

## **NOTICE OF PRIVACY PRACTICES FOR MIDATLANTIC RETINA**

Effective Date: December 23, 2024

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**

- Our mission is to provide you the best possible care and also to help establish better care for you and others through internal and collaborative clinical research. To accomplish this we study, review and analyze our clinical experiences. We may use and disclose your health information as permitted by applicable law for such research. This includes disclosure to collaborative researchers when their research, such as retrospective chart reviews, has been approved by an institutional review board (“IRB”) in accordance with HIPAA, including the IRB’s review of the research proposal and establishment of 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. We may also 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 or with specific medical diagnoses. In such instances, the health information they review does not leave MAR but may include access to such health information through a remote access connection that is in compliance with HIPAA.

#### **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.

**Reproductive Health Care Privacy.** In addition to the foregoing, the HIPAA Privacy Rule supports reproductive health care privacy (the “Reproductive Rule”) by prohibiting the use or disclosure of Protected Health Information by MAR or any of its business associates for the following purposes (each a “Prohibited Purpose”):

1. To conduct a criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care.
2. To impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care.
3. To identify any person for any purpose described in (1) or (2).

When MAR and/or a MAR business associate receives a request for reproductive health care information, MAR must obtain a signed attestation from the requestor that the intended use or disclosure of the information is not for a Prohibited Purpose. MAR must obtain the attestation when the PHI request is for: law enforcement purposes; judicial and administrative proceedings; health oversight activities; or disclosures to coroners and medical examiners.

A MODEL ATTESTATION FOR A REQUESTED USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION is set forth in Attachment A. Importantly, a person that falsifies an attestation to obtain an individual’s reproductive health care information could face criminal penalties.

## **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.

**Any requests to restrict, amend, inspect or copy your personal health information must be 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.midatlanticretina.com](http://www.midatlanticretina.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 December 23, 2024.

Attachment A

MODEL ATTESTATION FOR A REQUESTED USE OR DISCLOSURE OF PROTECTED HEALTH  
INFORMATION POTENTIALLY RELATED TO REPRODUCTIVE HEALTH CARE

[SEE ATTACHED]





# Model Attestation for a Requested Use or Disclosure of Protected Health Information Potentially Related to Reproductive Health Care

When a HIPAA covered entity<sup>1</sup> or business associate<sup>2</sup> receives a request for protected health information (PHI)<sup>3</sup> potentially related to reproductive health care,<sup>4</sup> it must obtain a signed attestation that clearly states the requested use or disclosure is not for the prohibited purposes described below, where the request is for PHI for any of the following purposes:

- Health oversight activities<sup>5</sup>
- Judicial or administrative<sup>6</sup> proceedings
- Law enforcement<sup>7</sup>
- Regarding decedents, disclosures to coroners and medical examiners<sup>8</sup>

**Prohibited Purposes.** Covered entities and their business associates may not use or disclose PHI for the following purposes:

- (1) To conduct a criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care.
- (2) To impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care.
- (3) To identify any person for any purpose described in (1) or (2).<sup>9</sup>

**The prohibition applies when** the reproductive health care at issue (1) is lawful under the law of the state in which such health care is provided under the circumstances in which it is provided, (2) is protected, required, or authorized by Federal law, including the United States Constitution, under the circumstances in which such health care is provided, regardless of the state in which it is provided, or (3) is provided by another person and presumed lawful.<sup>10</sup>

## Model Instructions

### Information for the Person Requesting the PHI

- By signing this attestation, you are verifying that you are not requesting PHI for a prohibited purpose and acknowledging that criminal penalties may apply if untrue.<sup>11</sup>
- You may not add content that is not required or combine this form with another document except where another document is needed to support your statement that the requested disclosure is not for a prohibited purpose.<sup>12</sup> For example, if the requested PHI is potentially related to reproductive health care that was provided by someone other than the covered entity or business associate from whom you are requesting the PHI, you may submit a document that supplies information that demonstrates a

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<sup>1</sup> See 45 CFR 160.103 (definition of “Covered entity”).

<sup>2</sup> See 45 CFR 160.103 (definition of “Business associate”).

<sup>3</sup> See 45 CFR 160.103 (definition of “Protected health information”).

<sup>4</sup> See 45 CFR 160.103 (definition of “Reproductive health care”).

<sup>5</sup> See 45 CFR 164.512(d).

<sup>6</sup> See 45 CFR 164.512(e).

<sup>7</sup> See 45 CFR 164.512(f).

<sup>8</sup> See 45 CFR 164.512(g)(1).

<sup>9</sup> See 45 CFR 164.502(a)(5)(iii)(A).

<sup>10</sup> See 45 CFR 164.502(a)(5)(iii)(B), (C). For more information on the presumption and when it applies, see 45 CFR 164.502(a)(5)(iii)(C).

<sup>11</sup> See 42 U.S.C. 1320d–6.

<sup>12</sup> See 45 CFR 164.509(b)(3) and (c)(iv).

substantial factual basis that the reproductive health care in question was not lawful under the specific circumstances in which it was provided.<sup>13</sup>

### **Information for the Covered Entity or Business Associate**

- You may not rely on the attestation to disclose the requested PHI if any of the following is true:
  - It is missing any required element or statement or contains other content that is not required.<sup>14</sup>
  - It is combined with other documents, except for documents provided to support the attestation.<sup>15</sup>
  - You know that material information in the attestation is false.<sup>16</sup>
  - A reasonable covered entity or business associate in the same position would not believe the requestor's statement that the use or disclosure is not for a prohibited purpose as described above.<sup>17</sup>
- If you later discover information that reasonably shows that any representation made in the attestation is materially false, leading to a use or disclosure for a prohibited purpose as described above, you must stop making the requested use or disclosure.<sup>18</sup>
- You may not make a disclosure if the reproductive health care was provided by a person other than yourself and the requestor indicates that the PHI requested is for a prohibited purpose as described above, unless the requestor supplies information that demonstrates a substantial factual basis that the reproductive health care was not lawful under the specific circumstances in which it was provided.<sup>19</sup>
- You must obtain a new attestation for each specific use or disclosure request.<sup>20</sup>
- You must maintain a written copy of the completed attestation and any relevant supporting documents.<sup>21</sup>

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<sup>13</sup> See 45 CFR 164.502(a)(5)(iii)(B)(3), (C)(2).

<sup>14</sup> See 45 CFR 164.509(b)(2)(ii).

<sup>15</sup> See 45 CFR 164.509(b)(3).

<sup>16</sup> See 45 CFR 164.509(b)(2)(iv).

<sup>17</sup> See 45 CFR 164.509(b)(2)(v).

<sup>18</sup> See 45 CFR 164.509(d).

<sup>19</sup> See 45 CFR 164.502(a)(5)(iii)(B)(3), (C)(2).

<sup>20</sup> See 89 FR 32976, 33031.

<sup>21</sup> See 45 CFR 164.530(j).

## Model Attestation Regarding a Requested Use or Disclosure of Protected Health Information Potentially Related to Reproductive Health Care

*The entire form must be completed for the attestation to be valid.*

Name of person(s) or specific identification of the class of persons to receive the requested PHI.
<i>e.g., name of investigator and/or agency making the request</i>
Name or other specific identification of the person or class of persons from whom you are requesting the use or disclosure.
<i>e.g., name of covered entity or business associate that maintains the PHI and/or name of their workforce member who handles requests for PHI</i>
Description of specific PHI requested, including name(s) of individual(s), if practicable, or a description of the class of individuals, whose protected health information you are requesting.
<i>e.g., visit summary for [name of individual] on [date]; list of individuals who obtained [name of prescription medication] between [date range]</i>

I attest that the use or disclosure of PHI that I am requesting is not for a purpose prohibited by the HIPAA Privacy Rule at 45 CFR 164.502(a)(5)(iii) because of one of the following (check one box):

- The purpose of the use or disclosure of protected health information is **not** to investigate or impose liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care or to identify any person for such purposes.
- The purpose of the use or disclosure of protected health information **is** to investigate or impose liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care, or to identify any person for such purposes, but the reproductive health care at issue was **not lawful** under the circumstances in which it was provided.

I understand that I may be subject to criminal penalties pursuant to 42 U.S.C. 1320d-6 if I knowingly and in violation of HIPAA obtain individually identifiable health information relating to an individual or disclose individually identifiable health information to another person.

*Signature of the person requesting the PHI*

\_\_\_\_\_

Date \_\_\_\_\_

*If you have signed as a representative of the person requesting PHI, provide a description of your authority to act for that person.*

\_\_\_\_\_

*This attestation document may be provided in electronic format, and electronically signed by the person requesting protected health information when the electronic signature is valid under applicable Federal and state law.*