

THOMAS & THOMAS OPHTHALMOLOGY, INC.

NOTICE OF PRIVACY PRACTICES

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

THIS PRACTICE IS REQUIRED BY LAW:

1. To maintain the privacy of protected health information.
2. To provide individuals with notice of its legal duties and privacy practices with respect to protected health information.
3. To notify affected individuals following a breach of unsecured protected health information.
4. To abide by the terms of the Notice of Privacy Practices currently in effect.

THIS PRACTICE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION:

1. To you or your personal representative, or in circumstances authorized by you or your personal representative.
2. For treatment. We may use and disclose your medical information in order to provide, coordinate, and manage your health care. For example, we may disclose your protected health information in consultation with other health care providers to evaluate your health condition.
3. For payment. We may use and disclose your medical information in order to obtain reimbursement for the provision of health care. For example, to your health care plan so it will pay for treatment.
4. For health care operations. For example, we may use or disclose your medical information to conduct quality assessment and improvement activities and to arrange for legal or auditing services.
5. In certain emergency circumstances or if you are incapacitated, in circumstances requiring an opportunity for you to agree or object and for involvement in your care and notification purposes. This includes, for example: (A) for disaster relief purposes; or (B) to your relatives, close personal friends, or other person identified by you or your personal representative to the extent the protected health information is directly relevant to that person's involvement with your health care or payment related to your health care.
6. Provided appropriate safeguards are in place, to our business associates (e.g., legal or electronic medical records services) who assist the Practice in its business activities.
7. To the extent we are required to do so by law, including judicial or administrative processes.
8. To report suspected abuse, neglect or domestic violence or to avert a serious threat to health or safety.
9. In limited circumstances, your information may be disclosed for research purposes without your authorization. It is not this Practice's policy to make such disclosures without your authorization.
10. Under certain circumstances: (A) to coroners and medical examiners; (B) to funeral directors; (C) to entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue; (D) as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs; (E) for public health activities and purposes and to health oversight agencies for certain oversight activities or investigations authorized by law; (F) for disaster relief and law enforcement purposes; (G) as an incident to a use or disclosure otherwise permitted or required; (H) to create de-identified information; (I) for specialized government functions described in federal law (e.g., national security and intelligence activities). In addition, your information may be used or disclosed for certain fundraising communications, although it is not the policy of this Practice to do so.

YOU ALSO HAVE CERTAIN RIGHTS:

1. The right to request restrictions on certain uses and disclosures of protected health information to carry out treatment, payment, or health care operations or for uses or disclosures requiring an opportunity for you to agree or to object. With the exception of certain requests to limit the disclosure of protected health information to health care plans, the Practice is not required to agree to such requests.
2. The right to request confidential communications of protected health information from the Practice by alternative means or at alternative locations, as applicable.
3. The right, subject to certain limitations, to inspect and copy your protected health information.
4. The right, as articulated in and subject to applicable legal authority, to not have your psychotherapy notes disclosed, your protected health information sold, or your protected health information used or disclosed for marketing in an unauthorized manner.
5. The right to request an amendment to your protected health information.
6. The right to receive an accounting of certain disclosures of your protected health information.
7. The right of to obtain a copy of this Notice of Privacy Practices from this Practice upon request.

Your rights and the nature of permitted or required uses and disclosures of information are further defined and expanded on in applicable legal authority. Uses or disclosures not described in this Notice will be made only with your authorization, which authorization you may revoke in writing, provided the Practice has not taken action in reliance upon such authorization.

ADDITIONAL INFORMATION

The Practice reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that it maintains. It is our policy to post the revised notice and to provide individuals with a copy of the revised notice upon request or as otherwise required by law.

If you would like to receive additional information, to exercise your rights, or if you believe that your privacy rights have been violated please contact our Privacy Officer at:

ADDRESS: Thomas & Thomas Ophthalmology, Inc. PHONE: 440/234-9200
Attn Privacy Officer
18660 Bagley Rd, Bldg 2, Suite 300
Middleburg Hts, OH 44130

If you believe that your privacy rights have been violated, you may also file a complaint with the Secretary of Health and Human Services. You will not be retaliated against for filing a complaint, and we appreciate the opportunity to address any concerns that you may have.

Effective 12/09/2014