for intelligence, counterintelligence, or other governmental activities prescribed by law to protect our national security.
- Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the Practice to funeral directors as necessary to carry out their duties.
- Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

#### OTHER USES OF MEDICAL INFORMATION

Except as described in this Notice of Privacy Practices, Fairview Eye Center will not use or disclose your health information without your written authority. For example, you may want us to release information to your attorney or your child's school. If you have provided us with your permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time, but we cannot take back any uses or disclosures of your health information already made with your authorization.

#### CHANGES TO THIS NOTICE

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we may receive from you in the future. We will post a copy of the current notice in the Practice. The notice will contain on the first page, in the top right-hand corner, the date of last revision and effective date. In addition, each time you visit the Practice for treatment or health care services you may request a copy of the current notice in effect.

#### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Practice. To file a complaint with the Practice, contact our office administrator, Mary Becka, who will direct you on how to file an office complaint. The office administrator can be reached at 440-333-3060. All complaints must be submitted in writing, and all complaints shall be investigated, without repercussion to you.

**You will not be penalized for filing a complaint.**

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### PATIENT RIGHTS

THIS SECTION DESCRIBES YOUR RIGHTS AND THE OBLIGATIONS OF THIS PRACTICE REGARDING THE USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION.

You have the following rights regarding medical information we maintain about you:

- Right to Inspect and Copy. You have the right to inspect and obtain a copy of your medical record unless your physician determines that the information in that record, if disclosed to you, would be harmful to your mental or physical health. If we deny your request to inspect and receive a copy of your medical information on this basis, you may request that the denial be reviewed. Another licensed health care professional chosen by Fairview Eye

Center will review your request and the denial. The person conducting the review will not be the person who denied your request. We will do whatever this review decides.

If we have all or a portion of your medical information in an electronic format, you may request an electronic copy of those records or request that we send an electronic copy to any person or entity you designate in writing.

Your medical information is contained in records that are the property of Fairview Eye Center. To inspect or receive a copy of medical information that may be used to make decisions about you, you must submit your request in writing to Fairview Eye Center's Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request, and we may collect the fee before providing the copy to you. If you agree, we may provide you with a summary of the information instead of providing you with access to it, or with an explanation of the information instead of a copy. Before providing you with such a summary or explanation, we will first obtain your agreement to pay and will collect the fees, if any, for preparing the summary or explanation.

- Right to Amend. If you feel that the medical information we have about you in your record is incorrect or incomplete, then you may ask us to amend the information, following the procedure below. You have the right to request an amendment for as long as the Practice maintains your medical record.

To request an amendment, your request must be submitted in writing to our Privacy Officer along with your intended amendment and a reason that supports your request to amend. The amendment must be dated and signed by you. You must address your request to this office.

We may deny your request for an amendment, but will provide you with a reason for our denial, and you will have an opportunity to submit a statement of disagreement

- Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you, to others, except that we do not have to account for disclosures for treatment, payment, health care operations, information provided to you and certain government requirements described previously.

To request this list, you must submit to our Privacy Officer your request in writing, signed and dated by you. Your request must state a time period not longer than six (6) years back and may not include dates before April 14, 2003. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We will respond to you within 60 days.

- Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations.

*We are not required to agree to your request and we may not be able to comply with your request.*

To request restrictions, you must make your request in writing to our Privacy Officer and indicate: what information you want to limit; whether you want to limit our use, disclosure, or both; and to whom you want the limits to apply, (e.g., disclosures to your children, parents, spouse, someone involved in your care or responsible for the payment of your care, etc.) The request must be signed and dated.

You may request that we not disclose your medical information to your health insurance plan for some or all of the services you receive during a visit to any of the Fairview Eye Center locations. If you pay the charges in full at the time of service for those services you do not want disclosed, we are required to agree to your request. "In full" means the amount we charge for the service, not your co-pay, coinsurance, or deductible responsibility when your insurance pays for your care. Please note that once information about a service has been submitted to your health plan, we cannot agree to your request. If you think you may wish to restrict the disclosure of your medical information for a certain service, please let us know as early in your visit as possible.

- Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail, that we not leave voice mail or e-mail, or the like.

To request confidential communications, you must make your request in writing to our Privacy Officer, signed and dated by you. We will not ask you the reason for your request. We will accommodate all *reasonable* requests. Your request must specify how or where you wish us to contact you.

- Right to Notice of a Breach of Certain Health Information. We are required to notify you by first class mail or e-mail (if you have told us you prefer to receive information by e-mail), of any unauthorized acquisition, access, use, or disclosure of certain categories of health information if we determine that the breach could pose a significant risk of financial or reputational harm to you.
- Right to a Paper Copy of This Notice. You may ask us to give you a copy of this Notice at any time.