

# Premier Eye Care Group and Ophthalmology Surgical Center

## Notice of Privacy Practices

Your Information.

Your Rights.

Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. You may also access this information also on our web site: [www.premiereyes.com](http://www.premiereyes.com)

### Your Rights:

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Although your health record is the physical property of the facility that compiled it, you have the right to:

- Get an electronic or paper copy of your medical record: You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- Ask us to correct your medical record: You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications: You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

- Ask us to limit what we use or share: You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
- We will say “yes” unless a law requires us to share that information.
- Get a list of those with whom we’ve shared information: You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- Get a copy of this privacy notice: You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. This notice will also be posted in our main reception area and on our web site.
- 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.
- File a complaint if you feel your rights are violated: You can complain if you feel we have violated your rights by contacting Privacy Officer Premier Eye Care Group at 717-232-0843 or 717-232-2020 for the Ophthalmology Surgical Center. Or the U.S. Department 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

- We will not retaliate against you for filing a complaint.

### **Your Choices:**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care. You will need to fill out the proper forms for this.
- Share information in a disaster relief situation.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

### **Our Uses and Disclosures:**

#### **Communications:**

We may communicate to you via newsletters mailings or other means including electronic regarding treatment options, information on health-related benefits or services; to remind you that you have an appointment or other community based initiatives or activities in which our facility is participating. If you are not interested in receiving these materials, please contact the privacy officer .

#### **Treatment:**

- We can use your health information and share it with other professionals who are treating you now or in the future.
- We can use and share your health information to run our practice, improve your care, and contact you when necessary. Such as our business associates who would need the information to assist us with your care.
- When you are in our waiting room or in the office, we may need to call out your name or ask you questions where other patients may overhear the conversation.

Bill for your services:

- We can use and share your health information to bill and get payment from health plans or other entities.
- We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### **Help with public health and safety issues:**

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

#### **Research:**

- We can use or share your information for health research.

#### **Comply with the law:**

We may use or disclose your health information in the following situations without your authorization or without

providing you an opportunity to object.

- We will share information about you if state or federal laws require it, including but not limited to, Department of Health and Human Services, Food and Drug Administration if it wants to see that we're complying with federal privacy law.

**Respond to organ and tissue donation requests:**

- We can share health information about you with organ procurement organizations

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

**We can use or share health information about you:**

- For workers' compensation claims

- For law enforcement purposes or with a law enforcement official

With health oversight agencies for activities authorized by law

- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions:

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

We do not create or maintain psychotherapy notes at this practice

**Our Responsibilities:**

We are required by law to maintain the privacy and security of your protected health information.

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

- We must follow the duties and privacy practices described in this notice and give you a copy of it.

- We will not use or share your information other than as described here unless you tell us we can in writing for other uses. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind, although we may not be able to take back any disclosures we have already made with your permission.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**Changes to the Terms of This Notice:**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

This Notice of Privacy Practices applies to the following Premier Eye Care Group with offices at:

92 Tuscarora St

Harrisburg, PA 17110

2745 North Front Street

Harrisburg, PA 17104

1524 Cedar Cliff Dr.

Camp Hill, PA 17011

Ophthalmology Surgical Center

92 Tuscarora St, 2nd Floor

Harrisburg, PA 17104

Effective 4/2003

Modified: 2/13, 4/15