

WADSWORTH EYE CLINIC, INC.

Notice of Privacy Practices

Effective September 1, 2011

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

This notice describes how Wadsworth Eye Clinic, Inc. may use and disclose your protected health information to carry out treatment, payment or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information.

We are required to abide by the terms of this notice. We may change the terms of our notice at any time. A copy of any revised notices will be available in this office or by mailing a request to our Privacy Officer.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We may use or disclose your protected health information in the following situations without your consent, authorization or opportunity to object.

Treatment

We will use and disclose your health information to provide, coordinate or manage your health care and any related services. We may disclose your health information to our doctors, technicians, or other employees of Wadsworth Eye Clinic, Inc. who need that information to take care of you. We may also disclose your health information to other people outside the practice who may be involved in your health care, such as your other physicians, pharmacies and family members.

Payment

We will use and disclose your health information, as needed, to obtain payment for your health care services. This may include making a determination of eligibility or coverage for insurance benefits, reviewing services provided for medical necessity and undertaking utilization review activities.

Healthcare Operations

We will use and disclose your health information, as needed, in order to support the business activities of Wadsworth Eye Clinic, Inc. These uses and disclosures also help us maintain and improve patient care. We will call you by name in our office. We may disclose information to our doctors and staff for learning and quality improvement purposes.

Appointments and Services

We may use and disclose health information to contact you about your appointments and other matters. We may contact you by mail, telephone or e-mail. We may leave voice messages at the telephone number you provide us with, and we may respond to your e-mail address.

Health-Related Benefits and Services

We may use and disclose your health information to send you mailings about health-related topics and services that may be of interest and benefit you.

OTHER PERMITTED USES AND DISCLOSURES

We may also use or disclose your health information as necessary in the following situations:

- For any purpose as required by law;
- For public health activities, such as required reporting of disease, injury, and birth and death, and for required public health inspections;
- As required by law if we suspect child abuse or neglect or if we believe you are a victim of abuse, neglect, or domestic violence;
- As necessary to the Food and Drug Administration;
- To workers' compensation agencies and to your employer when we have provided health care to you at the request of your employer;
- As required by law to a government agency conducting audits, investigations, or civil or criminal proceedings;

- If required by a court or administrative ordered subpoena or discovery request;
- As required by law to coroners and/or funeral directors;
- If necessary to arrange an organ or tissue donation or transplant;
- If you are a member of the military as required by armed forces services;
- If necessary for national security intelligence activities;
- As required by law, we must make disclosures to you when required by Department of Health and Human Services to investigate our compliance with federal regulations.

Authorizations for Other Uses and Disclosures

We will not use or disclose your health information for reasons other than stated above without your written consent and authorization.

YOUR RIGHTS

Following is a statement of your rights with respect to your health information and a brief description of how you may exercise these rights.

Right to Inspect and Obtain a Copy

You have the right to inspect and obtain a copy of your health records for as long as we maintain your records. Your request must be made in writing, dated and signed by you or your personal representative. In certain circumstances you may not be permitted access (i.e. psychotherapy notes, information compiled for legal action, or information subject to prohibition by law). Depending on circumstances, you may request a review of the decision to deny access. Please contact our Privacy Officer if you have questions about access to your medical record.

Right to Request a Restriction

You have the right to request restrictions on our uses and disclosures of your health information for treatment, payment or healthcare operations. Your request must be made in writing, dated and signed by you or your personal representative. This office is not required to agree to your restrictions, but can accommodate reasonable requests. The request should also describe the information you want restricted, and who should not receive the restricted information.

Right to Request Confidential Communications

You have the right to request to receive confidential communications from us by alternative means or an alternative location. We will accommodate reasonable requests. Your request must be made in writing, dated and signed by you or your personal representative. The request must specify how or where you wish to be contacted but does not need to specify the reason for the request.

Right to Amend

You have the right to have your physician amend your health information if you believe it to be incorrect or incomplete. Your request must be made in writing, dated and signed by you or your personal representative. It must specify the records you wish to amend and give the reason for your request. In certain cases, we may deny your request. If we deny your request, we will explain why and inform you of your options.

Right to Receive an Accounting

You have the right to receive an accounting of certain disclosures we have made, if any, of your health information. This applies to disclosures for purposes other than treatment, payment or healthcare operations and valid disclosures as described in this notice and required by law. You have the right to receive specific information regarding these disclosures that occurred after September 1, 2011. Your request must be made in writing, dated and signed by you or your personal representative.

Right to Obtain a Paper Copy of This Notice

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

All requests must be sent in writing to Privacy Officer, Wadsworth Eye Clinic, Inc.

COMPLAINTS

If you believe your privacy rights have been violated, you may complain to us or the Secretary of the US Department of Health and Human Services. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

If you have questions about this notice, you may contact our Privacy Officer at Wadsworth Eye Clinic, Inc. at 330-247-2480 or 195 Wadsworth Rd, Founders Hall Suite 304, Wadsworth, OH 44281