



PENNSYLVANIA EYE &
EAR SURGERY CENTER

Notice of Privacy Practices

Our Pledge Regarding Health Information

We understand that information about you and your health is personal. We are committed to protecting your health information. We create a record of the care and services you receive throughout Pennsylvania Eye & Ear Surgery Center. We need this record to provide you with quality care and to comply with legal requirements. This notice applies to all of the records of your care generated by Pennsylvania Eye & Ear Surgery Center entities.

This notice will tell you about the ways in which we may use and disclose health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of health information.

Who Will Follow This Notice

The terms of this Notice of Privacy Practices apply to Pennsylvania Eye & Ear Surgery Center and the physicians, licensed professionals, employees, contractors, volunteers and trainees seeing and treating patients. These entities may share protected health information (PHI) with each other as necessary to carry out treatment, payment or healthcare operations relating to the organized healthcare arrangement unless otherwise limited by law, rule or regulation. This Notice of Privacy Practice does not apply when visiting a non-affiliated office practice.

We Are Required by Law to:

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- Make sure that health information that identifies you is kept private
- Give you this notice of our legal duties and privacy practices with respect to health information about you
- Follow the terms of the notice that is currently in effect.

How We May Use and Disclose Health Information About You

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures, we will explain what we mean and may give examples.

Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment

We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technologists, therapists, medical students or other Pennsylvania Eye & Ear Surgery Center-affiliated personnel who are involved in taking care of you.

For example, a doctor treating you for a cataract may need to know if you have diabetes because diabetes may impact your treatment.

Different departments of Pennsylvania Eye & Ear Surgery Center may share health information about you in order to coordinate the different things you need, such as prescriptions, tests, etc.

We also may disclose health information about you to people outside Pennsylvania Eye & Ear Surgery Center who may be involved in your medical care after you leave an

Pennsylvania Eye & Ear Surgery Center-affiliated practice, such as family members, clergy or others we use to provide services that are part of your care.

For Payment

We may use and disclose health information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or another party.

For example, we may need to give your health plan information about surgery you received at Pennsylvania Eye & Ear Surgery Center so your health plan will pay us or reimburse you for the surgery.

We may also tell your health plan about treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Healthcare Operations

We may use and disclose health information about you for healthcare operations. These uses and disclosures are necessary to run the Pennsylvania Eye & Ear Surgery Center business and make sure that all our patients receive quality care.

For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you.

We may also combine health information about many patients to decide what additional services Pennsylvania Eye & Ear Surgery Center should offer, what services are not needed and whether certain new treatments are effective.

We may also disclose information to doctors, nurses, technologists, therapists, medical students and other medical personnel for review and learning purposes.

We may also combine that health information we have with health information from unaffiliated hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that

identifies you from this set of health information so others may use it to study healthcare and healthcare delivery without learning who the specific patients are.

For Health Information Exchanges

Pennsylvania Eye & Ear Surgery Center entities participate with health information exchanges (HIEs), which makes it possible for Pennsylvania Eye & Ear Surgery Center to share your health information electronically through a secure connected network.

Pennsylvania Eye & Ear Surgery Center may share or disclose your health information to secure HIEs, including HIEs contracted with the Commonwealth of Pennsylvania, and even HIEs in other states.

Other health care providers, including physicians, hospitals and other health care facilities that are also connected to the same HIE network as Pennsylvania Eye & Ear Surgery Center, can access your health information for treatment, payment and other authorized purposes, to the extent permitted by law.

You have the right to “opt-out” or decline to participate in having Pennsylvania Eye & Ear Surgery Center share your health information through networked HIEs. At the time of registration you will be given the option to opt-out by signing a form.

Appointment Reminders

We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care at Pennsylvania Eye & Ear Surgery Center.

Treatment Alternatives

We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services

We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

Marketing Activities

Written authorization is required prior to using or disclosing your health information for marketing activities that are supported by payments from third parties. Your written authorization is not required in the following circumstances:

- The communication is face-to-face or consists of a promotional gift of nominal value provided by Pennsylvania Eye & Ear Surgery Center; communications about a drug or biological or refill reminders for medication that the patient is currently taking/being prescribed
- Communications that involve general health promotion, such as community events, and health screenings
- Communications about case management and helping you find a physician, rather than the promotion of a specific product or service
- Communications about government and government-sponsored programs.

Individuals Involved in Your Care or Payment for Your Care

We may release health information about you to a friend or family member who is involved in your care. We may also tell your family or friends your condition and that you are in our care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research

Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects; however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with patients' need for privacy of their

health information. Before we use or disclose health information for research, the project will have been approved through this research approval process.

We may, however, disclose health information about you to people preparing to conduct a research project to help them look for patients with specific medical needs, so long as the health information they review does not leave Pennsylvania Eye & Ear Surgery Center.

We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are or who will be involved in your care at Pennsylvania Eye & Ear Surgery Center.

As Required by Law

We will disclose health information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety

We may use and disclose health information about you when necessary to prevent serious threat to your health and safety, or to the health and safety of the public or another person. Any disclosure, however, would only be to someone who is able to help prevent the threat.

Health Oversight Activities

We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, government programs and compliance with civil rights laws.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health

information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement

We may release health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process
- To identify or locate a suspect, fugitive, material witness or missing person
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- About a death we believe may be the result of criminal conduct;
- About criminal conduct that occurs on Pennsylvania Eye & Ear Surgery Center property
- In emergency circumstances to report a crime, the location or victims of the crime, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors

We may release health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release health information about patients of Pennsylvania Eye & Ear Surgery Center to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities

We may release health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Protective Services for the President and Others

We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or in order to conduct special investigations.

Special Situations: Business Associates

We contract with certain outside persons or organizations to perform certain services on our behalf, such as auditing, accreditation, legal services, etc. At times it may be necessary for us to provide your PHI to one or more of these outside persons or organizations. In such cases, we require these business associates, and any of their subcontractors, to enter into written agreements to require the business associate to appropriately safeguard the privacy of your information.

Special Situations: Organ and Tissue Donation

If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank in order to facilitate organ or tissue donation and transplantation.

Special Situations: Military and Veterans

If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Special Situations: Workers' Compensation

We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Special Situations: Public Health Risks

We may disclose health information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability
- To report births and deaths
- To report child abuse or neglect
- To report reactions to medications or problems with products
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease, or may be at risk for contracting or spreading a disease or condition
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will make this disclosure only if you agree, or when required or authorized by law.

Special Situations: Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with healthcare and to protect your health and safety or the health and safety of others.

Your Rights Regarding Health Information About You

You have the following rights regarding health information we maintain about you.

Right to Inspect and Copy

You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the Health Information Management Department at Pennsylvania Eye & Ear Surgery Center. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by Pennsylvania Eye & Ear Surgery Center will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Limited portions of your medical information are available electronically through an Pennsylvania Eye & Ear Surgery Center patient-convenience service/app called Patient Portal. Click here [[LINK: Patient Portal](#)] for more information.

Right to Request Amendment

If you feel that health information that we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Pennsylvania Eye & Ear Surgery Center.

To request an amendment, your request must be made in writing and submitted to the Director of Health Information Management at Pennsylvania Eye & Ear Surgery Center. In addition, you must provide a reason that supports your request.

We have the right to deny your request for an amendment if it is not in writing or does not include a reason to support the request.

In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the information which you would be permitted to inspect and copy

- Is accurate and complete.

Right to an Accounting of Disclosures

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of health information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer at the affiliated hospital. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list on-paper or electronic copy.

The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. 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 Breach Notification

We are required to notify you in writing of any breach of your unsecured protected health information without unreasonable delay, but in any event, no later than 60 days after we discover the breach.

Right to Request Restrictions

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend.

For example, you could ask that we not use or disclose information about a surgery that you had.

We are not required to agree to your request, unless you are requesting a restriction for services you have paid for in full, out-of-pocket.

To request restrictions, you must make your request in writing to the Director of Health Information Management at Pennsylvania Eye & Ear Surgery Center.

In your request, you must tell us:

- What information you want to limit
- Whether you want to limit our use, disclosure or both
- To whom you want the limits to apply.

For example, you may ask that we not disclose information to your spouse.

Out-of-pocket payments

If you paid out-of-pocket (in other words, you requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or healthcare operations. We will honor that request unless required by law not to do so.

Two criteria must be met:

- The purpose of the disclosure is for payment or healthcare operations and not otherwise required by law
- Pertains solely to healthcare items or services for which the individual or other person other than the health plan paid the health plan in full.

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 can ask that we contact you only at work or only by mail.

To request confidential communications, you must make your request in writing to the Privacy Officer at the affiliated hospital. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

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. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website: www.peesc.com .

To obtain a paper copy of this notice, contact the Privacy Officer at Pennsylvania Eye & Ear Surgery Center.

Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future.

We will make easily available a copy of the current notice. The notice will contain the effective date on the cover.

In addition, each time you register at or are admitted to Pennsylvania Eye & Ear Surgery Center for treatment or healthcare services as an outpatient or inpatient, we will offer you a copy of the current notice in effect.

Complaints

You may file a complaint with us or with the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated.

To file a complaint with us, contact the Privacy Officer at:

Pennsylvania Eye & Ear Surgery Center
Attn: Privacy Officer
One Granite Point
Wyomissing, PA 19610

All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. There will be no retaliation against you for filing a complaint.

To file a complaint with the Secretary of the United States Department of Health and Human Services, write:

Secretary
US Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

There will be no retaliation against you for filing a complaint.

For additional information, you may call 202-619-0257 or toll free 877-696-6775, or visit the Office for Civil Rights website: www.hhs.gov/ocr/hipaa.

Other Uses of Health Information

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. In the following circumstances, we will always require an authorization from you:

- Uses and disclosures of psychotherapy notes
- Any marketing communication that is paid for by a third party about a product or service to encourage you to purchase or use the product or service
- Except for limited transactions permitted by the Privacy Rule, a sale of protected health information for which we directly or indirectly receive remuneration or payment.
- Other uses or disclosures of Protected Health Information that are not described in this notice.
- If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time.

If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.

Addresses

For requests involving your records – amendments, copies, accounting of disclosures:

Director of Health Information Management
Pennsylvania Eye & Ear Surgery Center
One Granite Point
Wyomissing, PA 19610

To request confidential communications, copies of this notice or to file a complaint.

Privacy Officer
Pennsylvania Eye & Ear Surgery Center
One Granite Point
Wyomissing, PA 19610

To file a complaint with the government:

Secretary

US Department of Health and Human Services

200 Independence Avenue, SW

Washington, DC 20201

Pennsylvania Eye & Ear Surgery Center and its entities and locations are committed to these privacy practices for the benefit of our patients, their families and our community.

Effective January 2019