



## Patient Information Privacy Notice For **CORNING EYE CENTER**

*Effective Date: July 1, 2015*

**This notice describes how medical information about you may be used and disclosed and how you can have access to this information.  
Please review this document carefully.**

If you have any questions about this notice, please contact Corning Eye Center. This notice describes the health and medical information policies and procedures of Corning Eye Center. It applies to all staff, employees, independent contractors and business associates of Corning Eye Center.

### **■Our Pledge Regarding Medical Information**

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information.

### **■How We May Use And Disclose Your Medical Information**

Corning Eye Center collects health information about you and stores it in a chart, and on a computer, and in an electronic health record/personal health record. This is your medical record. The medical record is the property of this medical practice, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

#### **For Treatment:**

Corning Eye Center may use medical information about you to provide you with medical treatment and services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you. Corning Eye Center may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and/or x-rays.

We also may disclose medical information about you to professionals outside Corning Eye Center who may be involved in your medical care, such as family members or others we use to provide services that are part of your care.

#### **For Payment:**

We may use and disclose medical information about you so that treatment and services you receive may be billed to and payment collected from you, an insurance company or a third party. We may also share your health plan information about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

#### **Health Care Operations:**

We may use and disclose medical information about you to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical information with our "business associates," such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your protected health information. We may also share your information with other health care providers or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their

population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts.

**Appointment Reminders:**

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

**Sign In Sheet:**

We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

**Treatment Alternatives:**

We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health Related Benefits and Services:**

We may use and disclose medical information to tell you about health related benefits or services that may be of interest to you.

**Notification and Communication With Family:**

We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, or your general condition unless you had instructed us otherwise. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

**Research:**

Under certain circumstances, we may use and disclose medical information about you for research purposes. Before we use or disclose medical information about you to people preparing to conduct a research project, the project will have been approved through a research approval process. We may however, disclose your medical information to people preparing to conduct a research project to help them look for patients with specific medical needs. We will ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care through Corning Eye Center.

**Marketing:**

Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice and tell you which health plans this practice participates in. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization.

**Sale of Health Information:**

We will not sell your health information without your prior written authorization. The authorization will disclose that we will receive compensation for your health information if you authorize us to sell it, and we will stop any future sales of your information to the extent that you revoke that authorization.

**As Required By Law:**

As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to

judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

**To Avert A Serious Threat to Health or Safety:**

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and to the safety of the public or another person. Any disclosure, however, would only be to help prevent the threat.

**Organ and Tissue Donation:**

If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans:**

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information to foreign military authorities.

**Workers' Compensation:**

We may disclose your health information as necessary to comply with workers' compensation laws. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer. The release of such information is controlled by state and/or federal law.

**Public Health Risks:**

We may, and are sometimes required by law, to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

**Health Oversight Activities:**

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights law.

**Change of Ownership:**

In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

**Breach Notification:**

In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.

**Lawsuits and Disputes:**

If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request to obtain an order protecting the information requested.

**Law Enforcement:**

We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

### **Specialized Government Functions:**

We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

### **Inmates:**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for Corning Eye Center to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## **■When This Medical Practice May Not Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, this medical practice will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

## **■Your Health Information Rights**

### **Right to Request Special Privacy Protections:**

You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.

### **Right to Inspect and Copy:**

You have the right to inspect and copy medical information that may be used to make decisions about your care. To inspect and copy medical information that may be used to make decisions about your care, you must submit your request to the office manager of Corning Eye Center. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request.

**Right to Amend or Supplement:** You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about this medical practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information, if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.

### **Right to an Accounting of Disclosures:**

You have the right to request an "accounting of the disclosures." This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit the request in writing to the office manager of Corning Eye Center. Your request must state a time period which may be no longer than six years prior. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

### **Right to Request Restrictions:**

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health-care operations. You also have the right to request a limit on medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree with your request. If we do agree, we will comply with your request unless the

information is needed to provide you emergency treatment. To request a restriction, you must make your request in writing to the office manager of Corning Eye Center. In your requested restrictions, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

**Right to Request Confidential Communications:**

You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

**Right to a Paper or Electronic Copy of this Notice:**

You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.

**Changes to this Notice of Privacy Practices:**

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment. We will also post the current notice on our website.

**Complaints**

If you believe your privacy rights have been violated, you may file a complaint with your office or with the Secretary of the Department of Health and Human Services. To file a complaint with Corning Eye Center, contact the office manager for Corning Eye Center at (580) 332-1880. All complaints must be submitted in writing. You will not be penalized for filing a complaint.