



LAUREL EYE CLINIC

LAUREL LASER & SURGERY CENTER

NOTICE OF PRIVACY PRACTICES

Effective Date: April 25, 2012

SUMMARY

At the Laurel Eye Clinic (LEC) and the Laurel Laser & Surgery Center (LLSC), we are committed to protecting the privacy of your medical information, as required by state and federal law. When we use the word "information" we mean your medical and surgical conditions, treatment and payment information that identifies you. Attached you will find the LEC/LLSC's "Notice of Privacy Practices." The Notice explains how we meet this commitment. The Notice also explains your legal rights about what is in your health record(s). All of the doctors and employees in all of our offices and surgery centers that make up the Laurel Eye Clinic and the Laurel Laser & Surgery Centers must follow the Notice. This brochure tells you in brief what the Notice says. This summary is not a complete listing of how we use and disclose or share your health information. Should you have any concerns or questions about any of the information contained within this document, you should let us know. The Laurel Eye Clinic and the Laurel Laser & Surgery Center has the right to change the Privacy Notice and this Summary without first notifying you.

HOW THE LAUREL EYE CLINIC AND/OR THE LAUREL LASER & SURGERY CENTER MAY USE AND SHARE YOUR HEALTH INFORMATION

Without your consent, the LEC/LLSC can use and share your health information to:

- ✦ Provide you with medical or surgical treatment and other services
- ✦ Receive payment from you, an insurance company, or someone else for services we provide to you.
- ✦ Coordinate your care or surgery, which may include such things as providing you with appointment reminders and telling you about other treatment options
- ✦ Contact you for certain marketing activities unless otherwise indicated by you
- ✦ Comply with the law
- ✦ Meet special situations as described in the Notice, such as public health, safety and research
- ✦ Exception: This does not include behavioral health, drug and alcohol, and AIDS/HIV information

Unless you object in writing, the LEC/LLSC can:

- ✦ Share your health information with a family member, caregiver or a close personal friend

All other uses and sharing of your health information will be done only with your specific written permission or as required by law.

YOUR LEGAL RIGHTS INCLUDE

- ✦ The right to ask and to see and copy your medical record
- ✦ The right to ask that incorrect or incomplete information in your medical record be corrected
- ✦ The right to ask for a list of all people and organizations to whom the LEC/LLSC disclosed your health information to, subject to limits permitted by law
- ✦ The right to ask the LEC/LLSC to limit how we use and share your health information without your consent
- ✦ The right to ask for confidential communications
- ✦ The right to ask for a paper copy of the Notice of Privacy Practices

VIOLATION OF PRIVACY RIGHTS

If you believe that your privacy rights have been violated, you have a right to file a complaint. Please read this the Notice of Privacy Practices for more details on how to proceed. In that event that a breach of your protected health information occurs at the Laurel Eye Clinic or the Laurel Laser & Surgery Center or one of our Business Associates, you will be notified as required by law.

HOW MEDICAL INFORMATION IS USED AND SHARED AND HOW TO GET ACCESS TO INFORMATION

What is a Privacy Notice?

The Laurel Eye Clinic and the Laurel Laser & Surgery Center understand that your health information is personal. During your visit(s) with us, we create a medical record that contains information about your eye care, diagnostic tests, examination results and eye surgery if you have a surgical procedure. We need to document this information in order to provide you with quality eye care and to comply with the law. This Notice of Privacy Practices (Notice) applies to all your information that is obtained by the Laurel Eye Clinic and the Laurel Laser & Surgery Center. This includes each location where the Laurel Eye Clinic has an office and the Laurel Laser & Surgery Center operates an ambulatory surgery center. Included in your health information may also be information that the LEC or the LLSC has obtained from referring doctors or other health care providers who are not part of the Laurel Eye organization. The LEC/LLSC may keep this information as part of your medical record in order to provide better care to you.

This Notice includes requirements of the federal (United States) law as well as state laws (Pennsylvania.)

In the following information, the words “we”, “us”, and “our” mean the Laurel Eye Clinic and/or the Laurel Laser & Surgery Center and all the people and places that make up the Laurel Eye organization which is described in the following information.

WHO FOLLOWS THE LEC/LLSC NOTICE OF PRIVACY PRACTICES?

The people and places that make up the Laurel Eye Clinic and the Laurel Laser & Surgery Center follow this Notice. This includes our multiple office locations and our multiple ambulatory surgery center locations.

At times, other health care professionals may be involved in your care that include but are not limited to: students, residents, trainees, volunteers and others observing or assisting with your care. The LEC/LLSC may share or use your health information for purposes of providing you with the care you require, obtaining payment for services provided to you, and/or health care operations described within the Notice. You can learn more about the LEC/LLSC at www.laureleye.com.

If you are referred to our practice by another doctor or optometrist, he or she will have separate privacy notices or different policies regarding how your information is handled at that practice.

We are required by law to make sure that information that identifies you is kept private. We are also required to make this Notice available to you because it describes and explains the way that we use and share your health information. In addition, this Notice explains your rights as our patient under the law regarding your health information. We agree to follow the version of the Notice that is currently in effect.

SHARING YOUR HEALTH INFORMATION WITH OTHERS

The law permits us to use and to share your health information in certain ways. When we share this information with others outside of the LEC/LLSC organization, we will share the information that is reasonably necessary to accomplish the objective(s) such as a referral to another specialist or to your insurance company for billing purposes.

The following list provides examples of the different ways that the Laurel Eye Clinic and/or the Laurel Laser & Surgery Center use your health information and share it with others. Every possible example of how we may use or share your health information is not listed below. However, all the ways that we are permitted to use and share information fall into one of the groups below. When possible, we will use health information that does not identify you.

EXAMPLES OF DISCLOSURE AND WAYS WE ARE ALLOWED TO SHARE YOUR HEALTH INFORMATION

We may use your health information to give you medical and surgical treatment or services. We may share your information with people and places that provide treatment to you. For example, we may share your health information if we refer you outside of the LEC/LLSC for additional treatment or services or with other doctors who will provide follow-up care to you, such as your primary care doctor or your optometrist. At all times, we will comply with any regulations that apply.

PAYMENT

In order to receive payment for services we provide to you, we may use and share your health information with your insurance company or a third party. We may also share your health information with another doctor or facility that has treated you so that they can bill you, your insurance company or a third party. For example, some health plans require your health information to pre-approve you for surgery.

HEALTH CARE OPERATIONS

We may also use and share your health information so that we, or others that have provided treatment to you can better operate the office or facility. For example, we may use your health information to review the treatment and services that we provided to you and to see how well our staff cared for you. We may share health information with our researchers so that they can develop plans to conduct research. We may share your information with students, trainees and staff for review or learning purposes.

BUSINESS ASSOCIATES

We may share your health information with others called "Business Associates." Our business associates must agree in writing to protect the confidentiality of health information. For example, we may share your health information with a company that provides billing services for the LEC or the LLSC.

APPOINTMENT REMINDERS AND OTHER MESSAGES

We may use and share your health information to remind you of an appointment time, remind you of co-payments or balances needed for your appointment, or leave a message informing you of your surgery date, time and eye drop instructions. If you are scheduled for a test or if you have a medical clearance scheduled in one of our offices we may call you to remind you of the date and any instructions. If we are unable to reach you we may leave a message on your voicemail, email, send you a text message or leave a message on your answering machine. We will also call your name aloud in our reception or dilating areas during your visit to our office. From time to time, we may mail or email you information about research or marketing activities, new products or promotions for retail items such as frames, lenses or sunglasses.

TREATMENT

We may use and share your health information to inform you about possible treatment options and other health related benefits. Health information gathered in the Laurel Eye Clinic may be shared with the Laurel Laser & Surgery Center and vice versa. We may also provide copies or send information via fax or email to your referring doctor to assist with your continued treatment.

MARKETING ACTIVITIES

We may use or share your health information for marketing purposes without your permission when we discuss such products or options face to face with you or to provide you with an inexpensive promotional gift related to the product or service. For example, you may receive samples of products or eye drops during a visit to one of our facilities. For other types of marketing, we will obtain your written consent before using or sharing your health information. We will not sell your name or identifiable health information to others without your authorization.

RESEARCH

We may use and share your health information for research if you provide us with written permission to do so. We may call or email you to inform you of new research activities to inquire whether or not you are interested in participating in a research project. You may participate in a research study that requires you to have other services such as surgery. In this case, we may share the information that we obtain with our researcher who ordered the surgical or other health services and to your insurance company in order to receive payment for services that your insurance will pay for. We may also use and share with a researcher working with the LEC/LLSC your health information if certain parts of your information that would identify you, such as your name and other items that the law describes are removed before we share it with the researcher. This will only be done after the researcher signs a written agreement with us that the researcher will not share the information again, will not try to contact you, and will obey other requirements that the law provides. We may also share your information with a Business Associate who will remove information that identifies you so that the remaining information may be used for research or payment from your insurance company or a third party.

SPECIAL AND OTHER SITUATIONS

Under certain circumstances, the LEC/LLSC may be required or permitted by law to share your health information with others. Pennsylvania law may further limit these disclosures or sharing. For example, in cases of behavioral health information, drug and alcohol treatment information, and HIV status:

- ✦ As required by law, we will share your health information when federal, state or local law requires us to do so. This would include if we suspect that you are victim of abuse, neglect or domestic violence and in these cases we will share your health information with an authorized government agency. We will do so either if you agree to our sharing this information or if the law allows us to do so and we believe that we need to share the information in order to protect you or someone else. If we decide to share your health information for this purpose, we will tell you unless we believe that telling you would put you at risk or harm or you are a personal representative of the victim and may be involved in the abuse, neglect or injury.
- ✦ We may share your health information in response to an administrative or court order, a subpoena, a discovery request or other legal process if we are advised that you have been made aware of this request or we receive notice either that you agree or, if you disagree with the request, that you are taking action to prevent the disclosure.

- ✦ We may share your health information with a law enforcement official or authorized individuals to comply with laws, including laws that require the reporting of injury or death suspected to have been caused by criminal means or in response to a court order, warrant, subpoena, or summons or in emergency situations.
- ✦ We may use and share your health information with persons who may be able to prevent or lessen the threat or help the potential victim of the threat when doing so is necessary to prevent a serious threat to the health and safety of you, the public, or another person. Pennsylvania law may require such disclosure when an individual or group has been specifically identified as the target or potential victim.
- ✦ We may use your health information to assist in the process of eye, organ or tissue transplants, in the event of your death or we may share your information with organizations that obtain, store or transplant eyes, organs or tissue.
- ✦ We may share your health information with military authorities as the law permits if you are a member of the armed forces either of the United States or foreign government.
- ✦ We may share your health information with authorized federal officials for intelligence, counter-intelligence and other national security activities as authorized by law.
- ✦ We may share your health information with authorized federal officials to protect the President of the United States, other authorized persons, or foreign heads of state. We may also share your health information for purposes of conducting special investigations as authorized by law.
- ✦ We may share your health information for Workers' Compensation or similar programs that provide benefits for work-related injuries or illnesses.
- ✦ We may share your health information with public authorities for public health purposes to prevent or to control disease, injury, or disability. This includes but is not limited to, reporting disease, injury and important events such as those conducted for monitoring public health and related investigations or activities.
- ✦ We may share your information with a health oversight agency for the purposes of monitoring the health care system, determining benefit eligibility for Medicare, Medicaid and other government benefit programs and monitoring compliance with government regulations and civil laws.

NURSING HOMES RESIDENTS AND OTHER RELEASES

- ✦ We may share your information with those responsible for your direct care if you are in a hospital, skilled nursing facility, personal care home or assisted living facility or with another person responsible for your direct care or the oversight of administering your eye drops or medications. We will do this as it will be necessary for the facility or individual to provide you with health care and to protect your health and safety.
- ✦ We may share your health information if you are an inmate in a correctional or other institution or if you are under the custody of a law enforcement official, we may share your health information with the institution or law enforcement official.
- ✦ We may share your health information with a friend, family member, or another person identified by you who is involved in your medical care and or your eye care or the payment of your medical care.

- ✦ We may share your health information with these persons if you are present or available before we share your health information with them and you do not object to our sharing your health information with them, or if we reasonably believe that you would not object to this. If you are not present and certain circumstances indicate to us that it would be in your best interests to do so, we will share your information with a friend or family member or someone else identified by you, to the extent necessary. Examples of this would include but are not limited to, sharing information regarding the outcome of your surgery, reason(s) to postpone or cancel your surgery, information so that they could pick up a prescription or assist you with the administration of your eye drops, etc. We may tell your friends or family that you are in an office, scheduled for an appointment, or other such information in the event of an emergency or urgent request.
- ✦ We may share your health information with an organization assisting in a disaster relief effort.

In all other ways, we will require your written permission before your health information is used or shared with others. When written permission is required, we will provide you with a release to sign. If you give us permission to use or share health information about you, you may cancel that permission, in writing, at any time. If you cancel your written permission, we will no longer use or share your health information for the reasons that you have given us in your written permission. However, we are unable to take back any information that we have already shared with your permission.

YOUR RIGHTS CONCERNING YOUR HEALTH INFORMATION

As our patient you have a right to:

1. To ask, to see and to copy the health information that we used to make decisions about your care. Your request must be in writing and given to your Doctor or the Administrator of the Laurel Eye Clinic and/or the Administrator or the Clinical Director of the Laurel Laser & Surgery Center. You can call our Brookville Office toll free at 800-494-2020 to find out how to do this. If you ask to see or to copy your health information, you may have to pay fees as permitted by law. We may tell you that you cannot see or copy some or all of your health information. If we tell you this, you may ask that someone else at the LEC/LLS review this decision. The Compliance Committee of the LEC/LLSC will review any such issues and the decision of the Compliance Committee shall be final.
2. To ask for a correction to your record if you feel that health information we have about you is incorrect or incomplete. You have the right to ask for a correction for as long as the information is retained by or for the LEC/LLSC. You must provide us with a written request and send or give it to your Doctor or the Administrator of the Laurel Eye Clinic or the Clinical Director of the Laurel Laser & Surgery Center. We have the right to refuse your request if you ask us to correct information that was not made by us, unless the person or place that originally made the information is no longer available to make the correction or is no part of the health information kept by the LEC/LLSC or is

not part of the information you are permitted by law to see and copy or we decide is correct and complete.

3. To ask us for an “accounting of disclosures.” This is a list of those people and organizations who have received or have accessed your health information; this may be on paper or electronically (stored by computer.) This right does not include information made available for treatment, payment or health care operations, or made available when you provided us with information to do so. You must put your request in writing and give it to your Doctor or the Administrator. You can call us at 800-494-2020 to find out how to ask for the list. You must include the time frame as to how far back you want information in your written request, which may not be longer than 6 months. In accordance with Federal law, you may request an accounting for a period of three years prior to the date that the accounting is requested. You also have the right to ask our business associates for an accounting of their disclosures. You may contact the Administrator to obtain a list of Business Associates.
4. To ask us to limit the health information that we use or share with others about you for treatment, payment or health care operations. You also have the right to ask us to limit health information that we share with someone who is involved in your care or payment for your care, such as a family member or friend. You can call our Brookville office to get instructions on how to submit such a request. In your written request, you must tell us what information you want us to limit, whether you want to limit use, disclosure or both by the LEC/LLSC, and to whom the person or party is that you want the limits to apply to (for example, your spouse.) For example, you could ask that we not share information about a surgery you had. You must put your request in writing and give it to your Doctor or to the Administrator or the Clinical Director of the LLSC. We are not required to agree with your request; we still may provide information, as necessary, to give you emergency treatment.
5. To ask that we do not share information about services that you paid for out-of-pocket with a health plan for purposes of payment or health care operations. (Health plan means an organization that pays for your health care.)
6. To ask that we contact you about your health information in a certain way or at a certain location that you believe provides you with greater privacy. For example, you can ask that we contact you at work or by mail. Your request must state how or where you wish to be contacted. You must make your request in writing to your Doctor or the Administrator or the Clinical Director of the LLSC. You do not need to provide a reason for your request. We will comply with all reasonable requests.
7. To ask us to give you a paper copy of this Notice at any time. Even if you have agreed to receive this Notice electronically (through the computer) you still have the right to a paper copy of this Notice. You can get a copy of this information on our website at www.laureleye.com.

VIOLATION OF PRIVACY RIGHTS

Should a breach of your protected health care information occur by the Laurel Eye Clinic and/or the Laurel Laser & Surgery Center or one of its Business Associates, you will be provided with written notification as required by law.

If you believe that your right to privacy has been violated by the Laurel Eye Clinic or the Laurel Laser & Surgery Center, you may file a complaint with us directly. You can do this by calling the Privacy Officer at 800-494-2020 or 814-849-8344, Monday through Friday between 9:00 a.m. and 4:00 p.m. or by mail to:

**Privacy Officer
Laurel Eye Clinic
50 Waterford Pike
Brookville, Pennsylvania 15825**

You may also file a complaint with the Secretary of the US Department of Health and Human Services with the following information: the name of the LEC/LLSC place where you were cared for and or the name of the person who you feel violated your privacy rights. You will need to describe how that person or place violated your right to privacy and you must file the complaint within 180 days of when you knew or should have known that the violation occurred. You will not be penalized for filing a complaint.

All complaints to the Secretary of Health and Human Services must be in writing and addressed to:

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

OUR RIGHT TO CHANGE THIS NOTICE

We have the right to changes this Notice and to make the revised or changed Notice effective for health information that we already have about you, as well as for any future health information. We will post a copy of the revised notice in places where we provide health care services. The Notice will contain the effective date on the first page, at the top of the page. We will provide you with a copy of the Notice that is currently in effect each time you register at the Laurel Eye Clinic or the Laurel Laser & Surgery Center as a patient.

If you have any questions about this Notice, please contact the Administrator of the Laurel Eye Clinic or the Clinical Director/Administrator at the Laurel Laser & Surgery Center or the Privacy Officer at 800-494-2020, Monday through Friday from 9:00 a.m. until 4:00 p.m. our normal business hours.