

## **NOTICE OF PRIVACY PRACTICES**

**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***

*THIS DOES NOT REPLACE A CONSENT FOR TREATMENT.*

### **I. WHO WE ARE**

WE UNDERSTAND THAT YOU ARE CONCERNED ABOUT THE PRIVACY OF YOUR HEALTHCARE INFORMATION. This notice describes the privacy practices of Attleboro Ophthalmological Associates, Inc. These practices apply to any health care professional authorized to enter information into your patient chart, all departments, all employees and staff who work at Attleboro Ophthalmological Associates, Inc. We understand the importance of privacy and confidentiality and are committed to taking the steps necessary to safeguard any medical or other individually identifiable health information that is created by us or is provided to us.

### **II. OUR PRIVACY OBLIGATIONS**

The Privacy Rule under the Health Insurance Portability and Accountability Act of 1996 (~~HIPAA~~) requires us to : (i) **maintain the privacy** of Protected Health Information; (ii) **provide notice** of our legal duties and privacy practices to you with respect to protected health information; (iii) **abide by the terms** of our Notice of Privacy Practices currently in effect; and (iv) **notify** affected individuals following a **breach** of unsecured Protected Health Information.

We are required by law to protect the privacy of Protected Health Information about you and that identifies you. This may be information about healthcare we provide to you or payment for healthcare provided to you. It may also be information about you which relates to past, present, or future physical and mental health conditions and related health care services.

This Notice describes the privacy policies, procedures or practices of the employees and staff of Attleboro Ophthalmological Associates, Inc. regarding your Protected Health Information.

This Notice also:

- Describes how Attleboro Ophthalmological Associates, Inc. may use and disclose your Protected Health Information
- Explains your rights with respect to your Protected Health Information
- Describes how and where you may file a privacy-related complaint

If, at any time, you have questions about information in this Notice, about Attleboro Ophthalmological Associates, Inc.'s privacy policies, procedures or practices, or about the uses or disclosures of Protected Health Information please contact our **Privacy Officer @ 509-226-1809**.

In the ordinary course of receiving treatment and health care services from us, you will be providing us with personal information such as:

- Your name, address, and phone number
- Information relating to your medical history
- Your insurance information and coverage
- Information concerning your doctor, nurse, or other medical providers

Some information also may be provided to us by other individuals or organizations that are part of your circle of care, such as your primary care provider, a referring physician, your other doctors, your health plan, and your close friends or family members.

In addition, we will gather other certain Protected Health Information about you and will create a medical record of the care provided to you. The medical record is a paper chart, an electronic file, or a combination of both. The medical record is the property of Attleboro Ophthalmological Associates, Inc. The information contained in the medical record about you belongs to you.

### **III. USES AND DISCLOSURES WITHOUT YOUR AUTHORIZATION**

This section of our Notice explains in some detail how we may use and disclose Protected Health Information about you in order to provide healthcare, to obtain payment from you or your insurance company for the healthcare provided, and to operate our healthcare operation business. For more information about any of these uses or disclosures, or about any of our privacy policies, procedures, contact our **Privacy Officer @ 509-226-1809**.

#### **A. Treatment**

We may use and disclose your Protected Health Information to provide healthcare treatment to you. We may also disclose your Protected Health Information to other providers such as nursing homes and home health care providers to be sure they have the information for treatment activities after treatment at Attleboro Ophthalmological Associates, Inc. For example, we may use your medical history, such as any presence of absence of diabetes, to assess the health of your eyes. We may disclose information to others who are involved in providing your care. This may include communicating with other healthcare providers regarding your treatment and coordinating and managing your healthcare with others. We may share your medical information with other health care providers who will perform services that we do not (such as your primary care physician or eye subspecialists). We may share your Protected Health Information with a pharmacist who needs your medical information to dispense a prescription to you, or a laboratory that performs a test we order for you.

***Example:** Jane is a patient at Attleboro Ophthalmological Associates, Inc. The receptionist may use Protected Health Information about Jane when setting up an appointment. The Ophthalmic Technician will likely use Protected Health Information about Jane when recording Jane's complaint and reasons for her visit. The physician will use Jane's Protected Health Information to determine whether to order additional testing such as a blood test. The laboratory technician will likely use medical information about Jane when processing or reviewing her blood test results. If, after reviewing the results of the blood test, the physician concludes that Jane should be referred to a specialist, the physician may disclose Protected Health Information about Jane to the specialist to assist the specialist in providing appropriate care to Jane.*

## B. Payment

We may use and disclose Protected Health Information about you to bill and obtain payment for services we provided to you: to verify coverage or submit claims to your health insurer, HMO, or other company that arranges for pays the cost of some or all of your health care. This means that we may *use* Protected Health Information about you to arrange for payment (such as preparing bills and managing accounts). We also may *disclose* Protected Health Information about you to others (such as insurers, collection agencies, and consumer reporting agencies). In some instances, we may disclose Protected Health Information about you to an insurance plan *before* you receive certain healthcare services because, for example, we may need to know whether the insurance plan will pay for a particular service.

## C. Healthcare Operations

We may use and disclose Protected Health Information about you in performing a variety of business activities that we call ~~healthcare operations.~~+ These ~~healthcare operations~~+activities allow us to, for example, improve the quality of care we provide and reduce healthcare costs. For example, we may use or disclose Protected Health Information about you in performing the following activities:

- Reviewing and evaluating the skills, qualifications, and performance of healthcare providers taking care of you.
- Cooperating with outside organizations that evaluate, certify or license healthcare providers, staff or facilities in a particular field or specialty.
- Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients.
- Cooperating with outside organizations that assess the quality of the care others and we provide, including government agencies and private organizations.
- Planning for AOA, Inc's future operations.
- Resolving grievances and complaints.
- Reviewing our activities and using or disclosing Protected Health Information in the event that control of our organization significantly changes.
- Working with others (such as lawyers, accountants and other providers) who assist us to comply with this Notice and other applicable laws.
- We may also contact you to provide appointment reminders.
- We may also share Protected Health Information about you with the other health care providers, health care clearinghouses, and health plans that may participate with us if we choose to participate in any organized health care arrangements.

## D. Disclosures to Individuals Involved in Your Care

We may use or disclose Protected Health Information to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure if we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer that you do not object to the disclosure.

If we cannot obtain your consent because of your incapacity or in an emergency circumstance, we will use our best judgment to determine whether a disclosure is in your best interest and take care when communicating with your family and others. For example, we may decide to call your family to notify them of your admission to a hospital and the status of your general condition.

If the patient is a minor, we may disclose Protected Health Information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances. For more information on the privacy of minors' information, contact our **Privacy Officer @ 509-226-1809**.

We may also use or disclose Protected Health Information about you to a relative, another person involved in your care or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition.

You may ask us at any time not to disclose Protected Health Information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request.

**Example:** *Jane's husband regularly comes to the health department with Jane for her appointments and he helps her with her medication. When the doctor is discussing a new medication with Jane, Jane invites her husband to come into the private room. The doctor discusses the new medication with Jane and Jane's husband.*

#### **E. National Priority Uses and Disclosures**

When permitted by law, we may use or disclose Protected Health Information about you without your permission for various activities that are recognized as national priorities. In other words, the government has determined that under certain circumstances (described below), it is so important to disclose Protected Health Information that it is acceptable to disclose Protected Health Information without the individual's permission. We will only disclose Protected Health Information about you in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the national priority activities recognized by law.

- **Threat to Health or Safety.** Consistent with applicable law, we may use or disclose Protected Health Information about you if we believe it is necessary to prevent or lessen a serious threat to the health or safety of you or others.
- **Public Health Activities.** We may use or disclose Protected Health Information about you for public health activities. We may disclose Protected Health Information to state or federal authorities or agencies for public health purposes including, but not limited to: (1) to report health information to the public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition to the extent authorized by law; (5) to report information to your employer as required under the laws addressing work-related illnesses and injuries or workplace medical surveillance; (6) to report required data to the Center for Health Information and Analysis.
- **Abuse, Neglect or Domestic Violence.** If permitted by law, we may disclose Protected Health Information to a government authority without your authorization if we reasonably believe you are a victim of abuse or neglect, including social service or protective services agency, authorized by law to receive reports of such abuse or neglect. Mandatory reporting of abuse or neglect includes elder abuse, child abuse and disabled persons abuse.
- **Health Oversight Activities.** We may disclose Protected Health Information to a health oversight agency in connection with an accreditation, audit, inspection, investigation, or licensing process.
- **Judicial and Administrative Proceedings.** We may disclose Protected Health Information in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.
- **Law Enforcement Officials.** We may disclose Protected Health information to the police or other law enforcement officials as required by law (e.g. to identify or locate a missing person, suspect, fugitive, material witness, or to report criminal conduct at the offices of Attleboro Ophthalmological Associates, Inc.) or for purposes of complying with a court order or grand jury or administrative subpoena.

- **In the Event of your Death.** We may disclose Protected Health information to a coroner or medical examiner as authorized by law in order to assist in identifying you or determining the cause of death. We also may disclose protected Health Information to a funeral director to assist him in performing his duties.
- **Organ or Tissue Donation.** If you are an organ donor or proposed organ or tissue recipient, as authorized by law, we may disclose your Protected Health Information to organizations that handle organ procurement, organ, eye or tissue transplants, or to an organ donation bank in order to help facilitate a donation or transplant.
- **Workers' Compensation.** We may disclose Protected Health Information about you as authorized by and to the extent necessary to comply with workers' compensation laws.
- **Military, Veterans, or National Security.** We may use and disclose Protected Health Information to units of the government with special functions, such as the U.S. military, Secret Service, or the United States Department of State in accordance with military command authorities or to protect the President and/or other officials.
- **Inmates.** If you are an inmate of a correctional facility or under the custody of a law enforcement official, we may release Protected Health Information about you to the correctional facility or law enforcement official in order to (1) provide for your health care following your discharge; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional facility or law enforcement official.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or 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 appropriate process from a third party, but only if permitted under state and/or federal law.
- **Other Providers with Whom You have a Healthcare Relationship.** We may disclose Protected Health Information to other providers with whom you have a healthcare relationship for the purpose of billing or quality assessment related to services provided. For example, we may disclose information about you to the transportation/ambulance company that brought you to the offices of Attleboro Ophthalmological Associates, Inc. that will allow them to process a bill.
- **Change of Ownership.** In the event that this medical practice is sold or merged with another organization, your medical record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.
- **Appointment Reminders.** We may use and disclose your Protected Health Information to contact you as a reminder that you have an appointment or that you should schedule an appointment. If you are not home, we may leave this information in a telephone message or a message left with the person answering the phone.
- **As Required by Law.** We may use and disclose your Protected Health Information when required to do so by any other law not already referred to in the preceding categories. We will limit our use or disclosure to the relevant requirements of the law.

## IV. USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

- A. Use or Disclosure with Your Authorization.** For any purpose other than the ones described above in Section III, we only may use or disclose your Protected Health Information when you grant us your written authorization. For instance, you (or your personal representative) will need to execute an authorization form before we can send your Protected Health Information to your life insurance company or to an attorney for litigation in which you are involved.

If you provide us with such permission, you may revoke that permission in writing at any time. If you revoke your authorization, you may write us a letter revoking your authorization or fill out an Authorization Revocation Form. **Authorization Revocation Forms** are available from our Privacy Officer. If you revoke your permission, we will no longer use or disclose your Protected Health Information for the reasons covered by your written authorization, except to the extent we have already relied on your original permission.

- B. Marketing.** With the exception of refill reminders or promotion of government programs, we must obtain your written authorization prior to using your Protected Health Information to send you any marketing materials on services or products if Attleboro Ophthalmological Associates, Inc. receives financial remuneration for making the communication from the third party whose product or service is being marketed. We can, however, provide you with marketing materials in a face-to-face encounter without obtaining your authorization.
- C. Sale.** We must also obtain your written authorization prior to selling any Protected Health Information to another entity.
- D. Psychotherapy Notes.** Although we do not maintain psychotherapy notes, if we have received your psychotherapy notes, we will not use or disclose them without your prior written authorization except for a few exceptions as provided by law.
- E. Other.** We must obtain your written authorization prior to using and disclosing your Protected Health Information in any manner not described in this Notice.

## V. YOUR INDIVIDUAL RIGHTS

You have several rights with respect to Protected Health Information about you. This section of the Notice will briefly mention each of these rights. If you would like to know more about your rights, please contact our Privacy Officer at 508-226-1809.

- A. Notification.** We will notify you if there is a breach of your unsecured Protected Health Information.
- B. Right to Request Additional Restrictions.** You may request restrictions on our use and disclosure of Protected health Information (1) for treatment, payment and health care operations; (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care; or (3) to

notify or assist in the notification of such individuals regarding your location and general condition. While we will consider all requests for additional restrictions carefully, in most cases we are not required to agree to a requested restriction. If you wish to request additional restrictions, please obtain a **Restriction Request Form** from our Privacy Officer and submit the completed form to us. We will send you a written response.

You may restrict disclosure of Protected Health Information to health plans for payment or health care operations purposes if you make full payment for health care services out of pocket at the time of the request.

- C. Right to Receive Confidential Communications.** You may request and we will accommodate, any reasonable written request for you to receive Protected Health Information by alternative means of communication or at alternative locations. For example, you may ask that we only contact you at home or by mail or by telephone)
- D. Right to Revoke Your Authorization.** You may revoke your authorization, your marketing authorization, or any other written authorization obtained in connection with your Protected Health Information, except to the extent that we have taken action in reliance upon it by delivering a written revocation statement to us.
- E. Right to Inspect and Copy Your Health Information.** You may request access to your medical record file and billing records maintained by us in order to inspect (which means see or review) and request copies of your records. We will usually provide you with a copy within 30 days of your request. Under limited circumstances, we may deny you access to a portion of your records. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person. If you desire access to your records you must submit your request in writing; please obtain a **Record Access Request Form** from the privacy officer and submit the completed form to AOA, Inc. We will send a copy to any other person you designate in writing. Information maintained electronically will be available in an electronic format upon request. If you request a paper or electronic copy of your Protected Health Information, there will be a reasonable fee charged to cover the cost of copies. The amount will be given to you prior to the copies being made.
- F. Right to Amend Your Records.** You have the right to request that we amend (which means correct or supplement) Protected Health Information maintained in your medical record file or billing records. If you desire to amend your records, please obtain an **Amendment to Medical Record Request Form** from the privacy officer and submit the completed form to Attleboro Ophthalmological Associates, Inc. A copy you your amendment (requested change) will become a permanent part of the medical record. If we disagree with your request, we will let you know in writing within 60 days of your request. At no time will any original documentation be removed from the record.
- G. Right to receive an Accounting of Disclosures.** Upon request, you may obtain an accounting of certain disclosures of Protected Health Information made by us during any period of time prior to the date of your request provided such period does not exceed six (6) years. We are not required to include in the list disclosures for your treatment, payment, our health care operations, and several other types of disclosures, such as those you authorize us to make, notifications and communications with family, and various government function and public health related disclosures. If you would like to receive an accounting, fill out an **Accounting Request Form**, which are available from our Privacy Officer. If you request an accounting more than once during a twelve (12) month period, there may be a charge. The amount will be given to you prior to the request being filled.
- H. Rights to Receive a Paper Copy of this Notice.** You have the right to a copy of this notice in paper form. You may ask us for a copy at any time.

## YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

### VI. COMPLAINTS

If you believe that your privacy protections have been violated by us or if you are dissatisfied with our privacy policies or procedures, please contact our **Privacy Officer at 508-226-1809**. You may also file a written complaint with the Director, Office of Civil Rights of the Department of Health and Human Services. Upon request, the privacy director will provide you with the correct address for the Director of Human Rights.

**WE WILL NOT RETALIATE AGAINST OR PENALIZE YOU IF YOU FILE A COMPLAINT.**

### VII. EFFECTIVE DATE AND DURATION OF THIS NOTICE

A. Effective Date. This Notice is effective on April 14, 2003, as revised effective May 2014.

B. Right to Change Terms of this Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in the office and on our Internet site at [FayOphthalmology.com](http://FayOphthalmology.com).

### VIII. EFFECTIVE DATE AND DURATION OF THIS NOTICE

A. Effective Date. This Notice is effective on April 14, 2003, as revised May 2014.