

# Privacy Statement

This notice describes how medical information about you may be used and disclosed and how to get access to this information. Please read it carefully.

**Mid Atlantic Retina** is required by the federal privacy rule to maintain the privacy of your health and to provide you with notice of our legal duties and privacy practices with respect to your protected health care information.

What is Protected Health Information (PHI)?

Your protected health information is any information that relates to your past, present or future physical or mental health or condition, the provision of health care to you, or payment for health care provided to you, and individually identifies you or reasonably can be used to identify you. Your medical and billing records at our practice are examples of information that usually will be regarded as your protected health information.

How we may use and disclose individual protected health information

## **A. We may use and disclose your protected health information for treatment, payment and other health care operations without your authorization.**

**1. Treatment** – We may use and disclose your PHI for the purpose of treating you. Treatment includes the provision, coordination, or management of health care services to you by one or more health care providers. Some examples of treatment uses and disclosures include, but are not limited to:

- We may use a patient sign-in sheet at the reception desk.
- We may ask you to confirm or update personal health, insurance or demographic information while in the office.
- We may call patients by name in the waiting area when it is time to go to an exam room.
- During an office visit, our physicians and staff involved in your care may review your medical record and share and discuss your medical information with each other.
- We may share and discuss your medical information with an outside physician to whom we have referred you for care or with whom we are consulting regarding you.
- We may share and discuss your medical information with a hospital or other health care provider who seeks information for the purpose of treating you.
- We may contact you via telephone or mail with notices regarding an appointment. We may leave the telephone message with someone at your telephone number, or leave the message on your answering machine.

– We cannot guarantee your privacy if you choose to discuss your condition or symptoms in a public area inside or outside our office.

**2. Payment** - We may use and disclose your PHI for our payment purposes as well as the payment purposes of other health care providers and health plans. Some examples of payment uses and disclosures include, but are not limited to:

– We may share information with or request it from your health insurer to determine whether you are eligible for coverage or whether proposed treatment is a covered service.

– We may submit a claim to your health insurer for payment, or provide supplemental information to your health insurer so that reimbursement can be obtained under a coordination of benefits clause you may have in your subscriber agreement.

– We may share demographic information such as your address or insurance identification number, with other health care providers who seek this information to obtain payment for health care services provided to you.

– We may mail you bills, refunds or receipts in envelopes with our practice name and return address.

– We may provide a bill to a family member or other person designated as responsible for payment for services rendered to you.

– We may provide medical records and other related documentation to your health insurer to support the medical necessity of services provided to you. We may allow your health insurer access to your medical record for a medical necessity or quality review audit.

– We may provide information to our collection agency or our attorney in a legal action for purposes of securing payment of a delinquent account.

**3. Health Care Operations** – We may use and disclose your PHI for other health care related purposes for our practice or that of other health care providers and health plans. Some examples may include, but are not limited to:

– Quality assessment or improvement activities. Activities related to improving health or reducing health care costs of our patient population.

– Reviewing the competence, qualifications, or performance of health care professionals.

– Conducting training programs for medical and other students.

– Business planning and development activities, such as conducting cost management and planning related analyses.

- Health care fraud and abuse detection and compliance programs as well as other medical review, legal services, and auditing functions.
- Accreditation, certification, licensing, and credentialing activities.
- Other business management and general administrative activities, such as compliance with federal privacy rule and resolution of patient grievances.

**B. Other Uses and Disclosures of Your PHI for which your written authorization is not required.**

**1. We may disclose information to individuals involved in your care or responsible for the payment of your care.** We may disclose your PHI to someone involved in your care or payment of your care, such as a spouse, a family member, or close friend. For example, if you are having surgery, we may discuss any physical limitations with a family member assisting in your post-operative care.

**2. We may disclose your information for notification purposes.** We may use and disclose your PHI to notify, or to assist in the notification of a family member, a personal representative, or another person responsible for your care, regarding your location, general condition, or death. For example, if you are hospitalized, we may notify a family member of the hospital and your general condition. In addition, we may disclose your PHI to a disaster relief entity, such as the Red Cross, so that it can notify a family member, a personal representative, or another person involved in your care regarding your location, general condition, or death.

**3. We may disclose your information as required by law and for other public health activities.** We may use and disclose your PHI when required by federal, state, or local law and for public health activities. Examples may include:

- Mandatory reporting requirements involving births and deaths.
- Victims of abuse, neglect or domestic violence.
- Disease prevention and control, or the reporting of a communicable disease.
- Vaccine-related injuries, medical device-related deaths and serious injuries.
- Gunshot and other injuries by a deadly weapon or criminal act.
- Driving impairments, and blood alcohol testing.
- FDA-related reports.
- OSHA requirements for workplace surveillance and injury reports.

- Health oversight activities such as audits, inspections, investigations, licensure actions, and legal proceedings.
- Judicial and administrative proceedings in response to a court order or subpoena, discovery request or other lawful process.
- Coroners, medical examiners or funeral directors for the purpose of identifying a deceased patient, determining cause of death, or as required by law.
- Facilitating organ, eye and tissue donation or for procurement, banking or transplantation of cadaveric organs, eyes, or tissue.
- Public safety threats, including protection of a third party from harm, and identification and apprehension of a criminal or to protect someone from imminent serious harm.
- Purposes involving specialized government functions.
- Compliance with laws relating to workers’ compensation or similar programs established by law, that provide benefits for work-related injuries or illness without regard to fault.
- Functions performed by a business associate such as a billing company, accountant or law firm.
- Purpose of removing your protected health information to allow disclosure without your authorization.
- Incidental disclosures which result as a by-product of an otherwise permitted use or disclosure, such as other patients hearing your name being called in the waiting room or seeing your name on the sign-in sheet.

**We may need to use and disclose your PHI for other reasons with your authorization.** For any and all other uses of your protected health information which are not listed in this notice, we will obtain your written authorization. For example, if you wish to have your medical records released to another physician not directly involved with us for your treatment. Your authorization can be revoked at any time but is limited to present and future protected health information releases only. A revocation form is available upon request from the Privacy Officer. The form must be completed by you and returned to the Privacy Officer. You cannot revoke an authorization for information previously released.

### **Your patient rights regarding your privacy**

**1. You have a right to restrict the use of disclosure of your PHI.** You have a right to request that we further restrict use and disclosure of your PHI for treatment, payment, or health care operations or to someone who is involved in your care or the payment for

your care, or for notification purposes. While we will consider all requests for restrictions carefully, we are not required to agree to or accommodate your request if it is deemed by us as unreasonable.

**2. You have the right to confidential communication of your PHI.** You have a right to request that we communicate your protected health information to you by a certain means or at a certain location. For example, you may instruct us not to contact you by telephone at your place of work.

**3. You have the right to a listing of disclosures of your PHI.** You may obtain, upon request, a record of certain disclosures of your PHI. We do not have to account for disclosures made for purposes of treatment, payment, or health care operations, to persons assisting in your care, or those disclosures made prior to an authorization, among others. Your request may cover any disclosures made in the six years prior to the date of your request. However, we are not required to give you a record of disclosures that occurred prior to April 14, 2003. In some circumstances, we may charge you for providing this listing.

**4. You have the right to inspect and copy your PHI.** You have a right to inspect and obtain a copy of your PHI that we maintain in your designated medical records. This right is subject to limitations and we may charge you in accordance with your state law.

**5. You have the right to amend your PHI.** You have a right to request that we amend PHI maintained in your medical or billing records if the information is incorrect or incomplete. This request is subject to limitations.

**Any requests to restrict, amend, inspect or copy your personal health information must be submitted in writing to our Privacy Officer.**

#### Changes to this notice

We reserve the right to change this notice at any time. We further reserve the right to make any change effective for all protected health information that we maintain at the time of the change – including information that we created or received prior to the effective date of the change. We will post a copy of our current notice in the waiting room of our practice. Patients may also access our current notice of privacy practices on our web site at [www.midatlanticretina.com](http://www.midatlanticretina.com). This notice is regarding your rights related to the federal privacy rule. It is not intended to create contractual or other rights independent of those created in the federal privacy rule. If you believe that we have violated your privacy rights, you may submit a complaint, in writing, to our Privacy Officer at:

**Mid Atlantic Retina**  
Attention: Privacy Officer  
910 E. Willow Grove Ave  
Wyndmoor, PA 19038  
215-233-4300 (tel)  
215-836-1991 (fax)

Additionally, you may also file a written complaint with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Officer will provide you with the correct address for the Director.