

**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.**

The Eye Specialists PA is legally required to protect the privacy of your health information. We call this information “**protected health information**” or “**PHI**” for short. It includes information that can be used to identify you and that we have created or received about your past, present or future health condition, the provision of health care to you, or the payment for this health care. We are legally required to follow the privacy practices that are described in this notice.

HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION:

For treatment – We will use and/or disclose your PHI to provide you with medical treatment and related services. For example, we may disclose your PHI to another healthcare provider, an optician, or laboratory in order to coordinate or manage your care. We may disclose your PHI to a transcription service in order to prepare reports used in the management of your care.

For payment – We will use and/or disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to your health insurer or other company that arranges or pays the cost of some or all of your health care. We may also use your PHI for the purpose of determining your eligibility or coverage under a certain plan.

For Health Care Operations – We may use and/or disclose your PHI as necessary to operate this facility and provide quality care. For example, we may use your PHI in order to evaluate the quality of health care services you received or to evaluate the performance of the health care professionals who provided health care services to you. We may store your PHI at an offsite archiving facility. We may also provide your PHI to our accountants, attorneys, consultants and others in order to make sure we are complying with the laws that affect us.

To Notify and/or Communicate with your Relatives and Close Friends - We may provide your PHI to a family member, friend or other person that you indicate is involved in your care or the payment for your healthcare, unless you object in whole or part.

As required by law – We may use and/or disclose your PHI to the extent required to comply with applicable law. The Eye Specialists PA may, for example, disclose information in the course of a judicial or administrative proceeding in response to a court order, subpoena or other law enforcement officials or other government authorities. We may provide PHI in order to comply with workers’ compensation laws.

For Public Health activities – We may use and/or disclose your PHI to a public health agency that is permitted to collect such information for the purpose of controlling disease, injury, disability or other health oversight activities; or to notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.

Appointment reminders – We may use PHI to provide appointment reminders to you by mail or telephone. Please let this office know if you do not want us to contact you for this purpose. We will contact you by mail or telephone at the residence/place of work you provide in your patient registration information. Please let this office know if there is a change in this information or a personal preference where you are to be contacted. We will leave appointment information on your answering machine. If you do not wish the reminders left on your answering machine, please inform this office.

Health-related benefits or services - We may use PHI to send you materials with respect to treatment alternatives, other healthcare services or benefits we offer. Please let this office know if you do not want us to contact you for this purpose or if you would rather we contact you at a different telephone number or address than you have provided on your patient registration.

Coroners, Funeral Directors and for Organ Donations – We may disclose your PHI for identification to a coroner or medical examiner to ascertain the cause of death or to carry out other purposes authorized by law. Further we may disclose PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

Research – We may disclose PHI in order to conduct medical research.

Change of Ownership – In the event that The Eye Specialists PA is sold or merged with another organization, your PHI will become the property of the new owner.

The Eye Specialists PA will obtain your written authorization to use and/or disclose you information for reasons other than those listed above or permitted by law.

YOUR HEALTH INFORMATION RIGHTS

- You have the right to inspect and copy your health record. You must make the request in writing. We will respond to you within 30 days after receiving the request in writing. In certain cases we may deny your request. If we do, we will tell you our reasons in writing. If you request a copy of your PHI we may charge you a cost-based fee.
- You have the right to request restrictions on the uses/disclosures of your PHI – You have the right to request in writing that we limit how we use and disclose your PHI. You may not limit the uses and disclosures that we are legally required to make. We will consider your request but are not legally required to accept it.
- You have the right to get a list of the disclosures of PHI we have made – You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures made for purposes of treatment, payment or health care operations, those made pursuant to your written authorization, or those made directly to your or your family. The list will not include uses and disclosures made for national security purposes, law enforcement personnel or prior to April 14, 2003.
- You have the right to choose how we send PHI to you – You have the right to ask that we send information to you at an alternate address (example: to your work address rather than your home address) or by alternate means (via e-mail instead of regular mail). We will accommodate reasonable requests made, in writing, to our Privacy Officer.
- You have the right to correct or update your PHI – You have the right to request in writing that we amend your Health Information that is incorrect or incomplete. You must provide your reason for the request. We will respond in 60 days of receiving your request. We may deny your request. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement.
- You have the right to obtain a paper copy of this Notice from us upon request.
- You may complain – If you believe that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may contact the Office Manager/Privacy Officer at The Eye Specialists PA. You may also file written complaints with the Director, Office of Civil Rights of the U.S. Department of Health and Human Services, 330 Independence Avenue, SW, Washington, DC 20201.

The Eye Specialists PA reserves the right to change its information practices and make new provisions effective for all Protected Health Information (PHI) it maintains. Any modification will apply to the PHI we already have. Whenever we make an important change to our policies, we will promptly change this notice. Revised notices will be made available to all then current patients and posted in a prominent location within our office. Patients can request a copy of this notice from our office at any time and can view a copy of this notice on our Web site at www.njbesteyes.com.

EFFECTIVE DATE OF THIS NOTICE: APRIL 14, 2003