

## **The Eye Care Group, P.C.**

### ***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.**

The Eye Care Group, P.C. ("The Eye Care Group") is committed to protecting the privacy and confidentiality of your protected health information. This notice, which covers the activities of The Eye Care Group, describes your rights and certain obligations we have regarding our privacy practices and the use and disclosure of your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

The Eye Care Group is required by law to protect the privacy of your protected health information, to provide you with and to abide by the terms of this notice as it may be updated from time to time and to notify you if there is a breach of certain protected health information we have about you. If you have any questions about this notice, please call The Eye Care Group's Privacy Official at (203) 597-9100.

#### **USES AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

The following categories describe different ways that we use and disclose protected health information. While not every use or disclosure in a category will be listed, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **Treatment:** We may use protected health information about you to provide you with medical treatment or services and to coordinate and manage your care and any related services. Protected health information about you may be disclosed to hospitals, nursing facilities, doctors, nurses, technicians, medical students and other personnel who are involved in your care. This would include, for example, when your provider consults with a specialist regarding your condition or coordinates services you may need, such as lab work and x-rays.
- **Payment:** We may use and disclose protected health information about you to obtain reimbursement from you, an insurance company or a third party for the services we provide. This may also include certain activities that your health plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity and undertaking utilization review activities.
- **Health Care Operations:** We may use and disclose protected health information about you in a number of different ways related to our operations. These uses and disclosures are necessary to run our business and ensure 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 providers in caring for you. We may also disclose information to doctors, nurses, technicians, and medical students connected with us for review and learning purposes. Information may also be disclosed for activities relating to protocol development, case management and care coordination, reviewing qualifications of physicians, and conducting or arranging for other business activities.
- We will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for The Eye Care Group. Whenever an arrangement with a business associate involves the use or disclosure of your protected health care information, we will have a written contract that contains terms that will protect the privacy of your protected health information. We will also share the minimum amount of your protected health information for business associates to perform their required activities.

#### ***Based Upon Your Written Authorization:***

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. For example, most uses and disclosures that constitute a scale of PHI require your written authorization. You may revoke a written authorization at any time, in writing, except to the extent that we have taken action in reliance on the use or disclosure indicated in the authorization.

*Other Permitted and Required Uses and Disclosures:*

- **Appointment Reminders:** We may use and disclose protected health information to contact you as a reminder that you have an appointment for a procedure or to see your physician or other provider.
- **Health-Related Benefits and Services:** We may use and disclose protected health information to tell you about health-related benefits or services or recommend possible treatment options or alternatives that may be of interest to you. In addition, we may use and disclose your protected health information for certain communication activities, such as, using your name and address to send you a newsletter about The Eye Care Group and services we offer. You may contact us to request that any of these materials not be sent to you.
- **Individuals Involved in Your Care or Payment for Your Care:** Unless you object, we may disclose to one of your family members, to a relative, to a close personal friend or to any other person identified by you, protected health information directly relevant to the person's involvement with your care or payment related to your care. In addition, we may disclose protected health information about you to notify, identify, or locate a member of your family, your personal representative, another person responsible for your care or certain disaster relief agencies of your location, general condition or death.
- **Emergencies:** We may use or disclose your protected health information in an emergency treatment situation. If this happens, your provider shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your physician or another provider in the practice has attempted to obtain your consent but is unable to obtain your consent due to the emergency circumstances, he or she may still use or disclose your protected health information to treat you.
- **Communication Barriers:** We may use or disclose your protected health information if your provider or another provider in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the provider determines, using professional judgement, that you intend to consent to use or disclose under the circumstances.
- **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 the premises of The Eye Care Group or one of our practice sites. We will almost 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.
- **As Required By Law:** We will disclose protected health information about you when required to do so by federal, state or local law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.
- **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.
- **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 to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
- **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.
- **Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- **Abuse of Neglect:** We may disclose your protected health information to a health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- **Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.
- **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, about the request or obtain an order protecting the information requested.
- **Law Enforcement:** We may release certain 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 on The Eye Care Group's premises; 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 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 officials if 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 your 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 that is contained in a designated record set for as long as we maintain the protected health information. A “designated record set” contains medical and billing records and other records that we use for making decisions about you. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable.

To inspect and copy protected health information that may be used to make decisions about you, you must submit your request in writing to your Eye Care Group treating provider. 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 that the denial be reviewed. Another licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who 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 in a designated record set is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us.

To request an amendment, your request must be made in writing and submitted to your Eye Care Group treating provider. 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 us;
  - 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.

To request this list or accounting of disclosures, you must submit your request in writing to your Eye Care Group treating provider. Your request must state a time period with 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 or 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 your 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. For example, you could ask that we not use or disclose information about a procedure you had. We may find it necessary to leave medical information about you (such as test results) on your answering machine and/or voicemail at the telephone number you provide to your Eye Care Group treating provider. Such medical information will be the minimum necessary required to convey the results to you. If you object to this type of medical information being left on your answering and/or voicemail, please submit a request to us that we not include medical information of this type in messages left for you. Any request must be submitted as outlined below.
  - ***We are not required to agree to your request, except in one instance.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. If you ask us not to disclose protected health information to your health insurer for a health care item or service for payment or our health care operations, and you have paid us in full for that service or item, we must agree and we must comply with your request, unless we are required by law to disclose the information.
  - To request restrictions, you must make your request in writing to The Eye Care Group, P.C. 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 The Eye Care Group, P.C. 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.

- **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.

You may obtain a copy of this notice at our website, [www.theeyecaregroup.com](http://www.theeyecaregroup.com)

To obtain a paper copy of this notice, send a written request to The Eye Care Group, P.C. c/o Privacy Official, 1201 West Main Street, Suite 100, Waterbury, CT, 06708.

## **CHANGES TO THIS NOTICE**

We reserve the right to change the terms of this notice and to make provisions of the notice effective for all protected health information we maintain. A current copy of the notice shall be posted in The Eye Care Group's main office and all of our practice sites as well as on our website.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with The Eye Care Group, P.C. or with the Secretary of the Department of Health and Human Services. To file a complaint, contact The Eye Care Group's Privacy Official at (203) 597-9100. All complaints must be submitted in writing.

***You will not be penalized for filing a complaint.***

This notice describes the privacy practices of The Eye Care Group, P.C. All The Eye Care Group locations follow the terms of this notice. In addition, The Eye Care Group locations and providers may share protected health information with each other for treatment, payment or health care operations purposes described herein.