

NOTICE OF PRIVACY PRACTICES FOR MID ATLANTIC RETINA

Effective Date: October 1, 2017

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

Mid Atlantic Retina (MAR) is required by federal and state laws to maintain the privacy of your personal health information (PHI) and to provide you with notice of our legal duties and privacy practices with respect to your protected health care information.

What is Protected Health Information (PHI)?

Your PHI is any information that relates to your past, present or future physical or mental health or condition, the provision of health care to you, or payment for health care provided to you, and individually identifies you or reasonably can be used to identify you. Your medical and billing records at our practice are examples of information that usually will be regarded as your protected health information.

HOW WE MAY USE AND DISCLOSE YOUR INDIVIDUAL PROTECTED HEALTH INFORMATION

A. Permitted Disclosures of your protected health information for which your authorization is not required. We may use and disclose your protected health information for the following reasons:

1. **Treatment** – We may use and disclose your PHI for the purpose of treating you. Treatment includes the provision, coordination, or management of health care services to you by one or more health care providers. Some examples of treatment uses and disclosures include, but are not limited to:
 - We may use a patient sign-in sheet at the reception desk. This sheet is routinely shredded at the end of each day.
 - We may ask you to confirm or update personal health, insurance or demographic information while in the office.
 - We may call patients by name in the waiting area when it is time to go to an exam room.
 - During an office visit, our physicians and staff involved in your care may review your medical record and share and discuss your medical information with each other.
 - We may share and discuss your medical information with an outside physician to whom we have referred you for care or with whom we are consulting regarding your care.
 - We may share and discuss your medical information with a hospital or other health care provider who seeks information for the purpose of treating you.
 - We may contact you via telephone or by letter, with notices regarding an appointment. We may leave the telephone message with someone at your telephone number, or leave

the message on your answering machine. This is an appointment reminder only; no information about your condition or treatment will be communicated by telephone message. We cannot guarantee your privacy if you choose to discuss your condition or symptoms in a public area inside or outside our office.

- We may use and disclose health information to tell you about health related benefits or services that we provide that may be of interest to you, or for your case management or care coordination, or to direct or recommend alternative treatments, therapies, health care providers, or settings of care.

2. Payment - We may use and disclose your PHI for our payment purposes as well as the payment purposes of other health care providers and health plans. Some examples of payment uses and disclosures may include, but are not limited to:

- We may share information with or request it from your health insurer to determine whether you are eligible for coverage or whether proposed treatment is a covered service.
- We may submit a claim to your health insurer for payment, or provide supplemental information to your health insurer so that reimbursement can be obtained under a coordination of benefits clause you may have in your subscriber agreement.
- We may share demographic information such as your address or insurance identification number, with other health care providers who seek this information to obtain payment for health care services provided to you.
- We may mail you bills, refunds or receipts in envelopes with our practice name and return address.
- We may provide a bill to a family member or other person designated as responsible for payment for services rendered to you.
- We may provide medical records and other related documentation to your health insurer to support the medical necessity of services provided to you. We may allow your health insurer access to your medical record for a medical necessity or quality review audit.
- We may provide information to our collection agency or our attorney in a legal action for purposes of securing payment of a delinquent account.

We will NOT disclose your information to your health insurer regarding services for which you have paid, out-of-pocket, in full.

3. Health Care Operations – We may use and disclose your PHI for other health care related purposes for our practice or that of other health care providers and health plans in connection with our health care operations. Some examples may include, but are not limited to:

- Quality assessment or improvement activities.
- Activities related to improving health or reducing health care costs of our patient population.
- Reviewing the competence, qualifications, or performance of health care professionals.
- **Conducting training programs for medical and other students.**
- Business planning and development activities, such as conducting cost management and planning related analyses.

- Health care fraud and abuse detection and compliance programs as well as other medical review, legal services, and auditing functions.
- Accreditation, **certification**, licensing, and credentialing activities.
- Other business management and general administrative activities, such as compliance with federal and state laws and rules and resolution of patient grievances.

B. Other Uses and Disclosures of Your PHI for which your written authorization is not required.

1. **We may disclose information to individuals involved in your care or responsible for the payment of your care.** We may disclose your PHI to someone that you identify as involved in your care or payment of your care, such as a spouse, a family member, or close friend. For example, if you are having surgery, we may discuss any physical limitations with a family member assisting in your post-operative care.
2. **We may disclose your information for notification purposes.** We may use and disclose your PHI to notify, or to assist in the notification of a family member, a personal representative, or another person responsible for your care, regarding your location, general condition, or death. For example, if you are hospitalized, we may notify a family member of the name and location of the hospital and your general condition. In addition, we may disclose your PHI to a disaster relief entity, such as FEMA or the Red Cross, so that it can notify a family member, a personal representative, or another person involved in your care regarding your location, general condition, or death.
3. **We may disclose your information as required by law and for other public health activities.** We may use and disclose your PHI when required by federal, state, or local law and for public health activities. Examples may include:
 - Emergency treatment or if you are unable to communicate with us.
 - Mandatory reporting requirements involving births and deaths.
 - Victims of abuse, neglect or domestic violence, unless we determine that informing you or your representative would place you at risk.
 - Disease prevention and control, or the reporting of a communicable disease.
 - Vaccine-related injuries, medical device-related deaths and serious injuries.
 - Gunshot and other injuries by a deadly weapon or criminal act.
 - Law enforcement to assist in locating a suspect, fugitive, material witness or missing person.
 - Driving impairments, and blood alcohol testing.
 - FDA-related reports.
 - OSHA requirements for workplace surveillance and injury reports.
 - Health oversight activities such as audits, inspections, investigations, licensure actions, and legal proceedings or other activities necessary for oversight of the health care system, government programs and compliance with civil rights law.
 - Judicial and administrative proceedings in response to a court order or subpoena, discovery request or other lawful process.
 - Coroners, medical examiners or funeral directors for the purpose of identifying a

deceased patient, determining cause of death, to funeral directors as necessary to carry out their duties, or as required by law.

- Facilitating organ, eye and tissue donation or for procurement, banking or transplantation of cadaveric organs, eyes, or tissue if you are an organ donor or have not indicated that you do not wish to be a donor.
- Public safety threats, including protection of a third party from harm, and identification and apprehension of a criminal or to protect someone from imminent serious harm.
- Purposes involving specialized government functions.
- Compliance with laws relating to workers' compensation or similar programs established by law, that provide benefits for work-related injuries or illness without regard to fault.
- Functions performed by a business associate such as a billing company, accountant or law firm, provided that Business Associate Agreements are signed.
- For the purpose of removing identifying data from your protected health information to allow disclosure without your authorization.
- Military command authorities, if you are active military or a veteran. We may also be required to disclose PHI to authorized federal officials for the conduct of intelligence or other national security activities.
- Incidental disclosures which result as a by-product of an otherwise permitted use or disclosure, such as other patients hearing your name being called in the waiting room or seeing your name on the sign-in sheet.

4. Research

- We may disclose information to researchers when their research, such as retrospective chart reviews, has been approved by an institutional review board (“IRB”) that has reviewed the research proposal and established protocols to ensure the privacy of your health information. Before we use or disclose health information for research, the project will have been approved through this research approval process, unless, however, we disclose health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs. In such instances, the health information they review does not leave MAR. Unless specifically excepted by HIPAA (e.g., IRB waiver of patient authorization, limited data sets), we will ask for your specific permission if a researcher will have access to your health information as part of research that includes your direct, personal involvement (such as a new drug study).

5. Fundraising Activities

- We may use health information about you to contact you in an effort to raise money for MAR and its operations and/or the facilities we perform surgeries in, including Wills Eye Hospital. We may disclose health information to a foundation related to MAR, Wills Eye Hospital, and/or Thomas Jefferson Hospital, so that the foundation may contact you in raising money for Wills Eye Hospital. We would only release contact information, such as your name, address, and phone number and the dates you received

treatment or services at MAR, Wills Eye Hospital, and/or Thomas Jefferson Hospital. You can tell us not to contact you for this purpose. If you do not want to be contacted for fundraising efforts, you must notify the contact person listed in this notice.

We may need to use and disclose your PHI for other reasons with your authorization. For any and all other uses of your protected health information which are not listed in this notice, we will obtain your written authorization. For example, if you wish to have your medical records released to another physician not directly involved with us for your treatment. Further, we must receive your written authorization for any disclosure of PHI for marketing purposes or for any disclosure which is a sale of PHI. Your authorization can be revoked at any time, but is limited to present and future protected health information releases only. Authorization forms and revocation forms are available upon request from the MAR Privacy Officer. The form must be completed by you and returned to the Privacy Officer. You cannot revoke an authorization for information previously released, but you can revoke an authorization for releasing this information going forward.

YOUR PATIENT RIGHTS REGARDING YOUR PRIVACY

- 1. You have a right to restrict the use of disclosure of your PHI.** You have a right to request that we further restrict use and disclosure of your PHI for treatment, payment, or health care operations, except in the case of an emergency. You have the right to request, in writing, a restriction on information we disclose to someone who is involved in your care or the payment for your care, or for notification purposes. While we will consider all requests for restrictions carefully, we are not required to agree to or accommodate your request if it is deemed by us as unreasonable.
- 2. You have the right to restrict the disclosure of your PHI to a health plan if the PHI pertains to health care services for which you have paid in full directly to us.**
- 3. You have the right to confidential communication of your PHI.** You have a right to request that we communicate with you about your protected health information by certain means or at certain locations. For example, you may instruct us not to contact you by telephone at your place of work. MAR will contact you based on information that you provide to us at the time of your visit. Please contact our Privacy Officer, in writing, to specify how and where we may contact you if there are specific or special instructions that you want us to know and follow. For the convenience of our patients, an internet-based patient portal is made available for those patients that choose to participate. MAR has worked with its Electronic Health Record vendor and its security company to mitigate potential security breaches.
- 4. You have the right to an accounting of disclosures of your PHI.** You may obtain, upon request, an accounting of disclosures of your PHI made by us, except for disclosures related to carrying out treatment, payment and health care operations, disclosures incident to a use or disclosure otherwise permitted or required, or as authorized. Your request may cover disclosures made within six years prior to the date of your request or a shorter time period at your request. We request that you contact the Privacy Officer in writing specifying the time period for the accounting. You will be entitled to one (1) free accounting of disclosures for each twelve (12) month period. For any additional accounting, we may charge a reasonable, cost-based fee.

- 5. You have the right to inspect and copy your PHI for as long as we maintain your medical record.** To do this, you must complete a release form and present it to the office front desk. This right is subject to limitations and we may charge a reasonable fee for processing your request in accordance with state law.

- 6. You have the right to request that we amend your PHI if you believe it is incorrect or incomplete, for as long as we maintain your medical record.** This right applies to PHI maintained in your medical or billing records. This request must be in writing, present to our Privacy Officer, and agreed to by a MAR physician. This request is subject to limitations and we may deny your request to amend if (i) we did not create the PHI, (ii) it is not information that we maintain, (iii) it is not information that you are permitted to inspect or copy (such as psychotherapy notes), or (iv) we determine that the PHI is accurate and complete.

- 7. You have the right to be notified if we or one of our business associates become aware of a breach of your unsecured PHI.**

- 8. From time to time, we may contact you for educational or marketing purposes.** We must receive your written authorization pertaining to disclosures related to marketing purposes. You may elect to opt-out of receiving communications for educational purposes.

submitted in writing to our Privacy Officer.

CHANGES TO THIS PRIVACY NOTICE

We reserve the right to change this notice at any time. We further reserve the right to make any change effective for all protected health information that we maintain at the time of the change – including information that we created, maintain, transmitted or received prior to the effective date of the change. We will post a copy of our current notice in the waiting room of our practice. Patients may also access our current notice of privacy practices on our web site at www.midatlanticrotina.com. You have the right to receive a paper copy of this Notice upon request.

This notice is regarding your rights related to the federal privacy rule. It is not intended to create contractual or other rights independent of those created in the federal privacy rule. If you would like more information about our privacy practices or if you have questions or concerns, please contact us. If you believe that we may have violated your privacy rights, or if you disagree with a decision that we made regarding the use, disclosure, or access to your PHI, you may contact our Privacy Officer and you may submit a complaint, in writing, to our Privacy Officer at:

Mid Atlantic Retina
Attention: Privacy Officer
4060 Butler Pike, Suite
200
Plymouth Meeting, PA
19462
(800) 331-6634

Additionally, you may also file a written complaint with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Officer will provide you with the correct address for the Director. We support your right to the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the Department of Health and Human Services.

This notice was amended and is effective as of October 1, 2017.