

RETINA ASSOCIATES OF CLEVELAND, INC.

NOTICE OF PRIVACY PRACTICES

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

SUMMARY

When you visit or call our offices, a record of the visit or call is made. Retina Associates of Cleveland, Inc., has always been committed to protecting the privacy of your health information. Nonetheless, new federal laws now require us to put in place more formal policies and procedures to safeguard your medical records and other records, such as billing records, that contain personal health information about you.

These laws give you certain rights, including the right to receive this notice explaining our privacy practices and the right to ask us for an updated copy of the notice at any time. You have the right to ask to see and copy your records, the right to ask us to change your records if they are incorrect or incomplete, and the right to ask us for a listing of certain disclosures about you that we may have made. If you think we violated your privacy, you may complain to us and/or to the Department of Health and Human Services.

In addition to these basic rights, we will honor all reasonable requests you may have about where, when, and how we may contact you. You may ask us to make changes in our normal privacy practices. Although we will consider your requests, the law does not require us to agree to every suggestion you have. We will, however, always tell you whether we can make special arrangements to meet your needs.

We routinely use the health information you give us or that we create to treat you, to bill you or your insurer, and to operate our business in ways consistent with good patient care and sound practice management. We have procedures in place to ensure that your records are seen, in whole or in part, only by those staff members who need the information they see to do their jobs. If necessary, we may release your medical records to other health care providers involved in your care. If you agree, we also may discuss some health information about you with relatives or friends who help with your care.

Sometimes we work with individuals and businesses that help us run our practice more effectively. For example, we may hire answering services, accountants, or billing consultants. We may disclose personal information about you to these business associates if they need the information to do their jobs. To protect your health information, we always include a provision in our contracts with business associates requiring them to put procedures in place to safeguard your records.

We release personal health information about our patients when we are required to do so by federal, state, or local laws and for a number of public policy reasons including public health reporting, law enforcement activities, judicial proceedings, workers' compensation, and certain types of records-based research. Whenever we release records for these reasons, we follow privacy safeguards appropriate to the situation.

If we need to use or disclose your records for purposes other than those described above, we will get a written authorization from you. You should know that you may revoke any authorization you give us at any time, although you must do so in writing.

UNDERSTANDING YOUR HEALTH CARE RECORDS

When you visit or call Retina Associates of Cleveland, Inc., or any other doctor, ambulatory surgery center, hospital, or other type of healthcare provider, a record of the visit or call is made. The record usually contains information about your health such as your symptoms, examination findings, test results, diagnosis, and treatment. This information serves as a basis for communication between the healthcare professionals involved in your care, and it is used to plan for your treatment needs. Because bills must show what services you received and sometimes have to contain information justifying the need for those services, the bills that we and other healthcare providers send you or your insurers also contain information about your health.

This Notice of Privacy Practices should help you better understand what information is in the medical and billing records Retina Associates of Cleveland, Inc., has about you, who uses this information, and why. In addition, it should help you understand how you can ensure the accuracy of this information. We also hope this Notice will help you make informed decisions if you are asked to authorize us to release your medical or billing records to others.

Retina Associates of Cleveland, Inc., has always been committed to protecting the privacy of your health information. We now are required by law to confirm this commitment to you in writing by furnishing you with this Notice of Privacy Practices. The Notice describes our legal duties and our practices relating to the privacy of any medical or other personal information about you in our records. We must follow the procedures described in this Notice of Privacy Practices as long as the Notice remains in effect. We reserve the right to change our privacy practices at any time and, if we make changes, we will apply our new privacy practices to all the information we have in our records about you and to any new information that we get after the change.

If we make significant changes to our privacy practices, we will revise our Notice of Privacy Practices to reflect the changes. We will always have a copy of our current Notice of Privacy Practices posted in our offices and on our website. In addition, you may get a paper copy of our

current Notice of Privacy Practices at any time by contacting our Privacy Officer at 216-831-5700 or at 3401 Enterprise Parkway, Suite 300, Beachwood, Ohio 44122 or by asking the staff at our registration desk. Our Privacy Officer and our registration staff also can answer any questions you may have about this Notice.

WHAT INFORMATION DO WE HAVE ABOUT YOU?

When you come to Retina Associates of Cleveland, Inc., for care, we will ask for personal information such as the following:

- Your name, address, and phone number
- Information about your medical history
- Information about your health insurance
- Information about other doctors or healthcare providers that you had in the past or are seeing now
- Information about your current and past medications
- Other pertinent medical information

We also gather medical information about you when we examine you and from tests that we run or have other healthcare providers run on you. We may get information about you from others that are part of your “circle of care,” such as your referring physician, other healthcare

providers who have seen you, healthcare facilities that have run tests on you, your health insurance plan, and, sometimes, even family members or close friends who help take care of you. We always create a record of the information we collect, the health findings we make and the care we provide to you. We also have records of the bills that we send you and your insurer for your care.

HOW DO WE USE OR DISCLOSE THE INFORMATION WE HAVE ABOUT YOU?

Retina Associates of Cleveland, Inc., uses and discloses health information about our patients for a variety of purposes. We regularly attempt to limit all uses and disclosures of your health information to the minimum amount of information necessary to accomplish the task at hand. However, to be sure that you receive the best care possible, we will release your entire medical record when it is needed by other healthcare providers who are treating you.

This Notice of Privacy Practices identifies all of the types of uses and disclosures of individually identifiable health information that Retina Associates of Cleveland, Inc., is permitted to make without obtaining a written authorization from you. We have not described every kind of use or disclosure within each category. Rather, we have only provided typical examples. Although we do not expect to use or disclose every patient's health information for each of the purposes described, all of the

types of uses and disclosures that we can make without your written authorization are described below so you can understand how your information may be handled.

Required Disclosures: We are required by law to release health information to the Secretary of the U.S. Department of Health and Human Services, upon request, if the government needs to check on our compliance with the federal laws governing the privacy of patient information. We also are required by law to allow you to see and copy your records under most circumstances. Your right to see your records is described in more detail below.

Uses and Disclosures for Treatment: We will use and disclose your health information to treat you. For example, we typically consider your medical history, your symptoms, and our examination findings when we determine what is wrong with you and write prescriptions for medicines that you may need. To help us figure out what is wrong with you, we may have to give health information about you to or get health information about you from other healthcare organizations that perform tests on you. On occasion, we also may look at information in medical records about you that we get from specialists or general practitioners who have been involved in treating you in the past to help us develop an appropriate plan for taking care of you now. Even though we are not required to do so, to keep you informed, we will ask you to sign an

authorization before we ask for medical records from other healthcare providers involved in caring for you.

We may use your health information to send you appointment reminders or notices about the need to schedule a new appointment. In addition, we may use your personal information to contact you about various health services available from us or to recommend other possible treatment options, alternatives, or health-related services that may be of interest to you.

Uses and Disclosures for Payment: We will use and disclose information about you to bill for our services and to collect payment from you or your insurance company. For example, we must tell your insurance company what we did for you to get paid properly for the services we provided. Sometimes, insurance companies make us tell them your diagnosis or give them other health information about you to help them decide how much to pay us. We also may have to tell the insurance company about any surgery that you may need to get prior approval or to determine whether the insurance company will cover the procedure.

Uses and Disclosures for Healthcare Operations: We will use health information about you for the general operation of our business. For example, we may use our patients' health information to evaluate and improve the quality of the health services we provide. We also

sometimes arrange for auditors or other consultants to review our practices and look at our operations so that they can help us improve our services.

Uses and Disclosures for Public Policy Purposes: We may use or disclose health information about you for any of the following public policy purposes:

- *Requirements of Applicable Federal, State, or Local Laws:* We may use or disclose information about you whenever we are required to by law.

- *Public Health Reporting:* We may disclose your health information whenever the law requires us to report to public health authorities responsible for activities such as tracking and controlling infectious diseases, recording deaths, preventing child abuse, or regulating drugs and medical devices. Public health authorities include federal organizations such as the Food and Drug Administration, the Centers for Disease Control and Prevention, the Occupational Safety and Health Administration, and the Environmental Protection Agency, as well as a number of other state and local authorities. If you are a resident of the state of Pennsylvania and our ophthalmologist is licensed in Pennsylvania, we have an obligation to report certain visual impairments to the motor vehicle licensing authorities in Pennsylvania.

- *Victims of Abuse, Neglect, or Domestic Violence:* We may disclose health information about you if we have reason to think that you are a victim of abuse, neglect, or domestic violence and you authorize the disclosure or if the law requires us to report regardless of whether you agree.

- *Healthcare Oversight Activities:* We may have to disclose health information about you to licensing bodies and to other federal, state, or local agencies authorized by law to regulate and oversee our provision of healthcare services. Health oversight activities can include audits, investigations, inspections, and licensure or disciplinary actions, as well as civil, criminal, and administrative proceedings or actions designed to be sure that healthcare providers furnish services of adequate quality, bill government-funded programs like Medicare or Medicaid properly, and comply with applicable civil rights laws.

- *Law Enforcement Activities:* We may be required to disclose information about you if we receive a warrant, subpoena, or other order from a court or administrative hearing body or to assist law enforcement authorities identify or locate a suspect, fugitive, material witness, or missing person. We also may tell law enforcement authorities about victims of crimes and the death of an individual.

- *Judicial and Administrative Proceedings that Involve You:* If we get an order from a court or administrative tribunal, we may disclose health information about you for proceedings that involve you. We also may release health information about you in the absence of such an order in response to a discovery request, but we will do so only if we have made an effort to notify you or to get a protective order covering your information from the court or administrative tribunal.
- *Disclosures to Coroners, Medical Examiners, and Funeral Directors:* We may disclose information to help a coroner or medical examiner identify a deceased person or determine the cause of death. We also may release health information that funeral directors need to do their jobs.
- *Organ Procurement Organizations, Transplant Centers, and Eye Tissue Banks:* We may disclose information about organ donors or potential organ recipients to organ procurement organizations, transplant centers, and eye tissue banks.
- *Workers' Compensation:* We may disclose health information about you to workers' compensation insurers or other similar programs that provide benefits for work-related injuries or illnesses without regard to fault in accordance with the requirements of the laws governing the programs.

- *Prevention of Serious Threats to Health or Safety:* We may disclose health information about you to prevent a serious threat to your health and safety or to the health and safety of others.
- *Research:* We may use or disclose certain health information about your condition and treatment for records-based research so long as an Institutional Review Board or a Privacy Board has determined that obtaining permission from you and the other patients whose records need to be reviewed would be impractical and that the privacy interest of all patients involved in the study will be adequately protected. We also may use your records to prepare or analyze a research protocol or for research that is limited to the records of decedents so long as we follow certain procedures designed to protect your privacy.
- *Military and National Security:* We may release health information about you to military command authorities, for national security and intelligence activities, and for the provision of protective services for the President of the United States or other officials or foreign heads of state.
- *Correctional Institutions:* We may release health information about inmates to correctional institutions where they are incarcerated or to law enforcement officials in certain situations, such as where the information is necessary for the inmate's treatment or health or safety or the health or safety of others.

- We will require your written authorization for most uses and disclosures of your Personal Health Information for marketing purposes and/or for the sale of your Personal Health Information.

Disclosures to Our Business Associates: We sometimes work with individuals and businesses that help us operate our business successfully. We may disclose personal information about you to these business associates if they need it to perform the tasks that we hire them to do. To protect your health information, we always include a provision in our contracts with our business associates requiring them to put procedures in place to safeguard the confidentiality of our patients' health information. Examples of our business associates include consultants that we hire to help us ensure our compliance with applicable federal, state, and local laws and our lawyers.

Disclosures to Persons Assisting in Your Care or Payment for Your Care: We may disclose information about you to individuals involved in your care or in the payment for your care. This includes people who are part of your "circle of care" — such as your spouse, your children, or a friend or aide who is helping with your care or with your bills. We also may use and disclose health information about you for disaster relief efforts and to notify persons responsible for your care about your location, general condition, or death. Generally, we will obtain your oral permission before using or disclosing your health

information for these purposes. However, under certain circumstances, such as in an emergency, we may make these uses and disclosures without your agreement. This would include the individual (s) listed on our registration form as an emergency contact person.

BREACH OF YOUR PERSONAL HEALTH INFORMATION

In the event of a breach of your Personal Health Information, we will notify you that such a breach has occurred and the details thereof.

HOW CAN YOU CONTROL OTHER USES OR DISCLOSURES OF YOUR HEALTH INFORMATION?

We will not use or disclose your health information without your written authorization except as described in this Notice of Privacy Practices. If you choose to give us written permission for a use or disclosure that goes beyond those permitted uses and disclosures described above, you may change your mind and revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or release health information about you for the reasons covered by your written authorization, except to the extent that we have already relied on your original permission. For example, if you gave us a written authorization allowing us to use your health information to enroll you in a clinical trial and provide you with treatment as part of that trial and you later decide to revoke your authorization and drop out of the trial, we still may use your health information after we get the written revocation to submit

claims for services provided to you while your original authorization was in effect.

WHAT OTHER RIGHTS DO YOU HAVE REGARDING YOUR HEALTH INFORMATION?

Unless otherwise required by law, the records that we have about you are the physical property of Retina Associates of Cleveland, Inc., but the information in those records belongs to you. You have the right to ask for restrictions on the ways we use and disclose your health information for treatment, payment, and healthcare operations. Although we will consider your requests, you should be aware that, under the law, we do not have to agree to change the privacy practices that we have described in this Notice. Furthermore, it is not our normal practice to agree to such changes. If you want to talk about restrictions on how we handle your health information, you should speak with our Practice Administrator. If, after discussion, we decide to agree to a restriction that you want, we will provide you with a letter describing the special procedures that we will apply to your information.

You have the opportunity to elect to opt out of receiving or being contacted about fundraising information based on your Personal Health Information. To opt out, complete the fundraising opt out form or inform our front desk personnel.

You have the right to ask us to get in touch with you by alternative means or at alternative locations. For example, you may ask us to contact you by mail, tell us not to leave messages for you on an answering machine or a voice mail service, or direct us to call you at work rather than at home. We will honor reasonable requests and tell you if a request cannot be honored. You should talk to the staff at our registration desk about this type of request because they take care of updating your contact information in our records.

You have the right to restrict us from disclosing some or all of your Personal Health Information to health plans (insurance companies), including Medicare. You must advise us in writing not to disclose the Personal Health Information and pay out of pocket in full for the healthcare item or service you receive at the time.

Except under certain limited circumstances, you have the right to see and have access to your Personal Health Information in a form or format you request. For paper copies, we charge \$1.00 a page for pages 1-10, \$0.50 a page for pages 11-50, and \$0.20 a page for pages 51 and up, and we will require you to pay postage if you ask us to mail copies of your records to you. For an electronic copy, we charge a flat \$25.00 fee.

After you look at your records, you may ask us to change any parts of the records that you think are wrong or incomplete. You must explain to us what you think is wrong with the records and how you think they

should be fixed. We may deny your request if we think the records are correct and complete or if the information you are questioning was created by another healthcare provider. When we make a correction that you ask for, we will notify individuals or companies that you tell us to contact about the change. We also will notify individuals and companies that we know have received the incorrect information when appropriate.

You also have a right to receive a listing of certain uses or disclosures that we have made of your health information. We do not have to list uses and disclosures made for purposes of treatment, payment, or healthcare operations; disclosures made to you under your right to see and copy your records; disclosures you have given us a written authorization to make; or any uses and disclosures of your health information made before April 14, 2003, among others. If you ask for this information more than once every twelve months, we may charge you a fee for each additional listing. Our fee is currently set at \$50.00.

To be sure that we are handling our patients' requests properly and in a timely fashion, we ask patients to complete request forms describing the records they wish to see or have changed or the accounting that they need. You may get the proper form from our staff at the registration desk or by contacting our Privacy Officer at 216-831-5700 or 3401 Enterprise Parkway, Suite 300, Beachwood, Ohio 44122.

HOW CAN YOU COMPLAIN ABOUT OUR PRIVACY PRACTICES?

If you have any complaints about our privacy practices, you may contact our Privacy Office at 216-831-5700 or 3401 Enterprise Parkway, Suite 300, Beachwood, Ohio 44122.

You may also file a written complaint with the Secretary of the Department of Health and Human Services, at 200 Independence Avenue, SW, Room 509F, Hubert H. Humphrey Building, Washington, DC 20201 (e-mail: ocrmail@hhs.gov).

YOU WILL NOT BE RETALIATED AGAINST OR PENALIZED BY US FOR FILING A COMPLAINT.

This Notice is version 2 and is effective as of **September 19, 2013**.