

This notice serves to inform you of our practice policy regarding the use and disclosure of your private health information. It is also designed to give you an understanding of your rights to access of your private health information and restricted unauthorized access. If you have any questions about this notice, please contact our Privacy Officer.

The terms of this Notice of Privacy Practices are effective April 13, 2003. Berks Eye Physicians & Surgeons, Ltd. will share patient health information as is necessary to provide quality health care and receive reimbursement for those services as permitted by law. Our office is required by law to maintain the privacy of our patients' health information and to provide patients with this Notice of Privacy Practices. Our office will abide by the terms of this notice so long as it remains in effect and we reserve the right to change the terms of this Notice of Privacy Practices as necessary. A copy of any revised notices will be available in our office, or upon request to our Privacy Officer, 1802 Paper Mill Road, Wyomissing, PA 19610, and a copy may be mailed to your address maintained on file.

### **USES AND DISCLOSURES OF YOUR HEALTH INFORMATION**

Our office is committed to maintain the confidentiality of your health information. However, your health information may be used and disclosed as customary and reasonable for purposes of treatment, payment and health care operations and pursuant to a signed authorization form. You have the right to revoke that authorization in writing unless any action had been taken in reliance on the authorization.

**Treatment, Payment and Health Care Operation:** Except as otherwise provided, or with your signed consent, our office will use and disclose your health information for purposes of treatment, payment and as otherwise necessary and permitted by law for our health care operations. This may include disclosure to another health care provider who, at the request of your physician, becomes involved in your treatment or for purposes of approval if reimbursement from your health plans.

**Business Associates:** At times, it may be necessary for us to provide your health information to certain outside persons or organizations that assist us with our health care operations, such as auditing, accreditation, legal services, etc. These business associates are required to sign an agreement stating their fiduciary responsibilities in using this private health information.

**Family and Friends:** If authorized by you, we will share your private health information with friends and family members to the extent that you authorize. In the case where you are incapacitated and we feel that disclosing limited health information is in your best interest, we will disclose such information to family and/or close friends for purposes of communication and decision making.

**Appointments and Services:** Our office may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits issues. You have the right to request an alternate method of communications in writing, and may send your request to the Privacy Officer.

The office staff will call your name aloud in the waiting area to escort you to your scheduled appointment.

Other uses and disclosures of your individual health information permitted or required by law, may be made without your consent or authorization as follows:

1. Any purpose required by law.
2. Public health activities such as required reporting of disease, injury, birth and death, and for required public health investigations.
3. As required by law if we suspect child abuse or neglect, we may also Release your individual health information as required by law if we believe you are a victim of abuse, neglect or domestic violence.
4. If necessary, to the Food and Drug Administration.
5. To your employer when we have provided health care to you at the request of your employer.
6. If required by law to a government oversight agency conducting audits, investigations or civil and/or criminal proceedings.
7. If required by a court or administrative ordered subpoena or discovery request. In most cases you will have notice of such release.
8. To law enforcement officials.
9. To coroners and/or Funeral Directors consistent with law.
10. If necessary to arrange an organ or tissue donation or transplant.
11. If you are a member of the military, as required by the Armed Forces Services; we may also release your individual health information if necessary for National Security or intelligence activities.
12. To worker's compensation agencies.

### **YOUR RIGHTS**

1. **Restrictions on Use and Disclosure of Individual Health Information** — You have the right to request restrictions on some of our uses and disclosures of your health information. We retain the right to refuse such restrictions if we believe such termination is appropriate. In the event of a refusal by us, we will notify you. You also have the right to terminate, in writing or orally, any agreed-to restriction by sending such termination notice to the Privacy Officer.
2. **Right to Restrict** — You have the right to restrict certain disclosures of your personal health information to a health plan provider when you are paying out of pocket in full for a service or item.
3. **Access to Individual Health Information** — You have the right to the inspection and copying of your health information maintained by our office. Such a request must be made in writing. Please see our written practice policy regarding copying patient records and fees associated. You may obtain a request for access form from our office. In certain circumstances, you may not be permitted access (e.g. psychotherapy notes, information compiled for legal action or information subject to prohibition by law). Depending on the circumstances, you may request a review of the decision to deny access.
4. **Amendments to Individual Health Information** — You have the right to request in writing that your health information maintained by our office be amended or corrected. Please contact the Privacy Officer for questions about amendments to your health information.
5. **Accounting for Disclosures of Individual Health Information** — You have the right to request in writing to receive an accounting of certain disclosures made by us of your health information after April 14, 2003.

**COMPLAINTS:** If you believe your privacy rights have been violated you may file a complaint with the Privacy Officer. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. in writing. There will be no retaliation for filing a complaint.

**ADDITIONAL INFORMATION** If you have questions or need additional assistance regarding this notice you may contact the Privacy Officer.

I hereby acknowledge that I have received a copy of the Berks Eye Notice of Privacy Practices. I understand that I am to review the policy, and I have been given a copy of the policy for my own records.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_