

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.

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 law.



NOTICE OF PRIVACY PRACTICES

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
Privacy Officer

1880 Kenneth Road
Suite 1

York, PA 17404
Tel: 717-767-2000
Fax: 717-767-2013