

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION PURSUANT TO FEDERAL REGULATIONS. PLEASE REVIEW IT CAREFULLY.

At WOODBRIDGE EYE CARE (“WBEC”), we understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the office. 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 WBEC. This Notice will tell you about the ways in which WBEC may use and disclose medical information about you, referred to below as protected health information (“PHI”). This Notice also describes your rights and certain obligations WBEC has regarding the use and disclosure of PHI.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION

ABOUT YOU. WBEC may use or disclose your PHI for the purposes described in more detail below, without obtaining written authorization from you. In addition, WBEC and the members of its staff may share your PHI with each other as necessary to carry out their treatment, payment and health care operations.

For Treatment. WBEC may use and disclose PHI in the course of providing, coordinating, or managing your medical treatment, including the disclosure of PHI for treatment activities of another health care provider. These types of uses and disclosures may take place between physicians, technicians, and other health care professionals who provide you health care services or are otherwise involved in your care.. WBEC may also disclose PHI about you to people outside the office, such as family members, clergy or others who provide services that are part of your care.

For Payment. WBEC may use and disclose PHI in order to bill and collect payment for the health care services provided to you. For example, WBEC may need to give PHI to your health plan in order to be reimbursed for the services provided to you. WBEC may also disclose PHI to its business associates, such as billing companies, claims processing companies, and others that assist in processing health claims. WBEC may also disclose PHI to other health care providers and health plans for the payment activities of such providers or health plans.

For Health Care Operations. WBEC may use and disclose PHI as part of its operations, including for quality assessment and improvement, such as evaluating the treatment and services you receive and the performance of staff and physicians in caring for you, patient surveys, provider training, underwriting activities, compliance and risk management activities, planning and development, and management and administration. WBEC may disclose PHI to doctors, technicians, attorneys, consultants, accountants, and others for review and learning purposes, to help make sure WBEC is complying with all applicable laws, and to help WBEC continue to provide quality health care to its patients. WBEC may also disclose PHI to other health care providers and health plans for such entity’s quality assessment and improvement activities, credentialing and peer review activities, and health care fraud and abuse detection or compliance, provided that such entity has, or has had in the past, a relationship with the patient who is the subject of the information.

For Sharing PHI Among WBEC And Its Staff. WBEC and the physicians who are members of the WBEC staff work together in an arrangement to provide medical services to you when you are a patient at WBEC. WBEC and the medical staff members will share PHI that they collect from you at WBEC with each other as necessary to carry out their treatment, payment and health care operations relating to the provision of care to patients at WBEC.

As Required by Law and Law Enforcement. WBEC may use or disclose PHI when required to do so by applicable law and when ordered to do so in a judicial or administrative proceeding.

For Public Health Activities and Public Health Risks. WBEC may disclose PHI to government officials in charge of and controlling disease, reports of child abuse or neglect and of other victims of abuse, neglect, or domestic violence, reactions to medications or product defects or problems, or to notify a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition.

For Health Oversight Activities. WBEC may disclose PHI to the government for oversight activities authorized by law, such as audits, investigations, inspections, licensure or disciplinary actions, and other proceedings, actions or activities necessary for monitoring the health care system, government programs, and compliance with civil rights laws.

Appointment Reminders; Health-related Benefits and Services; Marketing. WBEC may use and disclose your PHI to contact you and remind you of an appointment at WBEC, or to inform you of treatment alternatives or other health-related benefits and services that may be of interest to you, such as disease management programs. WBEC may use and disclose your PHI to encourage you to purchase or use a product or service through a face-to-face communication or by giving you a promotional gift of nominal value.

Disclosures to You or for HIPAA Compliance Investigations. WBEC may disclose your PHI to you or to your personal representative, and is required to do so in certain circumstances described below in connection with your rights of access to your PHI and to an accounting of certain disclosures of your PHI. WBEC must disclose your PHI to the Secretary of the United States Department of Health and Human Services (the “Secretary”) when requested by the Secretary in order to investigate WBEC’s compliance with privacy regulations issued under the federal Health Insurance Portability and Accountability Act of 1996.

OTHER USES AND DISCLOSURES. Other types of uses and disclosures of your PHI not described above will be made only with your written authorization, which with some limitations, you have the right to revoke in writing. If you revoke your permission, WBEC will no longer use or disclose PHI about you for the reasons covered in your written authorization. WBEC is unable to take back any disclosures already made with your permission, and WBEC is required to retain records of the care provided to you.

REGULATORY REQUIREMENTS. WBEC is required by law to maintain the privacy of your PHI, to provide individuals with notice of WBEC’s legal duties and privacy practices with respect to PHI, and to abide by the terms described in the Notice currently in effect. We will post a copy of the current Notice in the office.

RIGHTS. You have the following rights regarding your PHI:

Restrictions. You may request that WBEC restrict the use and disclosure of your PHI. To request restrictions, you must make your request in writing to the Health Information Management Department. 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 restrictions to apply, for example, disclosures to your spouse.

Alternative Communications. You have the right to request that communications of PHI to you from WBEC be made by particular means or at particular locations. For instance, you might request that communications be made at your work address, instead of your home address. Your requests must be made in writing and sent to the Privacy Officer. WBEC will accommodate your reasonable requests without requiring you to provide a reason for your request.

Inspect and Copy. Generally, you have the right to inspect and copy your PHI that WBEC maintains, provided that you make your request in writing to the Health Information Management Department. If you request copies of your PHI, we may impose a reasonable fee to cover copying and postage. If we deny access to your PHI, we will explain the basis for denial and your opportunity to have your request and the denial reviewed by a licensed health care professional (who was not involved in the initial denial decision) designated as a reviewing official. If WBEC does not maintain the PHI you request and if we know where that PHI is located, we will tell you how to redirect your request.

Amendment. If you believe that your PHI maintained by WBEC is incorrect or incomplete, you may ask us to correct your PHI. Your request must be made in writing to the Health Information Management Department, and it must explain why you are requesting an amendment to your PHI. We generally can deny your request if your request relates to PHI: (i) not created by WBEC; (ii) not part of the records WBEC maintains; (iii) not subject to being inspected by you; or (iv) that is accurate and complete. If your request is denied, we will provide you a written denial that explains the reason for the denial and your rights to: (i) file a statement disagreeing with the denial; (ii) if you do not file a statement of disagreement, submit a request that any future disclosures of the relevant PHI be made with a copy of your request and WBEC’s denial attached; and (iii) complain about the denial.

Accounting of Disclosures. You generally have the right to request and receive a list of the disclosures of your PHI we have made at any time during the six (6) years prior to the date of your request (provided that such a list would not include disclosures made prior to Jan 1, 2012). The list will not include disclosures made at your request, with your authorization, and does not include certain uses and disclosures to which this Notice already applies, such as those: (i) for treatment, payment, and health care operations; (ii) made to you; (iii) for WBEC’s patient directory or to persons involved in your health care; (iv) for national security or intelligence purposes; or (v) to correctional institutions or law enforcement officials. You should submit any such request to the Health Information Management Department. WBEC will provide the list to you at no charge, but if you make more than one request in a year you will be charged a fee of the costs of providing the list.

Right to Copy of Notice. You have the right to receive a paper copy of this notice upon request. To obtain a paper copy of this notice or with any questions about this Notice, please contact the Privacy Officer.

Right to File A Complaint. You may complain to WBEC if you believe your privacy rights with respect to your PHI have been violated by contacting the Privacy Officer. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.