

Seidenberg Protzko Eye Associates
Notice of Privacy Practices
Effective: January 1, 2013
Revised: September 19, 2013

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.

Understanding Your Health Record Information

Each time that you visit a hospital, a physician, or another health care provider, the provider makes a record of your visit. Typically, this record contains your health history, medications, current symptoms, examination and test results, diagnoses, treatment, and plan for future care or treatment. Some or all of your medical information may be used in communications between health professionals, pharmacies, laboratories, hospitals, nursing homes, surgery centers, ambulance companies, clinical research organizations, school health departments, intraocular lens companies, business associates, etc. who contribute to your care. This information, often referred to as your medical record, serves as the following:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care that you received.
- Means by which you or a third-party payer can verify that you actually received the services billed for.
- Tool in medical education.
- Source of information for public health officials charged with improving the health of the regions they serve.
- Tool to assess the appropriateness and quality of care that you received.
- Tool to improve the quality of health care and achieve better patient outcomes.

Understanding what is in your health records and how your health information is used helps you to:

- Ensure its accuracy and completeness.
- Understand who, what, where, why, and how others may access your health information.
- Make informed decisions about authorizing disclosure to others.
- Better understand the health information rights detailed below.

Your Rights Under the Federal Privacy Standard

Although your health records are the physical property of the health care provider who completed the records, you have the following rights with regard to the information contained therein:

- Request restriction on uses and disclosures of your health information for treatment, payment, and health care operations. “Health care operations” consist of activities that are necessary to carry out the operations of the provider, such as quality assurance and peer review. The right to request restriction does not extend to uses or disclosures permitted or required under the following sections of the federal privacy regulations: § 164.502(a)(2)(i) (disclosures to you), § 164.510(a) (for facility directories, but note that you have the right to object to such uses), or § 164.512 (uses and disclosures not requiring a consent or an authorization). The latter uses and disclosures include, for example, those required by law, such as mandatory communicable disease reporting. In those cases, you do not have a right to request restriction. The consent to use

and disclose your individually identifiable health information provides the ability to request restriction. We do not, however, have to agree to the restriction, except in the situation explained below. If we do, we will adhere to it unless you request otherwise or we give you advance notice.

- Request alternative means of communication. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. If the method of communication is reasonable, we must grant the alternate communication request. To request confidential communications, you must make your request in writing.
- Restrict disclosures to health plans. If you have paid for services “out of pocket” in full and request that we not disclose protected health information related solely to those services to a health plan, we will accommodate your request, except where we are required by law to make a disclosure. Please make this disclosure restriction request in writing.
- Obtain a copy of this notice of information practices. This notice will be available at the registration desk. Upon your request, a hard copy will be provided to you. This notice will also be maintained on our practice website.
- Inspect and receive printed or electronic copies your health information upon request. With certain exceptions, you have the right to inspect and/or receive a printed or electronic copy of your medical and billing records. You are required to submit your request in writing, on a HIPAA compliant authorization form, submitted to the medical records department. We reserve the right to charge a reasonable fee to accommodate this request. In certain situations, such as if access would cause harm, we can deny access. You do not have a right of access to the following:
 - Psychotherapy notes. Such notes consist of those notes that are recorded in any medium by a health care provider who is a mental health professional documenting or analyzing a conversation during a private, group, joint, or family counseling session and that are separated from the rest of your medical record.
 - Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.
 - Protected health information (“PHI”) that is subject to the Clinical Laboratory Improvement Amendments of 1988 (“CLIA”), 42 U.S.C. § 263a, to the extent that giving you access would be prohibited by law.
 - Information that was obtained from someone other than a health care provider under a promise of confidentiality and the requested access would be reasonably likely to reveal the source of the information.
 - Information that is copyright protected, such as certain raw data obtained from testing.In other situations, we may deny you access, but if we do, we must provide you a review of our decision denying access. These “reviewable” grounds for denial include the following:
 - A licensed health care professional, such as your attending physician, has determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of yourself or another person.
 - PHI makes reference to another person (other than a health care provider) and a licensed health care provider has determined, in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to such other person.
 - The request is made by your personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that giving access to such personal representative is reasonably likely to cause substantial harm to you or another person.

For these reviewable grounds, another licensed professional must review the decision of the provider denying access within 60 days. If we deny you access, we will explain why and what your rights are, including how to seek review.

- Request amendment/correction of your health information. We do not have to grant the request if the following conditions exist:
 - We did not create the record. If, as in the case of a consultation report from another provider, we did not create the record, we cannot know whether it is accurate or not. Thus, in such cases, you must seek amendment/correction from the party creating the record. If the party amends or corrects the record, we will put the corrected record into our records.
 - The records are not available to you as discussed immediately above.
 - The record is accurate and complete.

If we deny your request for amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain. If we grant the request, we will make the correction and distribute the correction to those who need it and those whom you identify to us that you want to receive the corrected information.

- Obtain an accounting of nonroutine uses and disclosures, those other than for treatment, payment, and health care operations until a date that the federal Department of Health and Human Services will set after January 1, 2011. After that date, we will have to provide an accounting to you upon request for uses and disclosures for treatment, payment, and health care operations. We do not need to provide an accounting for the following disclosures:
 - For disclosures of protected health information to you.
 - For the facility directory or to persons involved in your care or for other notification purposes as provided in § 164.510 of the federal privacy regulations (uses and disclosures requiring an opportunity for the individual to agree or to object, including notification to family members, personal representatives, or other persons responsible for your care, of your location, general condition, or death).
 - For national security or intelligence purposes under § 164.512(k)(2) of the federal privacy regulations (disclosures not requiring consent, authorization, or an opportunity to object).
 - To correctional institutions or law enforcement officials under § 164.512(k)(5) of the federal privacy regulations (disclosures not requiring consent, authorization, or an opportunity to object).
 - That occurred before April 14, 2003.

We must provide the accounting within 60 days. The accounting must include the following information:

- Date of each disclosure.
- Name and address of the organization or person who received the protected health information.
- Brief description of the information disclosed.
- Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of your written authorization or a copy of the written request for disclosure.

The first accounting in any 12-month period is free. Thereafter, we reserve the right to charge a reasonable, cost-based fee.

- Revoke your consent or authorization to use or disclose health information except to the extent that we have taken action in reliance on the consent or authorization.

- Notification of a breach. You have the right to be notified if your unprotected health information is intentionally or unintentionally disclosed.

Our Responsibilities Under the Federal Privacy Standard

In addition to providing you your rights, as detailed above, the federal privacy standard requires us to take the following measures:

- Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
- Provide you this notice as to our legal duties and privacy practices with respect to individually identifiable health information that we collect and maintain about you.
- Abide by the terms of this notice.
- Train our personnel concerning privacy and confidentiality.
- Implement a sanction policy to discipline those who breach privacy/confidentiality or our policies with regard thereto.
- Mitigate (lessen the harm of) any breach of privacy/confidentiality.

The following use or disclosures of your health information will only be made pursuant to us receiving a written authorization from you unless otherwise required by law:

- Most uses and disclosures of psychotherapy notes;
- Uses and disclosures of your protected health information for marketing purposes, including subsidized treatment and health care operations;
- Disclosures that constitute a sale of protected health information under HIPAA; and
- Other uses and disclosures not described in this notice.

How to Get More Information or to Report a Problem

If you have questions and/or would like additional information, you may contact the practice's Privacy Officer at 410-939-6477.

If you believe your rights have been violated, you may file a complaint with the practice's Privacy Officer or with the Office for Civil Rights. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the Office of Civil Rights is listed below:

**Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201**

Examples of Disclosures for Treatment, Payment, and Health Care Operations

- *We will use your health information for treatment.*

Example: A physician, a physician's assistant, a therapist or a counselor, a nurse, or another member of your health care team will record information in your record to diagnose your condition and determine the best course of treatment for you. The primary caregiver will give treatment orders and document what he or she expects other members of the health care team to do to treat you. Those other members will then document the actions that they took and their observations. In that way, the primary caregiver will know how you are responding to treatment. We will communicate to and provide disclosures to referring doctors and specialists, hospitals, laboratories, pharmacies, surgery centers, nursing homes and other healthcare facilities or providers furnishing treatment to you.

- *We will use your health information for payment.*

Example: We may send a bill to you or to a third-party payer, such as a health insurer. The information on or accompanying the bill may include information that identifies you, your diagnosis, treatment received, and supplies used. We may also contact your insurance company to determine coverage, eligibility, deductible status, co-insurance and/or co-payment information.

- *We will use your health information for health care operations.*

Example: Health care operations are administrative, financial, legal and quality improvement activities. Members of the medical staff, the risk or quality improvement manager, or members of the quality assurance team may use information in your health record to assess the care and outcomes in your cases and the competence of the caregivers. We will use this information in an effort to continually improve the quality and effectiveness of the health care and services that we provide.

- *Business Associates:* We provide some services through contracts with business associates.

Examples include certain diagnostic tests, a copy service to make copies of medical records, and the like. When we use these services, we may disclose your health information to the business associates so that they can perform the function(s) that we have contracted with them to do and bill you or your third-party payer for services provided. To protect your health information, however, we require the business associates to appropriately safeguard your information. After February 17, 2010, business associates must comply with the same federal security and privacy rules as we do.

- *Notification:* We may use or disclose information to notify or assist in notifying a family member, a personal representative, or another person responsible for your care, location, and general condition.

- *Communication with Family:* Unless you object, health professionals, using their best judgment, may disclose to a family member, another relative, a close personal friend, or any other person that you identify, protected health information relevant to that person's involvement in your care or payment related to your care. These disclosures will be limited to the protected health information that is directly relevant to the individual's involvement in your care or payment for your care.

- *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.

- *Funeral Directors/Medical Examiners:* We may disclose health information to funeral directors/medical examiners consistent with applicable law to enable them to carry out their duties.

- *Organ, Eye and Tissue Donation:* We may disclose health information to organ procurement organizations, transplant centers and eye or tissue banks, if you are an organ donor.

• *Marketing:* We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. If we contact you to provide marketing information for other products or services, you have the right to opt-out of receiving such communications. If we receive compensation from another entity for the marketing, we must obtain your signed authorization.

• *Fundraising:* We may contact you as part of a fundraising effort. You have the right to opt-out of receiving fundraising communications from us.

• *Food and Drug Administration (“FDA”):* We may disclose to the FDA health information relative to adverse effects/events with respect to food, drugs, supplements, product or product defects, or postmarketing surveillance information to enable product recalls, repairs, or replacement.

• *Workers Compensation:* We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

• *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.

• *Correctional Institution:* If you are 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.

• *Law Enforcement:* We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

• *Military:* If you are a member of the armed forces, we may disclose health information to military authorities as authorized or required by law.

• *Health Oversight Agencies and Public Health Authorities:* If members of our work force or business associates believe in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public, they may disclose your health information to health oversight agencies and/or public health authorities, such as the department of health.

• *The Federal Department of Health and Human Services (“DHHS”):* Under the privacy standards, we must disclose your health information to DHHS as necessary to determine our compliance with those standards.

• *Training Purposes:* We will use your information to provide training and education to the students and residents who treat patients at our facilities.

• *Sign-in Sheet:* When you arrive for your appointment, we will ask you to write your name on the sign in sheet and note your arrival time.

• *Office Communications:* We may mail the following to you: new patient forms, appointment correspondence, recall cards, birthday cards, surgery information, account statements, information about new treatment options, newsletters, brochures, surveys, etc. In addition, we may need to contact you by phone to discuss your office appointments, surgery appointments, test results, treatments, referrals, account balances and/or to return your phone calls. We will first attempt to

contact you at home; however, if you are not available and you provide us with your work number, we will attempt to contact you at work. If you are not available, we will leave a message for you to either call the office or to remind you of your appointment time.

• **Health Information Exchange:** We have chosen to participate in the Chesapeake Regional Information System for our Patients, Inc.(CRISP), a statewide health information exchange. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may “opt-out” and disable all access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at www.crisphealth.org. Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers."

• *Electronic Prescribing, Prescription History & Benefit Formularies:* The Centers for Medicare and Medicaid services requires that we utilize electronic prescribing as the preferred method of submitting prescriptions to your pharmacy. We have partnered with Surescripts, the nation’s largest prescription network, to allow authorized prescribers access to prescription data and related information for use in providing your clinical care. Through Surescripts, our providers can exchange your prescription information with pharmacies for new prescriptions and refills. Our providers also gain access to your insurance prescription benefits and prescription history across participating providers, allowing them to make more informed clinical decisions regarding which medications they prescribe. By agreeing to this Notice of Privacy Practices, you provide consent to obtain your prescription history and benefits information.

• *Online Patient Portal:* The Department of Health and Human Services encourages the use of online patient portals to improve your care through online engagement. Our portal will provide you with access to your existing health record, appointment reminders, secure messaging, among other features. You may “opt-out” of this service by declining to enroll or requesting deactivation.

Organizations that will follow this Notice include Seidenberg Protzko Eye Associates and Mid-Atlantic Surgery Pavilion.

WE RESERVE THE RIGHT TO CHANGE OUR PRACTICES AND TO MAKE THE NEW PROVISIONS EFFECTIVE FOR ALL INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION THAT WE MAINTAIN. IF WE CHANGE OUR PRIVACY PRACTICES, WE WILL INFORM YOU AND OFFER A HARD COPY DURING YOUR NEXT VISIT TO OUR OFFICE.