

Notice of Privacy Practices

Microsurgical Eye Consultants 31 Centennial Drive Peabody, Massachusetts 01960

9-18-13 Effective Immediately

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. This notice applies to all of the records of your care generated by Microsurgical Eye Consultants or an associated organization.

This notice describes Microsurgical Eye Consultants policies, which extend to:

- Any health care professional authorized to enter information into your medical record(including physicians, optometrists, ophthalmic technicians, etc);
- All areas of the Practice(front desk, administration, billing and collection, etc);
- All employees, staff and other personnel that work for or with our Practice;
- Our business associates (including facilities to which we refer patients), on call physicians, our answering service etc...

Microsurgical Eye Consultants provides this Notice to comply with the privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996(HIPAA).

We understand that your medical information is personal to you and we are committed to protecting your information. As our patient, we created electronic medical records about your health, our care for you , and the services and/or items we provide to you as our patient. We require this record to provide optimal care and to comply with certain legal requirements. We are required by law to:

- Make sure that the protected health information about you is protected
- Provide you with a Notice of our Privacy Practices and your legal rights with respect to protected health information about you; and
- Follow the conditions of the notice that is currently in effect.

The following categories describe different ways that we use and disclose protected health information that we have and share with others. Each category of uses or disclosures provides a general explanation and provides some examples of uses. Not every use or disclosure in a category is either listed or actually in place. The explanation is provided for your general information only.

- **Medical Treatment:** We use previously given medical information about you to provide you with current or prospective medical treatment or services. Therefore, we may, and most like will, disclose medical information about you to doctors, nurses, technicians, medical student or hospital personnel who are involved in taking care of you. For example, a doctor to whom we refer you for ongoing or further care may need your medical record. Different offices with in Microsurgical Eye Consultants may share medical or optical information about you including your record(s), prescriptions, requests of lab work and imaging studies, etc.
- **Payment:** We may use and disclose medical information about you for services and procedures so they may be billed and collected from you, and insurance company, or any other third party. For example, we may need to give your health care information about treatment you received at Microsurgical Eye Consultants to obtain payment or reimbursement for the care. We may also tell your health plan and/or referring physician about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **Health Care Operations:** We may use and disclose medical information about you so that we can run Microsurgical Eye Consultants more efficiently and make sure that all of our patients receive quality care. These uses may include reviewing our treatment and services to evaluate the performance of our staff, deciding what additional services to offer and whether certain new treatments are effective. We may also use or disclose information about you for internal or external utilization review and/or quality assurance, to business associates for purposes of helping us to comply with our legal requirements, to auditors to verify our records, to billing companies to aid us in this process. We will, at all times, when business associates are used, obligate them contractually to maintain the privacy of your medical records.
- **Appointment/Recall Reminders:** We may use and disclose medical information to contact you as a reminder that you have an appointment with a Provider at Microsurgical Eye Consultants for medical care. This contact may be by phone, in writing, e-mail, or otherwise and may involve the leaving of an e-mail, a message on an answering machine or otherwise which could potentially be received or intercepted by others.
- **Emergency Situations:** We may disclose medical information about you to an organization assisting in a disaster relief effort or in an emergency situation so that your family can be notified about your condition, status and location.
- **Required by Law:** We will disclose medical information about you when required to do so by federal , state, or local law.
- **To Avert a Serious threat to Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat either to your specific health and safety or the health and safety of the public or another person. Any disclosure would only be to someone able to help prevent the threat.
- **Worker's Compensation:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

- **Public Health Risks:** Law or public policy may require us to disclose medical information about you for public health activities. These generally include the following:
 - ** To prevent or control disease, injury or disability
 - ** To report child abuse or neglect
 - ** To report reactions to medications or problems with products
 - ** To notify patients of recalls of products they may be using
 - ** To notify a patient who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
 - ** To notify the appropriate government authority or Primary Care Provider if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Investigation and Government Activities:** We may disclose medical information to a local, state or federal agency for activities authorized by law. These activities include, for example, audits, inspections and licensure. These activities are necessary for the Payor, the government and other regulatory agencies to monitor the health care system, government programs and compliance with civil rights laws.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute. We will tell you about the request so that you may obtain an order protecting the information requested if you desire.
- **Hospice, Assisted Living Facilities, Skilled Nursing Facilities:** If you are under the care of a facility and they are responsible and caretakers for your healthcare, we may release medical information about you to the institution. This release would be necessary for the facility to provide you with health care and to protect your health and safety.

Changes to this Notice: We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we may receive from you in the future. We will post a copy of the current notice on site at Microsurgical Eye Consultants and on our website. The notice will contain on the first page, in the top right hand corner the effective date of the policy. In addition, each time you visit Microsurgical Eye Consultants for treatment or health care services, you may request a copy of the current notice in effect. *It is only necessary to sign an acknowledgement of privacy practices statement once, regardless of the number of revisions made.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with the Practice Manager or Security/Compliance Officer at Microsurgical Eye Consultants or with the Secretary of the Department of Health and Human Services, Office of Civil Rights, Regional Office at www.hhs.gov/ocr/office/about/rgn-hgaddress.html. To file a complaint with the Practice, please call 978-531-4400. All complaints must be submitted in writing and all complaints will be investigated without repercussion to you. You will not be penalized for filing a complaint.

Other uses of Medical Information: Other uses and disclosures of medical information not described above, or the use or disclosure of your medical information for marketing purposes, or the use or disclosure of your medical information resulting from the sale of your medical information about you, will not be made without your written authorization. If you have provided us with your authorization, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

Patient Rights:

- You have the right to inspect and copy medical information that may be used to make decisions about your care. This includes your own medical and billing records. To inspect and copy your medical record, you must submit your request in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.
- If you feel that the medical information we have about you in your record is incorrect or incomplete, you may ask us to amend the information, following the procedure below. Your request must be submitted in writing, along with your intended amendment and a reason that supports your request to amend. The amendment must be dated and signed by you and notarized. We may deny your request if:
 - ** The information was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
 - ** It is not part of the medical information kept by Microsurgical Eye Consultants
- You have the right to request an “accounting of disclosures”. This is a list of the disclosures we made of medical and/or optical information about you to others. You must submit your request in writing and it must state a time period but that time period may not be longer than the prior five(5) years. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care. For example, you could ask that we not use or disclose information about a particular treatment you received.
- To request restrictions, you must make your request in writing. In your request, you indicate what information you want to limit; whether you want to limit our use, disclosure or both and to whom you want the limits to apply(e.g. disclosures to your children, parents, spouse, etc) Microsurgical Eye Consultants must agree to a request to restrict disclosure to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not required by law and the medical information pertains solely to a health care item or service for which you or someone else has paid Microsurgical Eye Consultants in full.

- 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 can ask that we only contact you at work or by mail and that we not leave a voice mail . To request confidential communications, you must make your request in writing. We will not ask you the reason for your request and will accommodate all reasonable requests.
- You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.
- You have the right to be notified of a breach of you unsecured medical information.