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Board Certified by American Board of Ophthalmology

Glaucoma
Cataracts
Diabetic Eye Disease
Laser Surgery

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 READ IT CAREFULLY.

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a Federal program that requests that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. This Act gives you, the patient, the right to understand and control how your personal health information ("PHI") is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we prepared this explanation of how we are to maintain the privacy of your health information and how we may disclose your personal information.

We may use and disclose your medical records for each of the following purposes: treatment, payment and health care operations.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more healthcare providers. An example of this would include referring you to a retina specialist.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collections activities, and utilization review. An example of this would include sending your insurance company a bill for your visit and/or verifying insurance coverage prior to an appointment.
- **Health Care Operations** include business aspects of running our practice, such as storing your health information on computers, meeting standards set by regulating agencies, such as The Joint Commission, conducting quality assessments and improving activities, auditing functions, cost management analysis, and customer service. An example of this would be new patient survey cards.

Other ways we may use and share your health information include the following:

- **As required by law.** The practice may disclose your PHI when required to do so by federal, state or local law or other legitimate reasons. We shall do our best to assure its continued confidentiality to the extent possible.
- **Workers' Compensation.** We may release your medical information to workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- **Disclosures to family, friends or others.** We may share relevant information about you with a family member or other person who is close to you if they are involved either in your care or payment of your care.

- **Communication.** We may contact you by phone, e-mail or in writing, to provide appointment reminders, information regarding your eyewear or information about treatment alternatives or other health-related benefits and services.
- **Public Health Activities.** To report abuse and/or neglect of a child, elder or disabled person, to notify people of recalls of products they may be using, and to notify someone who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- **Organ and tissue donation.** If you are a potential organ donor, we may release medical information to organ procurement organizations or eye or tissue banks to facilitate organ or tissue donation and transplantation.
- **Military and veterans.** If you are a member of the armed forces, we may release your medical information as required by law.
- **Health oversight activities.** We may, when requested, provide your medical information to a health oversight agency for activities authorized by law, such as audits, certifications, investigations, inspections and licensure. These activities assist the government in monitoring the health care system, government programs and in complying with civil rights laws.
- **Lawsuits and disputes.** If you are involved in a lawsuit or dispute, we may share your medical information in response to a court order. Under certain circumstances, we also may share your medical information in response to a subpoena or other lawful process. We will do so only if efforts have been made to inform you of the request, to obtain an order protecting the information requested or if you or a court have given written authorization.
- **Law enforcement.** If permitted by law, we may release your medical information if asked to do so by a law enforcement official:
 - in response to a court order, subpoena, warrant, summons or similar process
 - to identify or locate a suspect, fugitive, material witness or missing person
 - in reference to the victim of a crime if, under certain, limited circumstances, we are unable to obtain the person's agreement
 - in reference to a death we believe may be the result of criminal conduct
 - in reference to criminal conduct at our facility
 - in emergency circumstances: to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime
- **National security and intelligence activities.** If permitted by law, we may release your medical information to authorized federal officials for intelligence, counterintelligence and other national security activities, as authorized by law.
- **Inmates.** We may release medical information about inmates of a correctional institution or under the custody of a law enforcement official under certain circumstances if permitted by law. This release would be necessary (1) for the institution to provide the inmate with health care; (2) to protect the inmate's health and safety or that of others; or (3) for the safety and security of the correctional institutional.
- **Research.** We may use or share your medical information for research purposes if our Institutional Review Board, which oversees clinical research , approves a waiver of authorization for such use.

The following use and disclosures of PHI will only be made pursuant to us receiving a written authorization from you:

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

You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You may have the following rights with respect to your PHI.

- The right to request restrictions on certain uses and disclosures of PHI, including those related to disclosures of family members, other relatives, close personal friends, or any other person identified by you. However, we are not required to honor a request restriction except in limited circumstances. If we do agree to the restriction, we must abide by it unless you agree in writing to remove it.
- The right to inspect and copy your PHI.
- The right to request an amendment to your PHI.
- The right to receive an accounting of disclosures of your PHI.
- The right to obtain a paper copy of this notice from us upon request.
- The right to request confidential communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you only at home or only by mail.
- The right to be advised if your PHI is intentionally or unintentionally disclosed.

If you have paid for services "out of pocket", in full, and you request that we not disclose PHI 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.

The Family Eye Care Center & Optical Gallery is required by law to maintain the privacy of your Protected Health Information and to provide you the notice of our legal duties and our privacy practice with respect to PHI.

This notice is effective as of April 14, 2003. Reviewed and revised in September 2013. It is our intention to abide by the terms of the Notice of Privacy Practices and HIPAA Regulations currently in effect. We reserve the right to change the terms of our Notice of Privacy Practice and to make the new notice provision effective for all PHI that we maintain. We will post and you may request a written copy of the revised Notice of Privacy Practices from our office.

If you believe your privacy rights have been violated, or you disagree with any action the Family Eye Care Center & Optical Gallery has taken with regard to your health information, we encourage you, your family or your guardian to speak with us. Note that, if you present a complaint, your care will not be affected in any way. Our goal is to provide you with the best eye care while always respecting your privacy.

Feel free to contact the Privacy Officer for more information, in person or in writing.

Family Eye Care Center & Optical Gallery, Inc.

Attn: Privacy Officer

5 Cornerstone Square, Suite 101

Westford, MA 01886

Phone: 978.692.1400

Fax: 978.692.5995