

OPHTHALMOLOGY ASSOCIATES, Ltd.

NOTICE OF PRIVACY PRACTICES EFFECTIVE April 14, 2003 Revised September 1, 2013

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

If you have any questions about this notice, please contact the Privacy Officer,
at Ophthalmology Associates, 1670 Capital Street, Suite 100, Elgin, IL 60124 847-888-2020

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION:

We understand that protected health information about you and your health is personal. We are committed to protecting protected health information about you. We create a record of the care and services you receive at Ophthalmology Associates, Ltd. We need this record to provide you with quality care and to comply with certain legal requirements.

This notice applies to all of the records of your care generated by our Practice.

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

We are required by law to:

- make sure that protected health information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices concerning protected health information about you; and
- follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

We use and disclose protected health information in many ways. 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 will fall within one of the categories.

- **For Treatment.** We may use protected health information about you to provide you with medical treatment or services. We may disclose protected health information about you to doctors, nurses, technicians, nursing and medical students, or hospital personnel who are involved in taking care of you. For example, we may ask you to have laboratory tests, an MRI or other outside diagnostic testing and we may use the results to help us reach a diagnosis. We might use your **INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI)** in order to write a prescription for you, or we might disclose your IIHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your IIHI in order to treat you or to assist others in your treatment. We also may disclose protected health information about you to people who may be involved in your medical care such as family members, caregivers, clergy, rehabilitation centers, etc.
- **For Payment.** We may use and disclose protected health information about you so that the treatment and services you receive at Ophthalmology Associates, Ltd. may be billed for and payment may be collected from you or on your behalf from an insurance company or a third party. For example, we may need to give your health plan information about testing that you received at our Practice so your health plan will pay us or reimburse you for those services. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations.** We may use and disclose protected health information about you for our Ophthalmology Associates, Ltd. operations. These uses and disclosures are necessary to run our organization and make sure that all of our patients receive quality care. For example, we may use protected health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine protected health information about many Ophthalmology Associates, Ltd. patients to decide what additional services our Practice should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, nursing and medical students, and other personnel for review and learning purposes. We may also combine the protected health information we have with information from other similar organizations to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of protected health information so others may use it to study health care and health care delivery without learning who the specific patients are.
- **Treatment Alternatives.** We may use and disclose protected health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health Related Benefits and Services.** We may use and disclose protected health information to tell you about health-related benefits or services that may be of interest to you.

- **Individuals Involved in Your or Payment for Your Care.** We may release protected health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you have been seen in our office. In addition, we may disclose protected health information about you to a friend or family member should an emergent situation arise while you are at our office.
- **Research.** Under certain circumstances, we may use and disclose protected health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of protected health information, trying to balance the research needs with patients' need for privacy of their protected health information. Before we use or disclose protected health information for research, the project will have been approved through this research approval process, but we may, however, disclose protected health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the protected health information they review does not leave our organization. We will always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.
- **Fundraising activities:** Unless you object, a provider may use PHI to contact you to raise funds for their operations. The PHI used or disclosed would be limited to demographic information, dates of health care provided, department of service, treating physician, outcome information and health insurance status. You have the right to opt out of fundraising communications. If you object to being contacted for this purpose you should notify the Privacy Officer at the phone number listed at the end of this or any other medical provider notice and you will not be contacted for fundraising purposes. Ophthalmology Associates, Ltd. does not conduct fundraising activities.
- **As Required By Law.** We will disclose protected health information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose protected health information about you when necessary to prevent a serious threat to your 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.
- **For All Other Uses and Disclosures-** All other uses and disclosures of information not contained in this Notice of Privacy Practices will not be disclosed without your authorization unless otherwise permitted or required by law as described in this notice. You may revoke this authorization at any time in writing except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization. The types of disclosures which require your authorization include marketing activities that are subsidized or for which we receive any remuneration or the sale of protected health information.
- **You have the right to restrict information give to your third party payer if you fully pay for the services out of pocket.** If you pay in full for services out of your own pocket, you can request that the information regarding the services not be disclosed to your third party payer since not claim is being made against the third party payer.

SPECIAL SITUATIONS

- **Organ and Tissue Donation.** If you are an organ donor, we may release protected health 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.
- **Military and Veterans.** If you are a member of the armed forces, we may release protected health information about you as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may release protected health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose protected health information about you for public health activities. These activities generally include the following:
 - to prevent or control disease, injury or disability;
 - to report births and deaths;
 - to report child abuse or neglect;
 - to report reactions to medications or problems with products;
 - to notify people of recalls of products they may be using;

- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court or administrative order. We may also disclose protected health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release protected health information if asked to do so by a law enforcement official:
- In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at the hospital; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release protected health 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 protected health information about patients to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities.** We may release protected health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose protected health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official we may release protected health 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.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

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

- **Right to Inspect and Copy.** You have the right to inspect and copy protected health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy protected health information that may be used to make decisions about you, you must submit your request in writing to our 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. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to protected health information, you may request, in writing, that the denial be reviewed. Another licensed health care professional chosen by Ophthalmology Associates, Ltd. will review your request and the denial. The person conducting the review will not be the person who previously denied your request. We will comply with the outcome of the review.
- **Right to Amend.** If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to include additional information in your medical record. You have the right to request an amendment for as long as all of the information, both old and new, is kept by or for Ophthalmology Associates, Ltd. To request an amendment, your request must be made in writing and submitted to our Privacy Officer. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;

- Is not part of the protected health information kept by or for our Practice;
 - Is not part of the information which you would be permitted to inspect and copy; or
 - Is accurate and complete.
- **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 protected health information about you, excluding disclosures for the purpose of treatment, payment and healthcare operations. To request this list or accounting of disclosures, you must submit your request in writing to the privacy officer. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12- month period will be free. For additional lists, we may charge you for the costs of providing the list. 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.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. **We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to our Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.
- **Right to Request Confidential Communication.** 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. To request confidential communications, you must make your request in writing to our Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must tell us how or where you wish to be contacted. If you do not tell us how or where you wish to be contacted, we do not have to follow your request.
- **Right To Restrict Release of Information For Certain Services-** You have the right to restrict the disclosure of information regarding services for which you have paid in full or on an out of pocket basis. This information can be released only upon your written authorization.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, ask any of our office staff or our Privacy Officer or you may write to our Practice at Ophthalmology Associates 1670 Capital Street, Elgin, IL 60124
- **Right To Breach Notification-** You have the right to be notified of any breach of your unsecured healthcare information.

CHANGES TO THIS NOTICE

- We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for protected health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our office. The notice will contain on the first page, the effective date. In addition, each time you are seen for treatment or health care services at our office, we will offer you a copy of the current notice in effect. We will post a copy of the current Notice in the waiting area of our office and on our website.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with Ophthalmology Associates, Ltd., please write to the Privacy Officer at Ophthalmology Associates, 1670 Capital Street, Suite 100 Elgin, IL 60124. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

OTHER USES OF PROTECTED HEALTH INFORMATION

Other uses and disclosures of protected health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose protected health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose protected health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.