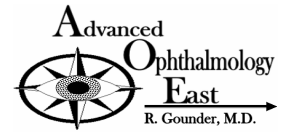




Welcome

Dr. Gounder, M.D. Board Certified Ophthalmologist



NOTICE OF PRIVACY POLICIES AND PRACTICES

Dear Patient,

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully. "REC" represents Robinson Eye Center and "AOE" represents Advanced Ophthalmology East.

INTRODUCTION

At REC/AOE, we are committed to treating and using protected health information about you responsibly. This notice describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights and how they relate to your protected health information. This notice is effective May 23, 2005 and applies to all protected health information as defined by federal regulations.

UNDERSTANDING YOUR MEDICAL RECORD/HEALTH INFORMATION

Each time you visit REC/AOE a record of your visit is made. Typically, this record contains information about your examination, diagnosis, test results, treatment, as well as other pertinent health care data. This information, often referred to as your health or medical record, serves as a:

- ✓ Basis for planning your care and treatment
- ✓ Means of communication with other health care professionals involved in your care
- ✓ Legal documentation outlining and describing the care you received
- ✓ A tool that you, or another payer (your insurance company) will use to verify that services billed were actually provided
- ✓ An educational tool for medical health providers
- ✓ A source for medical research
- ✓ Basis for public health officials who might use this information to access and or improve state as well as national health care standards
- ✓ A source of data for planning and/or marketing
- ✓ A tool that we can reference to assure the highest quality of care and patient satisfaction

Understanding what is in your record (and how your health information is used) helps you to ensure its accuracy, determine what entities have access to your health information, and make an informed decision when authorizing the disclosure of this information to other individuals.

YOUR RIGHTS

You have certain rights under the federal privacy standards. These include:

- ✓ The right to request restrictions on the use and disclosure of your protected health information
- ✓ The right to receive confidential communications concerning your medical condition and treatment
- ✓ The right to appoint a personal representative on your behalf
- ✓ The right to inspect and copy your protected health information
- ✓ The right to receive a free copy of your records every 12 months, additional copies are \$1.00 per page (please allow 30 days for processing a request for records)
- ✓ The right to amend or submit corrections to your protected health information
- ✓ The right to receive an accounting of how and to whom your protected health information has been disclosed
- ✓ The right to receive a printed copy of this notice

OUR RESPONSIBILITIES

REC/AOE is required to:

- ✓ Maintain the privacy of your health information
- ✓ Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- ✓ Abide by the terms of this notice
- ✓ Notify you if we are unable to agree to a requested restriction
- ✓ Accommodate reasonable requests you may have regarding communication of health information via alternative means and locations
- ✓ Train personnel concerning privacy and confidentiality
- ✓ Implement a sanction policy for privacy breach

As permitted by law we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain. We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have written a revocation of the authorization according to procedures included in the authorization.

HOW WE MAY USE AND/OR DISCLOSE YOUR HEALTH INFORMATION

We will use your health information for treatment. Your health information will be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example: results of laboratory tests and procedures will be available in your medical record to all health care professionals who may provide treatment or who may be consulted by staff members.

We will use your information for payment. Your health plan may request and receive information on dates of services, the services provided, and the medical condition being treated in order to pay for the services being rendered to you.

We will use your information for regular health operations. Your health information may be used as necessary to support the day to day activities and management of REC/AOE. For example: information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

We will use your information for Business Associates. In some instances, we have contracted separate entities to provide services for us. These “associates” require your health information to accomplish the tasks we ask them to provide. Some examples of these “associates” might be a billing service, collection agency, answering services, and computer software/hardware provider.

We will use your information for Communication with family. Due to the nature of our field, we will use our best judgment when disclosing health information to a family member, other relatives, or any other person that is involved in your care or that you have authorized to receive this information. Because a parent usually has authority to make health care decisions about his or her minor child, a parent is generally a “personal representative” of his or her minor child under the Privacy Rule and has the right to obtain access to health information about his or her minor child. This would also be true in the case of a guardian or other person acting in loco parentis (taking the place of another) of a minor. Please inform the practice when you do not wish a family member or other individual to have authorization to receive your information.

We will use your information for Research/Teaching/Training. We may use your information for the purpose of research, teaching, and training.

We will use your information for Healthcare Oversight. Federal law requires us to release your information to any appropriate healthcare oversight agency, public health authority or attorney, or other federal/state appointee if there are circumstances that require us to do so.

We will use your information for public health reporting. Your health information may be disclosed to public health agencies as required by law.

We will use your information for law enforcement. Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

We will use your information for appointment reminders/recalls. The practice may use your information to remind you of an upcoming appointment. Typically, the evening prior to your appointment you will receive an automated phone call reminding you of your upcoming appointment. If you are unavailable, a brief message will be left on your answering machine. You may request not to receive this automated reminder. You may also receive a recall notice to call our office to schedule an appointment (these recalls are normally for 6-24 month appointment returns). Occasionally you will receive postcards regarding appointment changes.

We will use your information for injury claims. Your healthcare information may be released to employers, attorneys, or insurance companies as a result of an injury related claim that supercedes this privacy policy.

We will use your information for other uses and disclosures. Disclosure of your health information or its use for any other purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decisions.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have complaints, questions, or would like additional information regarding this notice or the privacy practices of REC/AOE, please contact:

REC/AOE
Attn: Privacy Officer
2520 Mosside Boulevard
Monroeville, Pa 15146
(412) 374-1220

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

OFFICE FOR CIVIL RIGHTS
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201