



Valley Eye Associates

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Notice of Privacy Practices

Effective as of 09/23/2013

Privacy officer: Dr. John Lee

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.

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of protected health information (PHI), to provide individuals with notice of our legal duties and privacy practices with respect to protected health information (PHI), and to notify affected individuals following a breach of unsecured protected health information (PHI). This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our notice, at any time. The new notice will be effective for all protected health information (PHI) that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by accessing our website, WWW.2020NJ.COM or by calling the office and requesting that a revised copy be sent to you by mail or asking for one at the time of your next appointment.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

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.

Treatment. We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. We may share your medical information with other physicians or other health care providers who will provide services that we do not provide. Or we may share this information with a pharmacist who needs it to dispense a prescription to you, or a

laboratory that performs a test. We may also discuss your medical information with you to recommend possible treatment options or alternatives that may be of interest to you. We also may disclose medical information about you to people outside the Practice who may be involved in your medical care after you leave the Practice; this may include your family members, or other personal representatives authorized by you or by a legal mandate (a guardian or other person who has been named to handle your medical decisions, should you become incompetent).

Payment. We may use and disclose medical information about you for services and procedures so they may be billed and collected from you, an insurance company, or any other third party, such as collections. For example, we may need to give your health care information, about treatment you received at the Practice, to obtain payment or reimbursement for the care.

Health Care Operations. We may use and disclose medical information about you so that we can run our Practice more efficiently and make sure that all of our patients receive quality care. These uses may include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management as well as legal or criminal situation as Required by Law. We may also share your medical information with our "business associates," such as our billing service, and collections agency.

Appointment and Patient Recall Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for medical care with the Practice or that you are due to receive periodic care from the Practice. This contact may be by phone, text, in writing, e-mail, or otherwise and may involve the leaving an e-mail, a message on an answering machines, or otherwise which could (potentially) be received or intercepted by others.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes regarding medications, efficiency of treatment protocols and the like. All research projects are subject to an approval process, which evaluates a proposed research project and its use of medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We will obtain an Authorization from you before using or disclosing your individually identifiable health information unless the authorization requirement has been waived. If possible, we will make the information non-identifiable to a specific patient. If the information has been sufficiently de-identified, an authorization for the use or disclosure is not required.

Notification and Communication with Family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed us otherwise, in the event of your death. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures

Legal Obligations and Public Policy Disclosures. We may use and/or disclose your PHI as permitted or required by federal, state or local law, in the following situations:

- To organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplants.
- Your PHI may be released if a work force member or business associate believes in good faith that there has been unlawful conduct or violation of professional or clinical standards which are potentially dangerous to one or more patients, workers or the public.
- To military authorities if you are a member of the armed forces (of either the United States or a foreign government).
- To workers' compensation or similar programs to the extent authorized by and necessary to comply with laws relating to workers compensation or other similar programs established by law.

- To public health or legal authorities for public health activities. For example to report births and deaths, or for the prevention or control of disease, injury, or disability, or, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
- In response to a court or administrative order, subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request.
- To law enforcement if asked to do so (1) to identify or locate a suspect, fugitive, material witness or missing person; (2) regarding the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (3) regarding a death we believe may be the result of criminal conduct; (4) regarding criminal conduct at our facilities; or (5) in emergency circumstances to report information regarding a crime.
- We may disclose PHI to a medical examiner or coroner to identify a dead person or to identify the cause of death. If necessary, we will share PHI with funeral directors.
- We may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or another individual or the public. Under these circumstances, we will only disclose your PHI to the person or organization able to help prevent the threat.
- We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- We may disclose to the FDA health information related to known adverse events with respect to food, supplements, pharmaceuticals, product defects or information to enable product recalls, repairs or replacements.
- We may disclose your PHI to authorized federal officials for intelligence, counter-intelligence and other national security activities authorized by law.
- We may disclose your PHI to a health oversight agency for purposes of 1) monitoring the health care system, 2) determining benefit eligibility for Medicare, Medicaid and other government benefit programs, and 3) monitoring compliance with government regulations and civil rights laws.
- We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws. To the correctional institution or law enforcement official if you are an inmate of a correctional institution or under the custody of a law enforcement official.

Change of Ownership. In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

PATIENT RIGHTS

THIS SECTION DESCRIBES YOUR RIGHTS AND THE OBLIGATIONS OF THIS PRACTICE REGARDING THE USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION.

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy. 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. Upon proof of an appropriate legal relationship, records of others related to you or under your care (guardian or custodial) may also be disclosed. Under federal law, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in,

a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

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 (tapes, disks, etc.) associated with your request. We will use the format you requested unless we cannot practicably do so.

We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.

Right to Amend. If you feel that the medical information we have about you in your record is incorrect or incomplete, then you may ask us to amend the information, following the procedure below. You have the right to request an amendment for as long as the Practice maintains your medical record.

To request an amendment, 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 we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is.

Right to an Accounting of Disclosures. You have a right to receive an accounting of disclosures of your health information made by this medical practice about you to others, except that this medical practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs "treatment", "payment", "health care operations", "notification and communication with family" and "Legal Obligations and Public Policy Disclosures" of this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

To request this list, you must submit your request in writing. Your request must state a time period not longer than six (6) years back and may not include dates before April 14, 2003 (or the actual implementation date of the HIPAA Privacy Regulations). Your request should indicate in what form you want the list (for example, on paper, electronically). 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.

Right to Request Restrictions. 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 by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.

We are not required to agree to your request and we may not be able to comply with your request. If we do agree, we will comply with your request except that we shall not comply, even with a written request, if the information is excluded from the consent requirement or we are otherwise required to disclose the information by law.

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 send information to a particular e-mail account or to your work address. We will

comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

Right to a Paper Copy of This Notice. 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.

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 in the Practice. The notice will contain on the first page, in the top right-hand corner, the date of last revision and effective date. In addition, each time you visit the Practice for treatment or health care services you may request a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Practice or with the U.S. Department of Health and Human Services.

To file a complaint with the Practice, contact our Privacy Officer – Dr. John Lee, who will direct you on how to file an office complaint. All complaints must be submitted in writing, and all complaints shall be investigated, without repercussion to you.

The Privacy Officer can be reached at this number 201-664-0847.

More information on how to file a complaint with the U.S. Department of Health and Human services can be located on: <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

You will not be penalized for filing a complaint.

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I received a copy of Valley Eye Associates Notice of Privacy Practices.

Date _____ Printed Name _____

Signature _____