# Eye Physicians and Surgeons, Inc.

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## **Notice of Privacy Practices**

Effective March 1, 2010

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.

## • How is patient privacy protected?

Eye Physicians and Surgeons, Inc. understands that information about you and your health is personal. Because of this, we strive to maintain the confidentiality of your individually identifiable health information, also known as protected health information (PHI). We continuously seek to safeguard that information through administrative, physical, and technical means, and otherwise abide by applicable federal and state guidelines.

### How do we use and disclose health information?

We may use and describe your PHI for the normal business activities that the law sees as falling in the categories of treatment, payment, and health care operations. However, in some cases we are limited by state law from releasing certain categories of health information for payment purposes may be limited unless we obtain your written permission prior to the disclosure. The following are the ways in which we may use and disclose your health information, although not every use of disclosure falling within each category is listed.

**TREATMENT-** We keep a record of the treatment that is provided to you. This record may include test results, diagnoses, medications, and your responses to medications or other therapies. We disclose this information so that doctors, nurses, or other staff members and entities, such as laboratories, can meet your needs. For example, a physician treating you may confer with another physician who is not a member of the practice about your care.

<u>PAYMENT-</u> We document the services and supplies you receive as we bill you, your insurance company, or another party for these services and supplies. We may tell your health plan about upcoming treatment or services that require prior approval by your health plan. For example, we may need to give your health information about a service provided to you so your health plan will pay us or reimburse you for the service.

<u>HEALTH CARE OPERATIONS-</u> We use your health information for operational purposes such as to improve the services we provide, to train faculty and staff for business management, quality improvement, and for customer service. For example, we may use your health information to review our treatment and services and to evaluate the performance of our staff in caring for you.

#### Additional Uses and Disclosures

We may also use and disclose your health information to:

- Comply with federal, state, or local laws that require disclosure
- Assist in public health activities such as tracking diseases or medical devices
- Inform authorities to protect victims of abuse or neglect
- Comply with federal and state health oversight activities such as fraud investigations
- Respond to law enforcement officials or to judicial orders, subpoenas, or other processes
- Recommend treatment alternatives
- Tell you about health-related products and services
- Inform coroners, medical examiners, and funeral directors of information necessary for them to fulfill their duties
- Facilitate organ and tissue donation or procurement
- Avert a serious threat to health or safety
- Assist in specialized government functions such as national security, intelligence, and protective services
- Inform military and veteran authorities if you are an armed forces member (active or reserve)
- Inform a correctional institution if you are an inmate
- Inform worker's compensation carriers or your employer if you are injured at work
- Communicate with other covered entities within our organized health care arrangements for treatment, payment, or health care operations
- Communicate with other providers, health plans, or their related entities for their treatment or payment activities, or health care operations' activities relating to quality assessment or licensing
- Provide information to other third parties with whom we do business, such as medical record transcription services. However, you should know that in these situations we require third parties to provide us with assurances that they will safeguard your information
- Communicate with individuals involved in your care or payment for that care, such as friends and family, unless you notify us otherwise

• Contact you by mail, telephone, or email, unless you notify us otherwise, in regards to your appointments or scheduled surgery. When contacting you by telephone, we may leave a voicemail message regarding your appointment or your surgery. We may also contact you by email in regards to the services you receive from Eye Physicians and Surgeons. Email communications are not necessarily secure when they are not encrypted and therefore, if you do not want us to communicate with you via email, please let us know.

Other uses and disclosures, not previously described, may only be done with your written authorization. You may revoke your authorization, however, this will not affect prior uses and disclosures.

## What is Eye Physicians and Surgeons, Inc.'s responsibility?

Eye Physicians and Surgeons, Inc. is required by law to:

- Maintain the privacy of your health information
- Provide this notice of our duties and privacy practices
- Abide by the terms of the notice currently in effect

We reserve the right to change privacy practices and make the new practices effective for all the information we maintain. Revised notices will be posted in our facility and you can receive a copy upon request.

#### Do you have any federal rights?

The law entitles you to:

- Inspect and copy certain portions of your health information. \*This does not include psychotherapy notes and we deny your request under limited circumstances
- Request amendment of your health information if you feel the health information is incorrect or incomplete. (However, under circumstances we may deny your request)
- Receive an account of certain disclosures of your health information made after March 1,
  2010, although this excludes disclosures for treatment, payment, and health care operations
- Request that we restrict how we use or disclose your health information. (However, we are not required to agree with your requests)
- Request that we communicate with you at a specific telephone number or address, or by a specific means.
- Obtain a paper copy of this notice even if you receive it electronically
- Requests must be in writing
- Requests may be subject to a fee
- Contact the patient advocate if you wish to exercise these rights

YOU CANNOT BE DENIED ACCESS TO YOUR MEDICAL RECORDS SIMPLY BECAUSE YOU CANNOT PAY THE COSTS OF COPYING OR INSPECTION.

### What if I have a complaint?

If you believe that your privacy has been violated, you may file a complaint with us or with the Secretary of Health and Human Services in Washington D.C. We will not retaliate or penalize you for filing a complaint with the facility or the Secretary.

To file a complaint with us or receive more information, contact the Patient Advocate at 703-698-8880.

To file a complaint with the Secretary of Health and Human Services write to: 200 Independence Ave., S.E., Washington, D.C. 20201 or call 1-877-696-6775.

#### Who will follow this notice?

This notice describes Eye Physicians and Surgeons, Inc.'s practices and those of any physician or other health care professional authorized by Eye Physicians and Surgeons, Inc. to access and/or enter information into your medical record.

#### Need more information?

Call the Patient Advocate at 703-698-8880 or write to Eye Physicians and Surgeons, Inc., 3031 Javier Rd., Fairfax, VA 22031.