

NOTICE OF PRIVACY PRACTICES

STOKEN WAGNER OPHTHALMIC ASSOCIATES

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

Effective Date of this Notice: September 23, 2013

If you have any questions regarding this notice, you may contact our Privacy Officer at:

Address: STOKEN WAGNER OPHTHALMIC ASSOCIATES, LLC
Attention: Privacy Officer
338 Alexander Spring Road
Carlisle, PA 17015
Telephone: (717) 249-6337
Fax: (717) 249-2415

I. YOUR PROTECTED HEALTH INFORMATION

We are required by the federal privacy rule to maintain the privacy of your health information that is protected by the rule, and to provide you with notice of our legal duties and privacy practices with respect to your protected health information. We are required to abide by the terms of the notice currently in effect. We are also required to notify you following a breach of your unsecured protected health information.

Generally speaking, your protected health information is any information that relates to your past, present or future physical or mental health or condition, the provision of health care to you, or payment for health care provided to you, and individually identifies you or reasonably can be used to identify you. Protected health includes genetic information. Protected health information typically excludes health information of persons who have been deceased for more than fifty (50) years.

Your medical and billing records at our entity are examples of information that usually will be regarded as your protected health information.

II. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

A. Treatment, payment, and health care operations

This section describes how we may use and disclose your protected health information for treatment, payment, and health care operations purposes. The descriptions include examples. Not every possible use or disclosure for treatment, payment, and health care operations purposes will be listed.

1. Treatment

We may use and disclose your protected health information for our treatment purposes as well as the treatment purposes of other health care providers. Treatment includes the provision, coordination, or management of health care services to you by one or more health care providers. Some examples of treatment uses and disclosures include:

- We may disclose medical information about you to doctors, nurses, technicians, medical students and other trainees, or other personnel who are involved in your care at our office.
- We may share medical information about you in order to coordinate the different services you need, such as prescriptions, lab work and x-rays.

- We may disclose medical information about you to people outside our office who may be involved in your medical care, such as other physicians, family members, or other health care related entities such as skilled nursing care facilities with whom you seek treatment.
- We may use a patient sign-in sheet in the waiting area which is accessible to all patients.
- We may page patients in the waiting room when it is time for them to go to an examining room.
- We may contact you to provide appointment reminders.

2. Payment

We may use and disclose your protected health information for our payment purposes as well as the payment purposes of other health care providers and health plans so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company, or a third party. Some examples of payment uses and disclosures include:

- Sharing information with your health insurer to determine whether you are eligible for coverage or whether proposed treatment is a covered service.
- We may need to give your health insurance company information about a procedure you received so your health insurance company will pay us or reimburse you for the procedure. This may include submission of a claim form.
- Providing supplemental information to your health insurer so that your health insurer can obtain reimbursement from another health plan under a coordination of benefits clause in your subscriber agreement.
- We may also disclose your medical information to other healthcare providers so that they can bill for health care services that they provided to you, such as ambulance services.
- Mailing statements to you for our services in envelopes with our entity name and return address.
- Provision of a bill to a family member or other person designated as responsible for payment for services rendered to you.
- Providing information to a collection agency or an attorney for purposes of securing payment of a delinquent account.

3. Health care operations

We may use and disclose your protected health information for our health care operation purposes as well as certain health care operation purposes of other health care providers and health plans. Some examples of health care operation purposes include:

- 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 use and disclose medical information about you for various quality assurance and quality improvement activities.
- Population based activities relating to improving health or reducing health care costs.
- Conducting training programs for doctors, nurses, technicians, medical and nursing students, and other personnel.
- Accreditation, certification, licensing, and credentialing activities.
- Health care fraud and abuse detection and compliance programs.
- Conducting other medical review, legal services, and auditing functions.
- Business planning and development activities, such as conducting cost management and planning related analyses.
- Sharing information regarding patients with entities that are interested in purchasing our entity and turning over patient records to entities that have purchased our entity.
- Other business management and general administrative activities, such as compliance with the federal privacy rule and resolution of patient grievances.
- Conducting fundraising activities. With any fundraising communication, you will be given the opportunity to opt out of future solicitations.

B. Other uses and disclosures not requiring authorization

We may use and disclose your protected health information for other purposes.

- Family members or close friends involved in your care or payment for your treatment.
- In a disaster relief effort so that your family can be notified about your condition and location.
- A government disaster relief agency if you are involved in a disaster relief effort.
- To inform you of treatment alternatives or benefits or services related to your health. If we receive anything of value for making these communications, we will notify you of this fact, and you will have an opportunity to opt out of future communications.
- To contact you to raise funds for our entity. Information used and disclosed for fundraising will be limited to your name and other limited information permitted by law. You will have the opportunity to opt out of receiving future fundraising communications. *[remove if not applicable]*
- As required by law.
- Public health activities, including disease prevention, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or product problems; notification of recalls; infectious disease control; notifying government authorities of suspected abuse, neglect or domestic violence (if you agree or as required by law).
- Health oversight activities (e.g., audits, inspections, investigations, and licensure activities).
- Lawsuits and disputes (e.g., as required by a court or administrative order or in response to a subpoena or other legal process).
- Law enforcement (e.g., in response to legal process or as required or allowed by law).
- Coroners, medical examiners, and funeral directors.
- Organ and tissue donation organizations.
- Certain research projects as approved by an Institutional Review Board or if certain conditions are met.
- To prevent a serious threat to public health or safety.
- To military authorities if you are a member of the armed forces.
- National security and intelligence activities.
- Protection of the President or other authorized persons or foreign heads of state, or to conduct special investigations.
- Inmates or others in custody to a correctional institution or law enforcement.
- Workers' Compensation (in compliance with applicable laws).
- To business associates (individuals or entities that perform functions on our behalf) (e.g., to install a new computer system) provided they agree to safeguard the information.
- We may incidentally disclose protected health information as by-product of an otherwise permitted use or disclosure. For example, other patients may overhear your name being paged in the waiting room.
- We may disclose proof of immunization to a school for admission with oral or written agreement from a parent/guardian or other person acting in *loco parentis*, or directly from the individual if an adult or emancipated minor.

C. Uses and disclosures requiring authorization

All other purposes that do not fall under a category listed above, will require your written authorization to use, disclose or sell your protected health information. Subject to compliance with limited exceptions, we will not use or disclose psychotherapy notes, use or disclose your health information for marketing purposes or sell your health information, unless you have signed an authorization. You may revoke your authorization, and thereby stop any future uses and disclosures, by notifying us in writing.

III. PATIENT PRIVACY RIGHTS

You have the following rights regarding your medical records. Please contact our Privacy Officer to exercise your rights.

A. Right to request restriction

You may request limitations on how we use or disclose your medical information for health care treatment, payment, or operations (e.g., you may ask us not to disclose that you have had a particular surgery). We are not required to agree to your request, except for requests to restrict disclosures to a health plan for purposes of payment or health care operations when you have paid in full out-of-pocket for the item or service covered by the request

and when the disclosure is not required by law. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

B. Right to confidential communications

You may request communications in a certain way or at a certain location. For example, you might request that we only contact you by mail or at work. We will accommodate reasonable requests for confidential communications but you must specify how or where you wish to be contacted and how payment will be handled.

C. Right to accounting of disclosures

You may request a list of instances where we have disclosed your medical information for certain types of disclosures. The accounting will not include disclosures that we are not required to record, such as disclosures made pursuant to an authorization. This right is limited to disclosures within six years of the request. The first accounting you request within a 12-month period is free, but we will charge a fee for any additional lists requested within the same 12-month period.

D. Right to inspect and copy

You have the right to look at and obtain a copy of your medical records, billing records, and other records used to make decisions about your care. We may charge you a fee for our postage and labor costs and supplies to create the copy. Under limited circumstances, your request may be denied and you may request review of the denial by another licensed health care professional of our choosing. We will comply with the outcome of the review. If your information is stored electronically and you request an electronic copy, we will provide it to you in a readable electronic form and format.

E. Right to request amendment

If you believe that the medical information we have about you is incorrect or incomplete, you have the right to request that your records be amended. Under limited circumstances, we may deny your request for amendment. If denied, you will receive an explanation for the decision and information explaining your options.

F. Right to copy of privacy notice

You may request a paper copy of this Notice at any time by contacting our Privacy Officer. You may also obtain an electronic copy of this Notice on our website. The Notice will be provided to you in other formats if you require special accommodations by contacting our privacy officer.

G. Right to notification of breach

We are required by law to notify affected individuals following a breach of unsecured medical information. A breach is generally defined as any disclosure of unsecured protected health information not permitted by this notice. Examples of exceptions include unintentional access by employees and inadvertent disclosures within an office.

IV. CHANGES TO THIS NOTICE

We reserve the right to change this notice at any time. We further reserve the right to make any new provisions effective for all protected health information that we maintain at the time of the change, including information that we created or received prior to the effective date of the change.

We will post a copy of our current notice in our waiting room and also on our website. At any time, patients may review the current notice or request a paper copy by contacting our privacy officer.

V. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Secretary of the United States Department of Health and Human Services. *You will not be penalized or retaliated against in any way for filing a complaint.*

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE

Notice of Privacy Practices Stoken Wagner Ophthalmic Associates has a Notice of Privacy Practices, which describes how we may use and disclose your protected health information, how you can access your protected health information, and other rights concerning your protected health information.

I acknowledge that I received or was offered a copy of Stoken Wagner Ophthalmic Associates Notice of Privacy Practices. (A copy of Stoken Wagner Ophthalmic Associates Notice of Privacy Practice is located in the waiting room.)

Print name of patient

Signature of patient/personal representative

Date

Name of personal representative

Relationship to patient

Patient Consent to Leave Messages

STOKEN WAGNER OPHTHALMIC ASSOCIATES, in order to comply with the HIPAA Privacy Regulation, requires consent from the patient before detailed messages are left for the patient. This policy is to protect the privacy of the patient and to protect the physicians and staff from violating the patient's confidentiality. If there is not a signed consent on file, physicians and staff will only leave their name and telephone number on an answering machine, voicemail or with a live person answering the phone requesting the patient to return the call.

By completing the consent below, you are allowing STOKEN WAGNER OPHTHALMIC ASSOCIATES's physicians and staff to leave a detailed message on an answering machine, voicemail or with a specified individual.

I give my consent to STOKEN WAGNER OPHTHALMIC ASSOCIATES to leave a message regarding treatment, surgery, lab or radiology results, pre-operative instructions, or other clinical information as necessary.

Please check all that applies.

_____ **On an answering machine or voicemail at home or cell (This includes our reminder calls for appts.)**

_____ **A text message on cell phone # _____**

_____ **On an answering machine or voicemail at work**

_____ **I do not have an answering machine but would still like the reminder calls for appts.**

_____ **With _____ relationship _____**

_____ **With _____ relationship _____**

_____ **I do not consent to messages being left at home, work or with any other person. I wish to be contacted directly.**

Patient's Name (Please Print)

Patient's Signature

Date