

Richmond Eye Associates, P.C.
("Richmond Eye Associates")
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 REVIEW IT CAREFULLY.

If you have any questions about this Notice, please contact our Privacy Officer at (804) 270-0330, or at 4600 Cox Road, Suite 120, Glen Allen, Virginia 23060.

1. Purpose

We understand that medical information about you and your health is personal and we are committed to protecting that information. We create a record of the care and services you receive at Richmond Eye Associates (the Practice) in order to provide you with quality care and to comply with certain legal requirements.

This Notice of Privacy Practices (Notice) describes how we may use and disclose (share) your protected health information (PHI) about you, including demographic information, that may identify you and your related health care services to carry out your treatment, obtain payment for our services, to perform the daily health care operations of this practice and for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your medical information.

We are required by law to maintain the privacy of your protected health information and to abide by the terms of this Notice.

2. Written Acknowledgement

You will be asked to sign a written statement acknowledging that you have received a copy of this Notice. The acknowledgement only serves to create a record that you have received a copy of the Notice.

3. Changes to this Notice

We may change the terms of our Notice, at any time. The new Notice will be effective for all medical information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. To request a revised copy, you may call our office and request that a revised copy be sent to you in the mail or you may ask for one at the time of your next appointment. The current version of the Notice of Privacy Practices will be posted in our offices as well as on our Web site, www.RichmondEye.com.

4. How We May Use and Disclose Medical Information about You

The following categories describe the different ways that Richmond Eye Associates, P.C. may use and disclose (share) your PHI and a few examples of what we mean. These examples are not meant to describe every circumstance, but to give you an idea of the types of uses and disclosures that may be made by our office. Other uses and disclosures of your medical information that are not listed or described below will be made only with your written authorization. You may revoke this authorization, at any time, in writing, but it will not apply to any actions we have already taken.

For your treatment: Your PHI may be used and disclosed by us for the purpose of providing medical treatment to you or for another health care provider providing medical treatment to you. For example, a nurse obtains treatment information about you and documents it in your medical record and the physician has access to that information. If it is required that an ophthalmic test be taken, the ophthalmic technician performing the test also has access to your PHI. In addition, your PHI may be provided to a physician to whom you have been referred or are otherwise seeing to ensure that the physician has the necessary information to diagnose or treat you. We may also share information with people outside of our practice that may provide medical care for you such as skilled nursing facilities and home health agencies.

To obtain payment for our services: Your PHI may be used and disclosed by us to obtain payment for your health care bills or to assist another health care provider (such as a laboratory or other testing facility) in obtaining payment for their health care bills. For example, we may submit requests for payment to your health insurance company for the medical services that you received. We may also disclose your medical information as required by your health insurance plan before it approves or pays for the health care services we recommend for you.

For our health care operations: Your PHI may be used and disclosed by us to support our daily operations and business activities of the office. These health care operation activities include, but are not limited to, quality assessment activities, employee review activities, training of new employees or medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your medical information to medical school students that see patients at our office. We may also use the medical information we have to determine where we can make improvements in the services and care we offer.

For the health care operations of other health care providers: We may also use your PHI to assist another health care provider treating you with its quality improvement activities, evaluation of the health care professionals or for fraud and abuse detection or compliance. For example, we may disclose your PHI to another physician to assist in its efforts to make sure it is complying with all rules related to operating a medical practice.

For appointment reminders: We may use or disclose your PHI to contact you to remind you of your appointment, by mail, by telephone, or by secure email. Our message will

include the name of our practice or the name of our physician as well as the date and time for your appointment or a reminder that an appointment needs to be scheduled.

To provide you with treatment alternatives: We may use or disclose your PHI to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, we may contact several home health agencies or physical therapy providers to discuss the services they provide when we have a patient who needs these services.

To our business associates: We will share your PHI with third party “business associates” that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your medical information, we will have a written agreement that contains terms that will protect the privacy of your medical information. For example, Richmond Eye Associates may hire a billing company to submit claims to your health care insurer. Your PHI will be disclosed to this billing company, but a written agreement between our office and the billing company will prohibit the billing company from using your PHI in any way other than in the manner we allow.

Others Involved in Your Health care: With your permission, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. For example, we may discuss post procedure instructions with the person who drove you to the facility unless you tell us specifically not to share the information. We may use or disclose your PHI to notify a family member or any other person that is responsible for your care of your location and general health condition. We may also use or disclose your PHI to an authorized public or private entity to assist in (1) disaster relief efforts and (2) to coordinate uses and disclosures to family or other individuals involved in your health care.

For fundraising activities: We may use or disclose your demographic information and the dates that you received treatment from us in order to contact you for fundraising activities supported by our office. If you do not want to receive these materials, please contact the Privacy Officer and request that fundraising materials not be sent to you.

For marketing purposes: We may not use or disclose your PHI for marketing communications without your express written authorization, except in the case of face-to-face communications or communications involving promotional gifts of nominal value. Additionally, we may not use or disclose your PHI for any purposes which require the sale of your information without your express written authorization.

As required by law: We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as

required by law, of any such uses or disclosures.

For public health activities: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your medical information, if directed by the public health authority, to any other government agency that is collaborating with the public health authority.

As required by the Food and Drug Administration: We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, or to track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.

For communicable disease exposure: 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.

To your employer: We may disclose your PHI concerning a work-related injury or illness to your employer if you are covered under your employer's policy in order to conduct an evaluation relating to medical surveillance of the work place or to evaluate whether you have a work-related injury, in accordance with the law.

For abuse or neglect: We may disclose your PHI to a public health authority that is authorized by law to receive reports of child or adult 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 as may be required or permitted by Virginia and/or federal law.

For health oversight: We may disclose your PHI to a health oversight agency for activities authorized by law. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs (such as Medicare or Medicaid), other government regulatory programs and civil rights laws.

To a Health Information Exchange: We may participate in health information exchanges for the purpose of securely exchanging your PHI for your treatment, payment, or health care operations or other purposes permitted or required under HIPAA. Your PHI may be disclosed to health care providers, pharmacies, or insurance companies in the exchange and information about you may be received by us through the exchange

In legal proceedings: We may disclose your PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena or other lawful request. Richmond Eye Associates will comply with subpoenas and court orders requesting your medical information. Unless the time limits

set forth in the subpoena or order make it impractical to do so, Richmond Eye Associates will attempt to contact you prior to providing such information in order to enable you to take legal action to quash any such subpoena or to prevent the enforcement of such order, if you choose to do so. However, in no event shall Richmond Eye Associates have any obligation to object to the disclosure of your medical information pursuant to a subpoena or court order.

For law enforcement: We may also disclose your PHI, so long as all legal requirements are met, for law enforcement purposes. Examples of these law enforcement purposes include (1) information requests for identification and location purposes, (2) pertaining to victims of a crime, (3) suspicion that death has occurred as a result of criminal conduct, (4) in the event that a crime occurs on the premises of the Practice, and (5) in an medical emergency where it is likely that a crime has occurred.

To coroners, to funeral directors, and for organ donation: We may disclose your PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director in order to permit the funeral director to carry out its duties. We may disclose such information in reasonable anticipation of death. Your medical information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

For medical research: We may disclose your PHI to researchers when their research has been established as required by federal and state law.

Due to criminal activity: Consistent with applicable federal and state laws, we may disclose your PHI if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose your medical information if it is necessary for law enforcement authorities to identify or apprehend an individual.

For military activity and national security: When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

For workers' compensation: Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

Regarding correctional institutions: We may use or disclose your PHI if you are an inmate of a correctional facility and your physician has created or received your medical information in the course of providing care to you.

In the event of your death, we are allowed to make relevant disclosures of your PHI to your family and friends under essentially the same circumstances such disclosures were permitted when you were alive; that is, when these individuals were involved in providing care or payment for care and we were unaware of any expressed preference to the contrary.

For required uses and disclosures: Under the law, we must make disclosures to you and, when required by the Secretary of the Department of Health and Human Services, to investigate or determine our compliance with the requirements of the Health Insurance Portability and Accountability Act and its regulations.

5. Your Privacy Rights

Following is a statement of your rights with respect to your protected health information (PHI) and a brief description of how you may exercise these rights.

You have the right to inspect and copy your medical information. You may inspect and obtain a copy of an electronic or paper copy of your PHI that we maintain. The information may contain medical and billing records and any other records that we use for making decisions about you. However, under federal law, you may not inspect or copy the following records: psychotherapy notes; information compiled related to a civil, criminal, or administrative action; and medical information that is subject to law that prohibits access to medical information in certain circumstances. We may deny your request to inspect your medical information. In some circumstances, you may have a right to have this decision reviewed. We may charge you a reasonable cost based fee for a copy of your records, which is usually provided within 30 days of your request. Please contact our Privacy Officer if you have questions about access to your medical record.

You have the right to request a restriction of your medical information. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply. If we agree to the requested restriction, we will honor the restriction request unless the information is needed to provide emergency treatment or unless we notify you that we are no longer able to honor your request. We are not required to agree to your request with one exception: We must accept a restriction request to restrict disclosure of information to a health plan if you pay out of pocket IN FULL for a service or product. With this in mind, please discuss any restriction you wish to request with your physician. All restriction requests must be submitted in writing to our Privacy Officer and approved in advance.

You have the right to request that we accommodate you in communicating your confidential PHI to you in different ways or in different locations. We will accommodate reasonable requests, but we may condition this accommodation by asking you for information as to how payment will be handled or other information necessary to

honor your request. Please make this request in writing to our Privacy Officer.

You may have the right to ask us to amend your medical information. You may request an amendment of your PHI as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a disagreement with us and we may respond in writing to you. Please contact our Privacy Officer if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made pursuant to your authorization (permission), made directly to you, to family members or friends involved in your care, or for appointment notification purposes. You have the right to request a list of disclosures that occurred in the previous six years or a shorter timeframe. If your records are kept using electronic medical records, the list of disclosures will include those we have made through our electronic medical record for the purposes of treatment, payment and health care operations. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations. To request a list of disclosures, please contact our Privacy Officer. The first list you request in a 12-month period is free. For additional lists, we may charge a fee, as permitted by law.

You may choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

You have the right to obtain a paper copy of this notice from us. If you would like a paper copy of this notice, please request one from our Privacy Officer or request one when you are in our offices.

You have the right to receive notification of any breach of your unsecured protected health information.

6. Complaints.

You may complain to us if you believe your privacy rights have been violated by us. To file a complaint, please contact our Privacy Officer who will be happy to assist you. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint. If you do not wish to file a complaint with us, you may contact the Secretary of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/

7. Privacy Contact.

If you have any questions about this Notice or require additional information, please contact our **Privacy Officer at (804) 270-0330, or at 4600 Cox Road, Suite 120, Glen Allen, Virginia 23060.** Our Privacy Officer is available during normal business hours to discuss your privacy questions, concerns or complaints.

8. Effective Date.

This notice was published and became effective on April 14, 2003.

Current revision date: September 22, 2013