

NOTICE OF PRIVACY PRACTICES

As Required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") Privacy Regulations

Retina-Vitreous Surgeons of Central NY, P.C.

Effective Date September 3, 2013

Revised 2-1-19

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

OUR COMMITMENT TO PRIVACY

Our practice is dedicated to maintaining the privacy of your individually identifiable health information. In conducting our business, we create medical records regarding you and the care, treatment, and services that we provide to you; we are required by law to maintain the confidentiality of such protected health information ("PHI"). We are also required by law to provide you with this Notice of Privacy Practices ("NPP") that explains our legal duties and the privacy practices that we maintain in our practice concerning your PHI. This notice will tell you about the ways in which we may use and/or disclose PHI about you. We also describe your privacy rights and certain obligations we have regarding the use and disclosure of PHI.

The terms of this notice apply to all records containing your protected health information that are created or maintained by our practice. Our practice will post a copy of our most current NPP in our offices in a visible location at all times. We will also post a copy of the most current NPP on our web site at www.rvscny.com. You may request a copy of our most current NPP at any time.

Our practice reserves the right to revise or amend the terms of this NPP. Any revision or amendment to this NPP will be effective for all records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Any revised or amended NPP will be made available to you upon request on or after the effective date of the revision. Any revised NPP will also be posted in our office and on our web site.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

In general, uses and disclosures of PHI will be made only with your written authorization to do so. You may revoke an authorization for the use or disclosure of PHI at any time, except to the extent that we have already relied upon the authorization. The following categories, however, describe ways in which our practice may use and disclose PHI without your written authorization. For each category we have provided a description and some examples of such uses and/or disclosures. The examples are illustrative and are not meant to be exhaustive.

Treatment. Our practice may use PHI to provide you with medical treatment and/or services. We may disclose PHI about you to physicians, nurses, paraprofessionals, technicians or other practice personnel who are involved in your care and treatment in our practice. Many of the people that work for our practice, including, but not limited to, our doctors and nurses, may use or disclose your PHI in order to treat you or to assist others in your care and treatment. We may also disclose PHI about you to health care providers outside of our office who are also involved in your care or treatment. For example, we may disclose your PHI to a referring physician or a pharmacy for treatment purposes. We may also share your PHI in order to coordinate services, such as lab work and x-rays. Additionally, we may disclose your PHI to others who may assist in your care, such as a spouse, children, or parents.

Payment. Our practice may use and disclose PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (or for what range of benefits), and we may need to disclose PHI to your health insurer in order for us to obtain payment for services. We may also disclose to your insurer information about a treatment or services you may receive in order to obtain prior approval or to determine whether your plan will cover the treatment or service.

Health Care Operations. We may use and disclose PHI in order to conduct our normal business operations. For example, we may use your PHI to review the treatment and services provided, to evaluate the performance of our staff in caring for you, or to educate our staff on how to improve the care they provide for you. We may also disclose your PHI with another company that performs business services for us, such as billing companies, technology and software vendors, attorneys, or external auditors. We will have a written agreement with our business associates to ensure that they will protect the privacy of your PHI. In addition, our practice may disclose your PHI to medical school students that see patients at our office. We may also use a sign-in sheet at our registration desk where you will be asked to sign your name and indicate the name of your physician. We may also call you by name in the waiting room when your physician is ready to see you.

Appointment Reminders/Follow up Phone Calls [if applicable]. We may use and disclose PHI to contact you with a reminder that you have an appointment for treatment or medical care at our practice. Messages may be left by a staff member or by our automated appointment reminder system. We may also call to follow up on care you received with us, to communicate test results, or to confirm an appointment with us or another health care provider.

Individuals Involved in Your Care or Payment for Your Care. Our practice may, under certain circumstances, disclose PHI to a family member, other relative, a close personal friend or any other individual who is involved in your medical care.

Emergencies. Our practice may use or disclose PHI in emergency situations if the opportunity to object to such uses and disclosures cannot be obtained because of your incapacity or an emergency treatment circumstance.

As Required By Law. Our practice will use or disclose PHI to the extent that such use or disclosure is required by federal, state or local laws.

Public Health Risks. We may use or disclose PHI to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out public health activities. For example, we may disclose your PHI to public health officials for the following reasons:

- to prevent or control disease, injury or disability;
- to report vital events such as births and deaths;
- to report child abuse or neglect;
- to report quality, safety or effectiveness of FDA-regulated products or activities;
- to notify people of recalls for products they may be using;
- to notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition; or
- to your employer, if your employer hires us to provide you with a medical evaluation or to evaluate whether you have a work-related illness or injury that your employer must know about in order to comply with employment laws.

Victims of Abuse, Neglect, or Domestic Violence. Our practice may disclose PHI to government authorities, including a social service or protective services agency, authorized by law to receive reports of abuse, neglect or domestic violence. For example, we may report your PHI to government officials if we reasonably believe that you have been a victim of abuse, neglect or domestic violence. We will make every effort to obtain your permission before releasing this information, however, in some cases we may be required or authorized to act without your permission.

Health Oversight Activities. We may disclose your PHI to a health oversight agency for activities authorized by law. These agencies typically monitor the operation of the health care system, government benefits programs, and compliance with government regulatory programs. The oversight activities may include audits; civil, criminal, or administrative investigations or actions; inspections; and licensure or disciplinary actions.

Lawsuits and Similar Proceedings. Our practice may use or disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We may also disclose your PHI in response to a discovery request, subpoena, or other lawful process that is not accompanied by an order of a court or administrative tribunal, but only if we have first received satisfactory assurances from the party requesting the information that reasonable efforts have been made to inform you of the request, or if we have received satisfactory assurances that efforts have been made by the party seeking the information to obtain a qualified protective order. A qualified protective order is an order of a court or an administrative tribunal or a stipulation by the parties to the litigation or administrative proceeding that prohibits the parties from using or disclosing the PHI for any purpose other than the litigation or proceeding for which such information is requested. A qualified protective order will require the return of the PHI to our practice at the end of the litigation or proceeding.

Law Enforcement Purposes. Our practice may disclose your PHI to law enforcement officials for the following reasons:

- in response to court orders, warrants, subpoenas, or summons or similar legal process;
- to assist law enforcement officials with identifying or locating a suspect, fugitive, material witness, or missing person;

- if you have been or are suspected of being a victim of a crime and you agree to the disclosure, or if we are unable to obtain your agreement because of incapacity or other emergency.
- if we suspect that a death resulted from criminal conduct;
- to report evidence of criminal conduct that occurred on the premises of our practice;
- in response to a medical emergency, to report a crime (including the location or victims of the crime; or the identity, description or location of the person who committed the crime).

Coroners, Medical Examiners and Funeral Directors. Our practice may disclose PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining cause of death, or other duties as authorized by law. We may also release PHI to funeral directors as necessary to carry out their duties.

Organ, Eye, or Tissue Donation Purposes. Our practice may use or disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs, or eyes for the purpose of facilitating donation and transplantation.

Use of Retinal Imaging. Our practice may occasionally use retinal photographs, scans, and other images for teaching and research purposes (see below), provided my PHI is not revealed in such images or the descriptive text accompanying them.

Research. In most cases, we will ask for your written authorization before using or disclosing your PHI to conduct research. However, in limited circumstances we may use or disclose PHI without authorization if: (i) the use or disclosure was approved by an Institutional Review Board or a Privacy Board; and (ii) we obtain representations from the researcher that the information is necessary for the research protocol, PHI will not be removed from our practice, and the information will be used solely for research purposes; or (iii) the PHI sought by the researcher relates only to decedents and the researcher agrees that the use or disclosure is necessary for the research.

To Avert Serious Threat to Health or Safety. Our practice may use or disclose PHI if, in good faith, we believe that it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. In addition, we may use or disclose your PHI to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat; or it is necessary for law enforcement authorities to identify or apprehend an individual.

Specialized Government Functions. Our practice may use and disclose PHI regarding:

- Military and veteran activities;
- Intelligence, counter-intelligence, and other national security activities authorized by law
- Protective services for the President, to foreign heads of state, or to other persons authorized by law;
- Inmates to a correctional institution or a law enforcement official having lawful custody of an inmate or other individual.

Workers' Compensation. Our practice may disclose PHI for workers' compensation or other similar programs that provide benefits for work-related injuries or illness without regard to fault.

Uses and disclosures not addressed in this Notice of Privacy Practices require your written authorization.

Certain uses and disclosures of your PHI require your authorization, specifically psychotherapy notes (if recorded or maintained by us), PHI for marketing purposes and PHI in instances constituting the sale of PHI.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding the PHI we maintain about you:

Right to Inspect and Copy. You have the right to inspect and receive a copy of your PHI that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. This includes medical and billing records. To inspect or obtain a copy of your PHI, please submit a request in writing to: **Privacy Officer, Retina Vitreous Surgeons of Central NY, P.C., 200 Greenfield Parkway, Liverpool, New York 13088.** If you request a copy of your PHI, we may charge a fee for the costs of copying, mailing or other supplies we use to fulfill your request. The standard fee is \$0.75 per page and must generally be paid before or at the time we provide you with copies of your PHI.

You have the right to access electronically an electronic health record that contains your Protected Health Information or to direct that a copy of the electronic health record be sent to a designated individual.

We will respond to your request for inspection of records within 10 days. We will respond to requests for copies within 30 days if the information is located within our facility and within 60 days if the information is located off-site at another facility. If we need additional time to respond to a request for copies, we will notify you in writing within the time frame above to explain the reason for the delay and when you can expect to have a final answer to your request.

Under certain circumstances, we may deny your request to inspect or obtain a copy of your PHI. If your request for inspection is denied, we will provide you with a written notice explaining our reasons for such denial. If your request for inspection is denied you have the right to have the denial reviewed by a licensed health care professional designated by our practice to act as the reviewing official. The reviewing official will be a health care professional who did not participate in the original decision to deny your request.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask your physician to amend the information. You have the right to request an amendment for as long as the information is kept by or for our practice.

To request an amendment, your request must be made in writing and submitted to **Privacy Officer, Retina-Vitreous Surgeons of Central New York, P.C., 200 Greenfield Parkway, Liverpool, New York 13088.** In addition, your request should include the reasons(s) why you believe we should amend your information.

We will respond to your request for amendment no later than 60 days after the receipt of your request. If we need additional time to respond to your request, we will notify you in writing within 60 days to explain the reason(s) for the delay and the date by which we will complete your request.

If we deny your request for an amendment, we will provide you with a written notice of our denial that explains our reasons for doing so. You will have the right to submit a written statement disagreeing with our denial. You will also be informed of how to file a complaint with us or with the Secretary of the Department of Health and Human Services. These procedures will be explained in greater detail in any written denial notice.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of disclosures our practice has made regarding your PHI. An accounting of disclosures will include all disclosures except the following:

- Disclosures to carry out treatment, payment, and health care operations;
- Disclosures made to you;
- Disclosures made pursuant to your authorization;
- Disclosures made in a facility directory or to persons involved in your care;
- Disclosures for national security or intelligence purposes;
- Disclosures to correctional institutions or law enforcement officials; or
- Disclosures made before April 14, 2003.

To request an accounting of disclosures, you must submit your request in writing to: **Privacy Officer, Retina-Vitreous Surgeons of Central NY, P.C., 200 Greenfield Parkway, Liverpool, New York 13088.** Your request must include a time period of requested disclosures, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. Additional lists within the same 12-month period will be assessed a charge 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. We will respond to your request for an accounting of disclosures within 60 days from the receipt of such request. If we need additional time to prepare the accounting, we will notify you in writing within 60 days about the reason for the delay and provide you with the date when you can expect to receive the accounting.

Right to Receive Notice of Any Breach of Unsecured PHI. Retina-Vitreous Surgeons will be required to notify patients of any breaches of unsecured PHI. Generally, a breach is defined as unauthorized acquisition, access, use or disclosure of Protected Health Information which compromises the security or privacy of such information. Security and privacy are considered compromised when the disclosure poses a significant risk.

The notice of breach must be sent no later than 60 days from the date the breach was discovered. It must contain a description of the breach and types of unsecured Protected Health Information involved in the breach, protective measures the patient should take, if any, to protect against losses and actions taken by Retina-Vitreous Surgeons to investigate and mitigate any losses from the breach.

Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care, like a family member or friend.

You have the right to request that we not disclose certain PHI to your health insurer, but only where that PHI relates to services for which you paid in full at the time of service. In those instances, we are required to grant your request.

In all other situations we are not required to agree to your request for restriction. If we do agree, we will limit the disclosure of your PHI unless the information is needed to provide you with emergency treatment or to comply with the law.

To request restrictions, you must make your request in writing to: **Privacy Officer, Retina Vitreous Surgeons of Central NY, P.C., 200 Greenfield Parkway, Liverpool, New York 13088.** 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 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.

To request confidential communications, you must make your request in writing to: **Privacy Officer, Retina-Vitreous Surgeons of Central New York, P.C., 200 Greenfield Parkway, Liverpool, New York 13088.** 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 to be contacted, and how payment for your health care will be handled if we communicate with you through this alternative method or location.

Right to Receive 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.

You may obtain a copy of this notice at our web site at www.rvscny.com. To obtain a paper copy of this please ask any of our staff members.

Right to Revoke Authorization. You have the right to revoke any previous authorization for uses and disclosure requiring authorization.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our practice and to the Secretary of the Department of Health and Human Services. To file a complaint with our practice, please submit a written complaint to: **Privacy Officer, Retina-Vitreous Surgeons of Central NY, P.C., 200 Greenfield Parkway, Liverpool, New York 13088**. The submission of a complaint to our practice or to the Secretary of the Department of Health and Human Services will not affect your status as a patient of our practice. You will not be retaliated against for filing a complaint.

CONTACTS

If you have any questions about this Notice of Privacy Practice, please contact:

**Privacy Officer
Retina-Vitreous Surgeons of Central NY, P.C.
200 Greenfield Parkway, Liverpool, New York 13088
(315) 445-8166**

I have read this document and understand and agree to all of the terms and conditions.

(ELECTRONIC SIGNATURE REQUIRED)