Business associates: There are some services provided in our organization through contacts with business associates. Examples include: physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Directory: Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Funeral directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to

adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Release Authorizations: Certain disclosures and uses of patient information require authorization from the patient. Disclosures include:

Psychotherapy notes: These notes are from a mental health professional and are kept separate from your record.

Fundraising: The office does not use any personal information in Marketing or Fundraising.

Restricting information releases: A patient who pays for a service in full and out of pocket may request that the office not disclose any information about the service to an insurance company. The request must be in writing and has to identify what information is restricted and what insurance company is not to receive it, including Medicare and Medicaid. Breach notifications: Patients will be notified in writing when a breach in their protected information occurs. Any loss or inappropriate disclosure of data is a breach.

Patients may ask for their records in electronic format (if available). The office must supply this information within 30 days.

## NOTICE OF

### **PRIVACY**

## **PRACTICES**

#### FOR



1251 S. Cedar Crest Boulevard, Suite 307 Allentown, PA 18103 tel 610-820-6320 | fax 610-820-8376

2151 Emrick Blvd., Suite 201 Bethlehem, PA 18020 tel 610-820-5969

INFORMATION. PLEASE REVIEW IT CAREFULLY. AND HOW YOU CAN GET ACCESS TO THIS ABOUT YOU MAY BE USED AND DISCLOSED THIS NOTICE DESCRIBES HOW INFORMATION

#### Introduction

as defined by federal regulations. 4/14/03 and applies to all protected health information protected health information. This Notice is effective It also describes your rights as they relate to your and how and when we use or disclose that information Practices describes the personal information we collect, responsibly. This Notice of Health Information and using protected health information about you At Lehigh Eye Specialists, we are committed to treating

# Understanding Your Health Record/Information

information, often referred to as your health or medical treatment, and a plan for future care or treatment. This symptoms, examination and test results, diagnoses, your visit is made. Typically, this record contains your Each time you visit Lehigh Eye Specialists, a record of record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- that services billed were actually provided. Means by which you or a third-party payer can verify
- Tool in educating health professionals.
- Source of data for medical research.
- charged with improving the health of this state and Source of information for public health officials
- Activities conducted to obtain payment for your care.
- we achieve. to improve the care we render and the outcomes Tool with which we can assess and continually work

and make more informed decisions when authorizing and why others may access your health information, accuracy, better understand who, what, when, where, Understanding what is in your record and how your disclosure to others. health information is used helps you to: ensure its

## Your Health Information Rights

Although your health record is the physical property of You have the right to: Lehigh Eye Specialists, the information belongs to you.

- Obtain a paper copy of this notice of information practices upon request.
- Inspect and copy your health record as provided for in 45 CFR 164.524.
- Amend your health record as provided in 45 CFR
- information as provided in 45 CFR 164.528. Obtain an accounting of disclosures of your health
- Request communications of your health information by alternative means or at alternative locations.
- of your information as provided by 45 CFR 164.522 Request a restriction on certain uses and disclosures
- information except to the extent that action has Revoke your authorization to use or disclose health already been taken.

### Our Responsibilities

Lehigh Eye Specialists is required to:

- Maintain the privacy of your health information.
- and privacy practices with respect to information Provide you with this notice as to our legal duties we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

our information practices change, we will post a and to make the new provisions effective for all revised notice in the office. protected health information we maintain. Should We reserve the right to change our practices

without your authorization, except as described in this procedures included in the authorization. notice. We will also discontinue to use or disclose your revocation of the authorization according to the health information after we have received a written We will not use or disclose your health information

## For More Information or to Report a Problem

Officer at 610-820-6320. information, you may contact the practice's Privacy If you have questions and would like additional

If you believe your privacy rights have been violated address for the OCR is listed below: Officer, or with the Office for Civil Rights, U.S. you can file a complaint with the practice's Privacy Privacy Officer or the Office for Civil Rights. The be no retaliation for filing a complaint with either the Department of Health and Human Services. There will

Office for Civil Rights

U.S. Department of Health and Human Services Room 509F, HHH Building 200 Independence Avenue, S.W

Washington, D.C. 20201

## and Health Operations Examples of Disclosures for Treatment, Payment

We will use your health information for treatment.

expectations of the members of your health care team. actions they took and their observations. In that way, Members of your health care team will then record the the course of treatment that should work best for you. will be recorded in your record and used to determine to treatment. the physician will know how you are responding Your physician will document in your record his or her physician, or other member of your health care team For example: Information obtained by a nurse,

you're discharged. that should assist him or her in treating you once health care provider with copies of various reports We will also provide your physician or a subsequent

We will use your health information for payment

may include information that identifies you, as well as your diagnosis, procedures, and supplies used. payer. The information on or accompanying the bill For example: A bill may be sent to you or a third-party

We will use your health information for regular health

quality improvement manager, or members of the effectiveness of the health care and service we provide used in an effort to continually improve the quality and case and others like it. This information will then be health record to assess the care and outcomes in your quality improvement team may use information in your For example: Members of the medical staff, the risk or