

# **NOTICE OF PRIVACY PRACTICES**

**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**

Our goal is to take appropriate steps to attempt to safeguard any medical or other personal information that is provided to us. The Privacy Rule under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires us to:

1. Maintain the privacy of medical information provided to us.
2. Provide notice of our legal duties and privacy practices with respect to information we collect and maintain about you.
3. Abide by the terms of our "Notice of Privacy Practices" currently in effect.
4. Notify you if we are unable to agree to a requested restriction.
5. Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain.

We will not use or disclose your health information without your authorization, except as described in this notice.

## **WHO WILL FOLLOW THIS NOTICE**

This notice describes the practices of our employees and staff and applies to each of these individuals at:

John Gurley Eye Care Associates, 195 Schools Street, Suite B, Manchester, MA 01944

In addition, these individuals may share medical information with each other for the treatment, payment & health care operation purposes as described in this notice.

## **INFORMATION COLLECTED ABOUT YOU**

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
- In addition, we will gather certain medical information about you and will create a record of the care provided to you. Some information may be provided to us by other individuals or organizations that are part of your “circle of care” – such as the referring physician, your other doctors, your health plan, and close friends or family members. This information, often referred to as your chart or medical record, serves as a basis for:

## **HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU**

We may use and disclose personal and identifiable health information about you for a variety of purposes. All of the types of uses and disclosures of information are described below, but not every use or disclosure in a category is listed.

- **Required Disclosures**
  - We are required to disclose health information about you to the Secretary of Health and Human Services, upon request, to determine our compliance with HIPAA and to you, in accordance with your right to access and right to receive an accounting of disclosures, as described below.
- **Treatment**
  - For example: Information obtained by a technician, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.  
We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you.
  - For example: We may use your medical history, such as any presence of diabetes, to assess the health of your eyes.
- **Payment**
  - For example: A bill may be sent to you or a third-party payer. The information that identifies you, as well as your diagnosis, procedures, and supplies used.
  - For example: We may also need to inform your payer of the treatment you are going to receive in order to obtain prior approval or to determine whether the service is covered.
- **Health Information for Regular Health Care Operations**
  - For example: Members of the medical staff, the risk or quality improvement manager may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

- For example: We may arrange auditors or other consultants to review our practices, evaluate our operations, and tell us how to improve our services.
- Funeral Directors
  - We may release a patient's health information 1) to a coroner or medical examiner to identify a deceased person or determine the cause of death and 2) to funeral directors.
  - Organ procurement organizations: We may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, transplant centers, and eye or tissue banks, if you are an organ donor.
- Research
  - We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
- Appointment Reminders/Treatment/Marketing
  - We may contact you to provide appointment reminders or information, treatment alternatives or other health-related benefits and services that may be of interest to you.
- Notification
  - We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.
- Communication to Persons Assisting in Your Care or Payment for Your Care
  - We may disclose information to individuals involved in your care or in the payment for your care. This includes people and organizations that are part of your "circle of care"--such as your spouse, your other doctors, or an aide who may be providing services to you. We may also use and disclose health information about a patient for disaster relief efforts and to notify persons responsible for a patient's care about a patient's location, general condition or death. Generally, we will obtain your verbal agreement before using or disclosing health information in this way. However, under certain circumstances, such as in an emergency situation, we may make these uses and disclosures without your agreement.
- Our Business Associates
  - We sometimes work with outside individuals and businesses that help us operate our business successfully. We may disclose your PHI to these business associates so that they can perform the tasks that we hire them to do. Our business associates must promise that they will respect the confidentiality of your personal and identifiable health information. Examples of business associates are: answering service, practice management software

vendor, hardware maintenance services, repairmen, collection agency, off-site storage, outside cleaning services.

- Workers Compensation
  - We may release your health information to workers' compensation or similar programs, which provide benefits for work-related injuries or illnesses without regard to fault.
- Other Permitted or Required Uses and Disclosures
  - Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. Public health authorities include state departments, the Center for Disease Control, the Food and Drug Administration, The Occupational Safety and Health Administration and the Environmental Protection Agency, to name a few.
  - We are also permitted to disclose protected health information to a public health authority or other government authority authorized by law to receive reports of child abuse or neglect.
  - Food and Drug Administration (FDA): Additionally we may disclose protected health information to a person subject to the Food and Drug Administration's power for the following activities: to report adverse events, product defects or problems, or biological product deviations; to track products; to enable product recalls, repairs or replacements; or to conduct post marketing surveillance. We may also disclose a patient's health information to a person who may have been exposed to a communicable disease or to an employer to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether an individual has a work-related illness or injury.
  - We may disclose a patient's health information where we reasonably believe a patient is a victim of abuse, neglect or domestic violence and the patient authorizes the disclosure or it is required or authorized by law.
  - Law enforcement: We may disclose health information about you when we are required to do so by federal, state, or local law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.
  - We may disclose health information about you in connection with certain health oversight activities of licensing and other health oversight agencies that are authorized by law. Health oversight activities include audit, investigation, inspection, licensure or disciplinary actions, and civil, criminal, or administrative

proceedings or actions or any other activity necessary for the oversight of 1) the health care system, 2) governmental benefit programs for which health information is relevant to determining beneficiary eligibility, 3) entities subject to governmental regulatory programs for which health information is necessary for determining compliance with program standards, or 4) entities subject to civil rights laws for which health information is necessary for determining compliance.

- We may disclose your health information as required by law, including in response to a warrant, subpoena or other order of a court or administrative hearing body or to assist law enforcement identify or locate suspect, fugitive, material witness or missing person. Disclosures for law enforcement purposes also permit use to make disclosures about victims of crimes and the death of an individual, among others. We may also disclose your PHI for legal or administrative proceedings that involve you. We may release such information upon order of a court or administrative tribunal. We may also release protected health information in the absence of such an order and in response to a discovery or other lawful request, if efforts have been made to notify you or secure a protective order.
- Correctional Institution
  - Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.
- Armed Forces
  - We may release health information about you for activities deemed necessary by military command authorities. We also may release health information about foreign military personnel to their appropriate foreign military authority.
- National Security
  - We may disclose protected health information for national security and intelligence activities and for the provision of protective services to the President of the United States and other officials or foreign heads of state.

## **OTHER USES AND DISCLOSURES OF PERSONAL INFORMATION**

We are required to obtain written authorization from you for any other uses and disclosures of medical information other than those described above. If you provide us with such permission, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose personal information about you for the reasons covered by your written authorization, except to the extent we have already relied on your original permission.

## **INDIVIDUAL RIGHTS**

Right to ask for restrictions on the ways we use and disclose your health information for treatment, payment and health care operation purposes. You may also request that we limit our disclosures to persons assisting your care or payment for your care. We will consider your request, but we are not required to accept it.

Right to request that you receive communications containing your protected health information from us by alternative means or at alternative locations. For example, you may ask that we only contact you at home or by mail.

Except under certain circumstances, you have the right to inspect and copy medical, billing and other records used to make decisions about you. If you ask for copies of this information, we may charge you a fee for copying and mailing.

If you believe that information in your records is incorrect or incomplete, you have the right to ask us to correct the existing information or add missing information. Under certain circumstances, we may deny your request, such as when the information is accurate and complete.

Right to receive a list of certain instances when we have used or disclosed your medical information. We are not required to include in the list uses and disclosures for your treatment, payment for services furnished to you, our health care operations, disclosures to you, disclosures you give us authorization to make and uses and disclosures before April 14, 2003, among others. If you ask for this information from us more than once every twelve months, we may charge you a fee.

Right to receive a copy of this notice in paper form. You may ask us for a copy at any time.

Right to print a copy of this notice at our web site at [www.gurleyeyemd.com](http://www.gurleyeyemd.com).

Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

To exercise any of your rights, please contact us in writing at:

**Gurley Eye Care Associates, 195 School St., Suite B, Manchester, MA 01944**

When making a request for amendment, you must state a reason for making the request.

## **COMPLAINTS/COMMENTS**

If you have any complaints concerning our privacy practices, you may contact the Secretary of the Department of Health and Human Services, at 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201, e-mail: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

You also may contact us at:  
Gurley Eye Care Associates, 195 School St., Suite B, Manchester, MA 01944,  
Phone: 978-526-4800.

**YOU WILL NOT BE RETALIATED AGAINST OR PENALIZED BY US FOR  
FILING A COMPLAINT.**

To obtain more information concerning this notice, you may contact our Privacy  
Officer at Gurley Eye Care Associates, 195 School St., Suite B, Manchester, MA  
01944,  
Phone: 978-526-4800

This notice is effective as of April 14, 2003.