

EYESIGHT OPHTHALMIC SERVICES, PA
NOTICE OF HEALTH INFORMATION PRACTICES
EFFECTIVE DATE: April 14, 2003
REVISED: June 18, 2018

THIS NOTICE OF HEALTH INFORMATION PRACTICES DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. IT ALSO DESCRIBES HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

When this Notice of Health Information Practices refers to "we", it is referring to the providers of Eyesight Ophthalmic Services, PA.

This Notice of Health Information Practices describes how we will use and disclose your health information. The policies outlined in this Notice of Health Information Practices apply to all of your health information generated by Eyesight Ophthalmic Services, PA, whether recorded in your medical record, invoices, payment forms, videotapes or other ways. Similarly, these policies apply to the health information gathered from other organizations by any health care professional, employee or volunteer who participates in your care.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

1. In some circumstances we are permitted to use or disclose your health information without obtaining your prior authorization and without offering you the opportunity to object. These circumstances include:
 - a. Uses or disclosures for purposes relating to **treatment, payment and health care operations:**
 - I. **Treatment.** We may use or disclose your health information for the purpose of providing, or allowing others to provide treatment to you. An example would be if your primary care physician discloses your health information to another doctor for the purpose of a consultation. Also, we may contact you with appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
 - II. **Payment.** We may use or disclose your health information for the purpose of allowing us, as well as other entities, to secure payment for the health care services provided to you. For example, we may inform your health insurance company of your diagnosis and treatment in order to assist the insurer in processing our claim for the health care services provided to you.
 - III. **Health Care Operations.** We may use or disclose your health information for the purposes of our day-to-day operations and functions. We may also disclose your information to another covered entity, to allow it to perform its day-to-day functions, but only to extent that we both have a relationship with you. For example, we may compile your health information, along with that of other patients, in order to allow a team of our health care professionals to review that information and make suggestions concerning how to improve the quality of care provided at this facility. We may also use your information to communicate with you about our own fundraising initiatives or allow our business associates to communicate with you for that purpose. **YOU HAVE THE**

RIGHT TO INSTRUCT US NOT TO COMMUNICATE WITH YOU FOR FUNDRAISING PURPOSES. IF YOU WISH TO HAVE YOUR NAME REMOVED FROM OUR LIST TO RECEIVE FUNDRAISING MATERIALS TO SUPPORT EYESIGHT OPHTHALMIC SERVICES, PA, PLEASE CONTACT THE OFFICE MANAGER AT (603) 436-1773 OR EMAIL US AT INFO@EYESIGHTNH.COM

- b. To create “de-identified information,” which is information regarding your care, but which does not include your name or other information that could be used to identify you;
 - c. When required by law;
 - d. For public health purposes;
 - e. To disclose information about victims of abuse, neglect, or domestic violence;
 - f. For health oversight activities, such as audits or civil, administrative or criminal investigations;
 - g. For judicial or administrative proceedings;
 - h. For law enforcement purposes;
 - i. To assist coroners, medical examiners or funeral directors with their official duties;
 - j. To facilitate organ, eye or tissue donation;
 - k. For certain research projects that have been evaluated and approved through a research approval process that takes into account patients' need for privacy;
 - l. To avert a serious threat to health or safety;
 - m. For specialized governmental functions, such as military, national security, criminal corrections, or public benefit purposes; and
 - n. For workers' compensation purposes, as permitted by law.
2. We may also use or disclose your health information in the following circumstances. Except in emergency situations, we will inform you of our intended action prior to making any such uses and disclosures and will, at that time, offer you the opportunity to object.
- a. **Directories.** We may maintain a directory of patients that includes your name and location within the facility, your religious designation, and information about your condition in general terms that will not communicate specific medical information about you. Except for your religion, we may disclose this information to any person who asks for you by name. We may disclose all directory information to members of the clergy.
 - b. **Notifications.** We may disclose to your relatives or close personal friends any health information that is directly related to that person's involvement in the provision of, or payment for, your care. We may also use and disclose your health information for the purpose of locating and notifying

your relatives or close personal friends of your location, general condition, death, and to Organizations that are involved in those tasks during disaster situations.

3. Except as described above, your health information will be used and disclosed only with your written authorization. For the following:
 - a. Records of treatment received at federally funded substance use disorder programs.
 - b. HIV testing or test results.
 - c. Genetic information.
 - d. Confidential communications with a Licensed Social Worker.
 - e. Records from a Domestic Violence Victims Counselor or Sexual Assault Counselor.
 - f. Most uses and disclosures of psychotherapy notes require your written authorization. **“Psychotherapy notes”** are the personal notes of a mental health professional that analyze the contents of conversations during a counseling session. They are treated differently under federal law than other mental health records.
 - g. Uses and disclosures for marketing require your written authorization. **“Marketing”** is a communication that encourages you to purchase a product or service. However, it is not marketing if we communicate with you about health-related products or services we offer, as long as we are not paid by a third party for making that communication.
 - h. A disclosure that qualifies as a **sale** of your health information under federal law may not occur without your written authorization.

You may revoke your authorization at any time, in writing, unless we have taken action in reliance upon your prior authorization, or if you signed the authorization as a condition of obtaining insurance coverage.

YOUR RIGHTS

1. **To Request Restrictions.** You have the right to request restrictions on the use and disclosure of your health information for treatment, payment or health care operations purposes or notification purposes. We are **not** required to agree to your request, with one exception: If you have paid out of pocket and in full for a health care item or service, you may request that we not disclose your health information related to that item or service to a health plan for purposes of payment or health care operations. If you make such a request, we will not disclose your information to the health plan unless the disclosure is otherwise required by law. If we do agree to a restriction, we will abide by that restriction unless you are in need of emergency treatment and the restricted information is needed to provide that emergency

treatment. To request a restriction, submit a written request to the Contact listed on the final page of this Notice of Health Information Practices.

2. **To Limit Communications.** You have the right to receive confidential communications about your own health information by alternative means or at alternative locations. This means that you may, for example, designate that we contact you only via e-mail or at work rather than at home. To request communications via alternative means or at alternative locations, you must submit a written request to the Contact listed on the final page of this Notice of Health Information Practices. All reasonable requests will be granted.
3. **To Obtain a Copy of Health Information.** You have the right to receive a copy of most health information about you. However, there are certain exceptions. For example, while you may ask to inspect or copy psychotherapy notes, federal law does not require your treating health care professional to provide them to you. Similarly, you do not have the right to a copy of information compiled in anticipation of or for use in civil, criminal, or administrative proceedings. To receive a copy of your records, you should submit a written request to the Office Manager of Eyesight Ophthalmic Services, PA. If you request copies, you will be charged our regular fee for providing them.

Despite your general right to obtain a copy of your Protected Health Information, your request may be denied in some limited circumstances. For example, your request may be denied if you are an inmate at a correctional institution or if you are a participant in a research program that is still in progress. Your request may be denied if the Federal Privacy Act applies. A request for a copy of information that was obtained from someone other than a health care provider under a promise of confidentiality can be denied if providing a copy to you would reasonably be likely to reveal the source of the information. The decision to deny a request under these circumstances is final and not subject to review.

In addition, a request may be denied if (i) revealing the information in question is reasonably likely to endanger the life and physical safety of you or anyone else, (ii) the information makes reference to another person and your possession of that information would reasonably be likely to cause harm to that person, or (iii) you are the personal representative of another individual and a licensed health care professional determines that your possession of the information would cause substantial harm to the patient or another individual. If a request is denied for these reasons, you have the right to have the decision reviewed by a health care professional who did not participate in the original decision. If your request is ultimately denied, the reasons for that denial will be provided to you in writing.

4. **To Request Amendment.** You may request that your health information be amended. Your request may be denied if the information in question: was not created by us (unless you show that the original source of the information is no longer available to seek amendment from), is not part of our records, is not the type of information that would be available to you for inspection or copying (for example, psychotherapy notes), or is accurate and complete. If your request to amend your health information is denied, you may submit a written statement disagreeing with the denial, which we will keep on file and distribute with all future disclosures of the information to which it relates. Requests to amend health information must be submitted in writing to the Contact listed on the final page of this Notice of Health Information Practices.
5. **To an Accounting of Disclosures.** You have the right to an accounting of any disclosures of your health information made during the six-year period preceding the date of your request. However, the following disclosures will **not** be accounted for: (i) disclosures made for the purpose of carrying out treatment, payment or health care operations, (ii) disclosures made to you, (iii) disclosures of

information maintained in our patient directory, or disclosures made to persons involved in your care, or for the purpose of notifying your family or friends about your whereabouts, (iv) disclosures for national security or intelligence purposes, (v) disclosures to correctional institutions or law enforcement officials who had you in custody at the time of disclosure, (vi) disclosures that occurred prior to April 14, 2003 for the purpose of notifying your family or friends about your whereabouts, (vii) disclosures that occurred prior to April 14, 2003, (viii) disclosures made pursuant to an authorization signed by you, (ix) disclosures that are part of a limited data set, (x) disclosures that are incidental to another permissible use or disclosure, or (xi) disclosures made to a health oversight agency or law enforcement official, but only if the agency or official asks us not to account to you for such disclosures and only for the limited period of time covered by that request. The accounting will include the date of each disclosure, the name of the entity or person who received the information and that person's address (if known), and a brief description of the information disclosed and the purpose of the disclosure. To request an accounting of disclosures, submit a written request to the Contact listed on the final page of this Notice of Health Information Practices.

- 6. To a Paper Copy of this Notice of Health Information Practices.** You have the right to obtain a paper copy of this Notice of Health Information Practices upon request.

OUR DUTIES

1. We are required by law to maintain the privacy of your health information and to provide you with this Notice of Health Information Practices of our legal duties and privacy practices.
2. We are required to abide by the terms of this Notice of Health Information Practices. We reserve the right to change the terms of this Notice of Health Information Practices and to make those changes applicable to all health information that we maintain. Any changes to this Notice of Health Information Practices will be posted on our website (if applicable) and available in all Eyesight Ophthalmic Services, PA registration areas upon request.
3. We are required to notify you in writing if we improperly use or disclose your health information in a manner that meets the definition of a “breach” under federal law. Although there are some exceptions, a breach generally occurs when health information about you is not encrypted and is accessed by, or disclosed to, an unauthorized person.

COMPLAINTS

You can complain to us and to the Federal Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated. To lodge a complaint with us, please file a written complaint with the Contact set forth below. This Contact person will also provide you with further information about our privacy policies upon request. No action will be taken against you for filing a complaint.

DESIGNATED CONTACT PERSON:

Warren Goldblatt, MD
Eyesight Ophthalmic Services, PA
155 Bothwick Avenue, Suite 200 East
Portsmouth, NH 03801
1 (603) 436-1773

I authorize Eyesight Ophthalmic Services, PA to speak with the following people regarding my medical history, treatment and account/billing information:

Name of person(s) you are allowing access:

I acknowledge that I have been given access to and/or received a copy of the NOTICE OF HEALTH INFORMATION PRACTICES with the effective date of June 18, 2018.

Patient/Agent/Guardian Signature

Witness Signature