

## NOTICE OF PRIVACY PRACTICES

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### **NASHUA EYE ASSOCIATES, P.A.**

**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.**

#### **OUR COMMITMENT TO YOUR PRIVACY**

Nashua Eye Associates is dedicated to maintaining the privacy of your Protected Health Information (PHI). "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By Federal and State law, we must follow the terms of the Notice of Privacy Practice that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- Your privacy rights in your PHI
- How we may use and disclose your Protected Health Information (PHI)
- Our obligation concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to change or amend this Notice of Privacy Practice at any time. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times.

#### **YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding the PHI that we maintain about you:

**You have the right to inspect and receive a copy your protected health information.** You have the right to inspect and obtain a copy of protected health information that may be used to make decisions about your care, including your own paper and electronic medical and billing records. Upon proof of appropriate legal relationship, records of others related to you or under your care (guardian or custodial) may also be disclosed.

To inspect or obtain a copy of your PHI, you must submit your request in writing using our Medical Records Release form to our Medical Records Supervisor, 5 Coliseum Avenue, Nashua, NH 03063. Our practice charges a fee for the costs of copying, mailing, and supplies associated with your request.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding. If you are denied access to medical information, you may request a review of the denial. Another licensed health care professional chosen by us will conduct the review. The person conducting the review will not be the person who denied your request. We will comply with the outcome and recommendations from that review.

**You have the right to amend your medical record.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing or on our form, "Request for Correction/Amendment of Protected Health Information" and submitted to our Medical Records Supervisor, 5 Coliseum Avenue, Nashua, NH 03063. You must provide us with a reason that supports your request for amendment. It must be dated and signed by you. Our practice will 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 if you ask us to amend information that is, in our opinion: (a) inaccurate and incomplete; (b) not part of the PHI which you would be permitted to inspect and copy; or (c) not created by our practice, unless the individual or entity that created the information is not available to amend the information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**You have the right to request a restriction of your protected health information.** You can ask us not to use or share certain health information for treatment, payment, or our operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care. We are not required to agree to your request and we may deny your request if it would affect your care. If your physician does agree to the requested restriction, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to our Medical Records Supervisor, 5 Coliseum Avenue, Nashua, NH 03063. Your request must describe in a clear and concise fashion:

- a. The information you want limited or restricted;
- b. Whether you are requesting to limit our practice's use, disclosure or both; and
- c. To whom you want limits to apply (i.e. children, spouse etc.)

**You have a right to restrict disclosures to your health plan.** If you have paid "out of pocket", in full, and you request that we do not disclose that information for the purpose of payment or our operations with your health insurer. We will accommodate your request unless a law requires us to share that information.

**You have the 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. For example, you may ask that we only contact you at home, rather than at work. Depending upon the request, we may place certain conditions on the accommodation such as asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. In order to request a type of confidential communication, you must make a written request to our Medical Records Supervisor at 5 Coliseum Avenue, Nashua, NH 03063, specifying the requested method of contact, or the location where you wish to be contacted. We will accommodate reasonable requests. You do not need to give a reason for your request.

**You have the right to get notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

**You have the right to an accounting of certain disclosures.** You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we share it with and why. We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. To request an accounting of disclosures, make your request in writing to our Medical Records Supervisor, 5 Coliseum Avenue, Nashua, NH 03063.

**You have the right to obtain a paper copy of this notice.** You are entitled to receive a paper copy of our notice of privacy practices. Even if you have agreed to receive this notice electronically, you are still

entitled to a paper copy. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact our Medical Records Supervisor at 5 Coliseum Avenue, Nashua, NH 03063. You may view a copy on our website at [www.nashuaeye.com](http://www.nashuaeye.com).

**COMPLAINTS** If you believe your privacy rights have been violated, you may file a complaint with our Practice or with the Secretary of Health and Human Services. To file a complaint with Nashua Eye Associates, contact our Practice Administrator at 5 Coliseum Avenue, Nashua, NH 03063. To file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independent Avenue, S.W. Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hippa/complaints](http://www.hhs.gov/ocr/privacy/hippa/complaints) . All complaints must be submitted in writing. You will not be penalized for filing a complaint.

## **HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU**

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice.

The following categories describe the different ways in which we may use and disclose your PHI.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency or nursing home that provides care to you, or to a pharmacy when we order a prescription for you. We will also disclose protected health information to other physicians who may be treating you.

In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., another specialist, laboratory, hospital, or surgery center) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment. We may also disclose your PHI to others who are known to assist in your care, such as your spouse, children or parents.

**Payment:** Your protected health information will be used in order to bill and obtain payment for the health care services and items you may receive from us. Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collections activities, and utilization review. An example of this would include sending your insurance company a bill for your visit and/or verifying coverage prior to a surgery. We may also use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items.

**Healthcare Operations:** Healthcare Operations include business aspects of running our practice, such as conducting quality assessments and improving activities, auditing functions, cost management analysis, and customer service. An example of this would be new patient survey cards.

We will also call you by name in the waiting room when your physician is ready to see you. We may use and disclose your PHI to contact you as a reminder that you have an appointment for medical care with the Practice or that you are due to receive periodic care from the practice. If we are unable to reach you personally, we may leave messages for you regarding upcoming appointments or instructions regarding your appointment, which could potentially be received or intercepted by others. However, we will always give the minimum necessary when leaving a message. Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives. We may also send you our newsletter about our practice and the services we offer.

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, general condition or death.

We will share your protected health information with third party "business associates" that perform various activities (e.g., billing clearinghouse, answering service, etc.) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

### **Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object**

We may use or disclose your protected health information in the following situations without your authorization. These situations include:

**Required By Law:** We may use or disclose your protected health information when required to do so by federal, state, or local law.

We may release medical information if asked to do so by a law enforcement official: 1) Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement; 2) Concerning a death we believe has resulted from criminal conduct; 3) Regarding criminal conduct at our offices; 4) In response to a warrant, summons, court order, subpoena or similar legal process; 5) To identify/locate a suspect, material witness, fugitive or missing person; 6) In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator

We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

**Emergency Situations:** We may disclose PHI about you to an organization assisting in a disaster relief effort or in an emergency situation so that your family can be notified about your condition, status and location.

**Public Health:** Law or public policy may require us to disclose medical information about you for public health activities. These activities generally include: preventing or controlling disease, injury or disability; maintaining vital records such as births and deaths; reporting child abuse or neglect; reporting reactions to medications or problems with products; notifying people of recalls of products they may be using; notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; notifying the appropriate government authority if we believe a patient has been a victim of abuse, neglect or domestic violence. However, we will only disclose this information if you agree or when required or authorized by law to disclose this information.

**Investigation and Government Activities:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Lawsuits and Legal Proceedings:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. This is particularly true if you make

your health an issue. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We shall attempt in these cases to tell you about the request so that you may obtain an order protecting the information requested if you so desire. We may also use such information to defend ourselves or any member of our Practice in any actual or threatened action.

**Research:** We may disclose your protected health 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.

**Serious Threats to Health or Safety:** We may use and disclose PHI about you when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of the public or another individual. Any disclosure would only be made to someone able to help prevent the threat.

**Address workers' compensation, law enforcement and other governmental request** We may use or disclose protected health information of individuals who are members of U.S. or foreign military forces (including veterans) if required by the appropriate authorities. We may also disclose your protected health information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

#### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN AUTHORIZATION**

Other uses and disclosures of your protected health information not covered by this notice or the laws that apply to us will be made only with your written authorization, unless those uses can be reasonably inferred from the intended uses above. You may revoke this authorization, at any time, in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. 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 that we provided to you.

- a. Uses and disclosures of Protect Health Information for marketing purposes; and
- b. Disclosures that constitute a sale of your Protected Health Information

If you have any questions regarding this notice or our health information privacy policies, please contact our Practice Administrator at 5 Coliseum Avenue, Nashua, NH 03063, or by calling 603-882-9800.

This notice was published and becomes effective on September 23, 2013.