

**NOTICE OF PRIVACY PRACTICES FOR  
EYES OF YORK CATARACT AND LASER CENTER**

*Effective date: April 14, 2003*

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.** If you have any questions regarding this notice, you may contact our privacy officer:

Tammy L. McHugh  
Eyes of York Cataract and Laser Center  
1880 Kenneth Road  
York, PA 17408  
Tel: 717-767-2000 Fax 717-767-2013

**I. YOUR PROTECTED HEALTH INFORMATION**

Eyes of York Cataract and Laser Center is required by the federal privacy rule to maintain the privacy of health information that is protected by the rule, and to provide you with notice of our legal duties and privacy practices with respect to your protected health care information. We are required to abide by the terms of the notice currently in effect.

Generally speaking, your protected health information (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 PHI.

**II. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

**A. Treatment, Payment, and Healthcare Operations**

This section describes how we may use and disclose your protected health information for treatment, payment, and health care operations purposes. The descriptions include examples. Not every possible use or disclosure for treatment, payment, and health care operations purposes will be listed.

**1. Treatment**

We may use and disclose your protected health information for our treatment purposes as well as the treatment purposes of other health care providers. 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:

- We may call you by name from the waiting room when it is time for your examination.
- We may contact you by telephone to provide appointment reminders or to reschedule appointments. If you are not available, we will leave a message either with the person answering the call or on your answering machine, if you use one.
- We may contact you by mail by use of a postcard if we cannot reach you by telephone in order to schedule or reschedule appointments.

## **2. Payment**

We may use and disclose your protected health information for our payment purposes as well as the payment purposes of other health care providers and health plans. Payment uses and disclosures include activities conducted to obtain payment for the care provided to you or so that you can obtain reimbursement for that care, for example, from your health insurer. Some examples of payment uses and disclosures include:

- Sharing information with your health insurer to obtain reimbursement for services or allowing your health insurer access to your medical record for a medical necessity or quality review audit.
- Providing information (your name and address, date of birth, social security number, payment history, account number, and our name and address) to a collection agency for purposes of securing payment of a delinquent account. In turn, the collection agency may release this credit information to consumer reporting agencies.

## **3. Healthcare Operations**

We may use and disclose your protected health information for our health care operation purposes as well as certain health care operation purposes of other health care providers and health plans. Some examples of health care operation purposes include:

- Activities as required by contract with health insurance carriers and hospitals including quality assessment and improvement activities and accreditation, certification, licensing, and credentialing activities.
- Other business management and general administrative activities, such as compliance with the federal privacy rule and resolution of patient grievances.

## **B. Uses and Disclosures for Other Purposes Without Authorization**

We may use and disclose your protected health information for other purposes. This section generally describes those purposes by category. Each category includes one or more examples. Not every use or disclosure in a category will be listed. Some examples fall into more than one category – not just the category under which they are listed.

### **1. Individuals Involved in Care or Payment for Care**

We may disclose your protected health information to someone involved in your care or payment for your care, such as a spouse, a family member, or close friend. For example, if you have surgery, we may discuss your physical limitations with a family member assisting in your post-operative care.

### **2. Notification Purposes**

We may use and disclose your protected health information to notify or to assist in the notification of a family member or another person responsible for your care. For example, if you are hospitalized, we may notify a family member of the hospital and your general condition.

### **3. Required by Law**

We may use and disclose protected health information when required by federal, state, or local law. For example, we may disclose protected health information to comply with mandatory reporting requirements involving driving impairments, child abuse, disease prevention and control, serious injuries, or gunshot and other injuries by a deadly weapon or criminal act.

#### **4. Other Public Health Activities**

- We may use and disclose protected health information for public health activities, such as public health reporting of communicable diseases; child abuse and neglect reports; or OSHA requirements for workplace surveillance and injury reports.

#### **5. Victims of Abuse, Neglect or Domestic Violence**

We may use and disclose protected health information for purposes of reporting abuse, neglect or domestic violence in addition to child abuse, for example, reports of elder abuse to the Department of Aging or abuse of a nursing home patient to the Department of Public Welfare.

#### **6. Health Oversight Activities**

We may use and disclose protected health information for purposes of health oversight activities authorized by law. These activities could include audits, inspections, investigations, licensure actions, and legal proceedings. For example, we may comply with a Drug Enforcement Agency inspection.

#### **7. Judicial and Administrative Proceedings**

We may use and disclose protected health information disclosures in judicial and administrative proceedings in response to a court order or subpoena, discovery request or other lawful process. For example, we may comply with a court order to testify in a case at which your medical condition is at issue.

#### **8. Law Enforcement Purposes**

We may use and disclose protected health information for certain law enforcement purposes, such as a search warrant; respond to a request for information about a crime victim; provide information regarding a crime on the premises; or report a crime in an emergency.

#### **9. Coroners and Medical Examiners**

We may use and disclose protected health information for purposes of providing information to a coroner or medical examiner for the purpose of identifying a deceased patient, determining a cause of death, or facilitating their performance of other duties required by law.

#### **10. Funeral Directors**

We may use and disclose protected health information for purposes of providing information to funeral directors as necessary to carry out their duties.

## **11. Organ and Tissue Donation**

For purposes of facilitating organ, eye and tissue donation and transplantation, we may use protected health information and disclose protected health information to entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue.

## **12. Threat to Public Safety**

We may use and disclose protected health information for purposes involving a threat to public safety, including protection of a third party from harm and identification and apprehension of a criminal. For example, in certain circumstances, we are required by law to disclose information to protect someone from imminent serious harm.

## **13. Specialized Government Functions**

We may use and disclose protected health information for purposes involving specialized government functions, such as military and veterans activities, national security and intelligence, medical suitability determinations for the Department of State, or correctional institutions and other law enforcement custodial situations.

## **14. Workers' Compensation and Similar Programs**

We may use and disclose protected health information as authorized by and to the extent necessary to comply 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.

## **15. Business Associates**

Certain functions of the practice are performed by a business associate such as a billing company, an accountant firm, or a law firm. We may disclose protected health information to our business associates and allow them to create and receive protected health information on our behalf.

## **16. Creation of De-identified Information**

Your protected health information may be de-identified by removing specific information which could identify you. We may use de-identified protected health information about you for the purpose of, for example, a research study.

## **17. Incidental Disclosures**

We may disclose protected health information as by-product of an otherwise permitted use or disclosure. For example, other patients may overhear your name when you are called from the waiting room.

## **C. Uses and Disclosures With Authorization**

For all other purposes which do not fall under a category listed under sections III.A and III.B, we will obtain your written authorization to use or disclose your protected health information.

Your authorization can be revoked at any time except to the extent that we have relied on the authorization.

### **III. PATIENT PRIVACY RIGHTS**

#### **A. Further Restriction on Use or Disclosure**

You have a right to request that we further restrict the use and disclosure of your protected health information (a) to carry out treatment, payment, or health care operations, (b) to someone who is involved in your care or the payment for your care, or (c) for notification purposes. We are not required to agree to a request for a further restriction.

To request a further restriction, you must submit a written request to our privacy officer. The request must tell us: (1) what information you want restricted; (2) how you want the information restricted; and (3) to whom you want the restriction to apply.

#### **B. Confidential Communication**

You have a right to request that we communicate your protected health information to you by a certain means or at a certain location. For example, you might request that we only contact you by mail or at work. We are not required to agree to requests for confidential communications that are unreasonable. To make a request for confidential communications, you must submit a written request to our privacy officer. The request must tell us how or where you want to be contacted.

#### **C. Accounting of Disclosures**

You have a right to obtain upon request an "accounting" of certain disclosures of your protected health information by us (or by a business associate for us). This right is limited to disclosures within six years of the request and other limitations. Also in limited circumstances we may charge you for providing the accounting. To request an accounting, you must submit a written request to our privacy officer. The request should designate the applicable time period.

#### **D. Inspection and Copying**

You have a right to inspect and obtain a copy of your protected health information that we maintain in a designated records set. This right is subject to limitations and we may impose charge for the labor and supplies involved in providing copies.

To exercise your right of access, you must submit a written request to our privacy officer. The request must: (a) describe the health information to which access is requested, (b) state how you want to access the information, such as inspection, pick-up of copy, mailing of copy, (c) specify any requested form or format, such as paper copy or an electronic means, and (d) include the mailing address, if applicable.

#### **E. Right to Amendment**

You have a right to request that we amend protected health information that we maintain about you in a designated records set if the information is incorrect or incomplete. This right is subject to limitations. To request an amendment, you must submit a written request to our

privacy officer. The request must specify each change that you want and provide a reason to support each requested change.

#### **IV. CHANGES TO THIS 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 or received prior to the effective date of the change.

We will post a copy of our current notice in the waiting room for the practice. At any time, patients may review the current notice by contacting our privacy officer. Patients also may access the current notice at our web site at [www.eyesofyork.com](http://www.eyesofyork.com).

#### **V. COMPLAINTS**

If you believe that we have violated your privacy rights, you may submit a complaint to the practice or to the Secretary of Health and Human Services. To file a complaint with the practice, submit the complaint in writing to our privacy officer. We will not retaliate against you for filing a complaint.

#### **VI. LEGAL EFFECT OF THIS NOTICE**

This notice is not intended to create contractual or other rights independent of those created in the federal privacy rule.