

**LANDES EYE ASSOCIATES**  
**NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION**

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**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.**

**WHO WILL FOLLOW THIS NOTICE**

- Landes Eye Associates.
- Any health care professional authorized to enter information into your medical record maintained by Landes Eye Associates.
- Any persons or companies with whom Landes Eye Associates does business, i.e., "Business associates."
- All of these persons, entities, sites, and locations follow the terms of this notice. In addition, these persons, entities, sites, and locations may share medical information with each other for treatment, payment, or health care operations purposes and other purposes described in this notice.

**WE ARE REQUIRED BY LAW TO:**

- Make sure that medical information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices of Landes Eye Associates, and your legal rights, with respect to medical information about you.
- Follow the terms of the notice that is currently in effect.
- Notify you if we cannot accommodate a requested restriction or request.
- Accommodate your reasonable requests regarding methods to communicate health information with you.

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination, test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

We are permitted by federal privacy laws to make uses and disclosures of your health information for purposes of **treatment, payment, and health care operations**. For each of these categories, we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall into one of these categories.

**For Treatment Purposes:**

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, volunteers, or other personnel who are involved in taking care of you at Landes Eye Associates. We also may disclose medical information about you to people outside of Landes Eye Associates who may be involved in your medical care after you have been treated by Landes Eye Associates, such as friends, family members, or employees or medical staff members of any office, hospital, or skilled nursing facility where you subsequently receive care. During the course of your care at Landes Eye Associates, the doctor may determine he/she will need to consult with another specialist. He/she will share medical information about you with the specialist and obtain his/her input. We may use medical information about you to provide you with appointment reminders and to tell you about or recommend different ways to treat you.

**For Payment Purposes:**

We may use and disclose medical information about you so that the treatment and services you receive from Landes Eye Associates may be billed by Landes Eye Associates and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about treatment you received from Landes Eye Associates so your health plan will pay us or reimburse you for the treatment. We may also disclose information about you to another health care provider, such as an office, hospital, or skilled nursing facility, for their billing activities concerning you.

**For Health Care Operations:**

We and our business associates may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to operate Landes Eye Associates and make sure that all of our patients receive quality care. Some categories of health care operations include quality assessment, quality improvement, outcome evaluation, protocol and clinical guideline development, training programs, credentialing, medical review, legal services, and insurance. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, nurses, technicians, and other personnel affiliated with Landes Eye Associates for review and learning purposes. We may also combine the medical information we have with the medical information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning the identity of specific patients. We may also disclose information about you to another health care provider for its health care operations purposes if you also received care from that provider.

**OTHER DISCLOSURES AND USES**

**Individuals Involved in Your Care or Payment for Your Care**

We may release medical information about you to a friend or family member who is involved in your medical care. This would include persons named in any durable health care power of attorney or similar document provided to us. We may also give information to someone who helps pay for some or all of your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. You can object to these releases by telling us that you do not wish any or all individuals involved in your care to receive this information. If you are not present or cannot agree or object, we will use our professional judgment to decide whether it is in your best interest to release relevant information to someone who is involved in your care or to an entity assisting in a disaster relief effort.

**As Required or Permitted by Law**

We may disclose medical information about you when required or permitted to do so by federal, state, or local law.

**Serious Threat**

We may use and disclose medical information about you when it appears necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone who appears able to help prevent the threat and will be limited to the information needed.

**Abuse & Neglect**

We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

**Food and Drug Administration (FDA)**

We may disclose to the FDA your protected health information relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

**Public Health**

As authorized by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability; to report reactions to medications or problems with products; to notify people of recalls; to notify a person who may have been exposed to a disease or who is at risk for contracting or spreading a disease or condition.

**Health Oversight**

Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

**Workers' Compensation**

If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers' Compensation.

**Employers**

We may release health information about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. In such circumstances, we will give you written notice of such release of information to your employer. Any other disclosures to your employer will be made only if you execute a specific authorization for the release of that information to your employer.

### **Correctional Institutions**

If you are an inmate of a correctional institution, we may disclose to the institution or its agents the protected health information necessary for your health and the health and safety of other individuals.

### **Law Enforcement**

We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecution, or to the extent an individual is in the custody of law enforcement.

### **Judicial/Administrative Proceedings**

We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your authorization, or as directed by a proper court order.

### **For Specialized Governmental Functions**

We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

### **Organ Procurement Organizations**

Consistent with applicable law, we may disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

### **Coroners, Medical Examiners, and Funeral Directors**

We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients of Covered Entities to funeral directors as necessary for them to carry out their duties.

### **Research**

We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

The health and billing records we maintain are the physical property of Landes Eye Associates. The information in it, however, belongs to you. You have a right to:

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

You have the right to inspect and receive a copy of your medical records. To inspect or receive a copy, you must submit your request in writing to Landes Eye Associates' Privacy Officer. If you request the copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request, and we may collect the fee before providing the copy to you.

### **Right to Amend**

If you feel that medical information we have about you in your record is incorrect or incomplete, you may ask us to amend the information. To request an amendment, make your request in writing to Landes Eye Associates' Privacy Officer. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request for amendment of information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the health information created or maintained by Landes Eye Associates
- Is not part of the information that you would be permitted to inspect and copy
- Has been determined to be accurate and complete

If we deny your request for an amendment, you will be informed of the reason for the denial and you may submit a written statement of disagreement and ask that it be included in your medical record.

### **Right to Accounting of Disclosures**

You have the right to request a list of certain disclosures we have made of medical information about you during the past six years. An accounting will not include uses and disclosures of information for treatment, payment, or operations; disclosures or uses made to you or made at your request; uses or disclosures made pursuant to an authorization signed by you; uses or disclosures made in a facility directory or to family members or friends relevant to that person's involvement in your care or in payment for such care; or, uses or disclosures to notify family or others responsible for your care of your location, condition, or your death. To request this list of accounting of disclosures, submit your request in writing to Landes Eye Associates' Privacy Officer.

### **Right to Request Restrictions**

Except where we are required to disclose the information by law, you have the right to request a restriction or limitation on the medical information we use or disclose about you. We are not required to agree with your request, with the exception of restrictions on disclosures to your health plan, as described below. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, make your request in writing to Landes Eye Associates' Privacy Officer. In your request, 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. You may request that we do not disclose your medical information to your health insurance plan for some or all of the services you receive during a visit to Landes Eye Associates. If you pay the charges for those services you do not want to disclose in full at the time of such service, we are required to agree to your request. "In full" means the amount we charge for the service, not your copay, coinsurance, or deductible responsibility when your insurer pays for your care. Please note that once information about a service has been submitted to your health plan, we cannot agree to your request.

### **Right to Request Confidential Communications**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will accommodate all reasonable requests. To request confidential communications, make your request in writing to the Privacy Officer and specify how or where you wish to be contacted.

### **Right to a Paper Copy of this Notice**

You have the right to a paper copy of this notice or any revised notice. You may ask us to give you a copy of this notice at any time.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at Landes Eye Associates' office. The notice will contain the effective date. If the notice changes, a copy will be available to you upon request.

## **INVESTIGATIONS OF BREACH OF PRIVACY**

We will investigate any discovered unauthorized use or disclosure of your medical information to determine if it constitutes a breach of the federal privacy or security regulations addressing such information. If we determine that such a breach has occurred, we will provide you with notice of the breach and advise you what we intend to do to mitigate the damage (if any) caused by the breach, and about the steps you should take to protect yourself from potential harm resulting from the breach.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Landes Eye Associates or with the Secretary of the United States Department of Health and Human Services. To file a complaint with Landes Eye Associates, contact the Privacy Officer by mail at 2680 West Market Street, Fairlawn, OH 44333. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

## **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice may be made only with your written authorization or as required by law. If you authorize us to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. Your revocation will be effective as of the end of the day on which you provide it in writing to Landes Eye Associates' Privacy Officer. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care we provided to you.

If you have any questions about this notice, please contact Landes Eye Associates' Privacy Officer at 330-864-3937.

**Effective Date: January 1, 2017.**