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Physicians and Surgeons • Practice limited to diseases and surgery of the macula, retina and vitreous

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.

Our goal is to take appropriate steps to attempt to safeguard any medical or other personal information that is provided to us. The Privacy Rule under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires us to: (i) maintain the privacy of medical information provided to us; (ii) provide notice of our legal duties and privacy practices; and (iii) abide by the terms of our Notice of Privacy Practices currently in effect. All medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally will be kept properly confidential. This act allows you, the patient, the right to understand and control how your personal health information (PHI) is used.

WHO WILL FOLLOW THIS NOTICE

- **This notice describes the practices of our employees and staff, as well as those with whom we have contracted. This notice applies to each of these individuals, entities, sites, and locations. In addition, these individuals, entities, sites, and locations may share medical information with each other for treatment, payment, and health care operation purposes described in this notice.**

INFORMATION COLLECTED ABOUT YOU

In the ordinary course of receiving treatment and health care services from us, you will be providing us with personal information such as:

- Your name, address, and phone number.
- Information relating to your medical history.
- Your insurance information and coverage.
- Information concerning your doctor, nurse, or other medical providers.

In addition, we will gather certain medical information about you and will create a record of the care provided to you. Some information also may be provided to us by other individuals or organizations that are part of your “circle of care” – such as the referring physician, your other doctors, your health plan, and close friends or family members.

HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU

We may use and disclose personal and identifiable health information about you for a variety of purposes. All of the types of uses and disclosures of information are described below, but not every use or disclosure in a category is listed.

Required Disclosures We are required to disclose health information about you to the Secretary of Health and Human Services, upon request, to determine our compliance with HIPAA and to you, in accordance with your right to access and right to receive an accounting of disclosures, as described below.

For Treatment We may use health information about you in treatment. For example, we may use your medical history, such as any presence or absence of diabetes, to assess the health of your eyes.

For Payment We may use and disclose health information about you to bill for our services and to collect payment from you or your insurance company. An example of this would include sending your insurance company a bill for your visit and/or verifying coverage prior to a surgery.

For Health Care Operations We may use and disclose information about you for the general operation of our business. For example, we sometimes arrange for auditors or other consultants to review our practices, evaluate our operations, and tell us how to improve our services. Or, for example, we may use and disclose your health information to review the quality of services provided to you.

Public Policy Uses and Disclosures There are a number of public policy reasons why we may disclose information about you without authorization:

- If the information is being used for nonsubsidized treatment, payment and operations purposes;
- For research purposes when an authorization is independently approved by a privacy board or Institutional Review Board;
- In judicial and administrative proceedings;
- In limited law enforcement activities;
- In investigations of abuse or neglect;
- For the identification of a deceased person or the cause of death; and
- For activities related to national defense

Our Business Associates We sometimes work with outside individuals and businesses that help us operate our business successfully. We may disclose your health information to these business associates so that they can perform the tasks we hire them to do. Our business associates must promise that they will respect the confidentiality of your personal and identifiable health information.

Disclosures to Persons Assisting in Your Care or Payment for Your Care We may disclose information to individuals involved in your care or in the payment for your care. This includes people and organizations that are part of your “circle of care” – such as your spouse, your other doctors, or an aide who may be providing services to you. We may also use and disclose health information about a patient for disaster relief efforts and to notify persons responsible for a patient’s care about a patient’s location, general condition, or death. Generally, we will obtain your verbal agreement before using or disclosing health information in this way. However, under certain circumstances, such as in an emergency

situation, we may make these uses and disclosures without your agreement.

Appointment Reminders We may use and disclose medical information to contact you as a reminder that you have an appointment or that you should schedule an appointment.

Treatment Alternatives We may use and disclose your personal health information in order to tell you about or recommend possible treatment options, alternatives, or health-related services that may be of interest to you.

Fundraising/Marketing We may contact you for health related services or other fundraising communications that may be of interest to you. You do have the right to “opt out” with respect to receiving fundraising communications from us.

(To the extent another state or federal law restricts the ability of the practice to use or disclose protected health information as discussed above, the descriptions above must reflect the more stringent law).

OTHER USES AND DISCLOSURES OF PERSONAL INFORMATION

We are required to obtain written authorization from you for any uses and disclosures of medical information other than those described above. If you provide us with such permission, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose personal information about you for the reasons covered by your written authorization, except to the extent we have already relied on your original permission. The following use and disclosures of PHI will only be made pursuant to us receiving a written authorization from you:

- Most uses and disclosures of psychotherapy notes;
- Uses and disclosure of your PHI for marketing purposes, including subsidized treatment and health care operations;
- Disclosures that constitute a sale of PHI under HIPPA; and
- Other uses and disclosures not described in this notice

If you have paid for services “out of pocket” in full, and you request that we not disclose PHI related solely to those services to a health plan, we will accommodate your request, except where we are required by law to make a disclosure.

INDIVIDUAL RIGHTS

You have the right to ask for restrictions on the ways we use and disclose your health information for treatment, payment, and health care operation purposes. You may also request that we limit our disclosures to persons assisting in your care or payment of your care. We will consider your request, but we are not required to accept it.

You have the right to request that you receive communications containing your protected health information from us by alternative means or at alternative locations. For example, you may ask that we only contact you at home or by mail.

Except under certain circumstances, you have the right to inspect and copy medical, billing, and other records used to make decisions about you. If you ask for copies of this information, we may charge you a fee for copying and mailing.

If you believe that information in your records is incorrect or incomplete, you have the right to ask us to correct the existing information or add missing information. Under certain

circumstances, we may deny your request, such as when the information is accurate and complete.

You have a right to receive a list of certain instances when we have used or disclosed your medical information. We are not required to include in the list uses and disclosures for your treatment, payment for services furnished to you, our health care operations, disclosures to you, disclosures you give us authorization to make, and uses and disclosures before April 14, 2003, among others. If you ask for this information from us more than once every twelve months, we may charge you a fee.

You have the right to a copy of this notice in paper form. you may ask us for a copy at any time. You may also obtain a copy of this form at our web site, www.retinaandvitreous.com.

To exercise any of your rights, please contact us in writing c/o Julie Nelson, Privacy Officer, 246 Catalina Drive, Suite 1, Ashland, OR 97520. When making a request for amendment, you must state a reason for making the request.

BREACHES OF PHI

A breach is presumed to have occurred when PHI is acquired, accessed, used or disclosed in a manner not permitted under HIPPA. If a breach has occurred, the practice must notify the affected individuals.

CHANGES TO THIS NOTICE

We reserve the right to make changes to this notice at any time. We reserve the right to make the revised notice effective for personal health information we have about you as well as any information we receive in the future. In the event that there is a material change to this notice, the revised notice will be posted. In addition, you may request a copy of the revised notice at any time.

COMPLAINTS/COMMENTS

If you have any complaints concerning our privacy practices, you may contact the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Room 509F, HHH Building, Washington, D.C. 20201 (e-mail: ocrmail@hhs.gov). You also may contact us by calling Julie Nelson at (541) 488-3192 and/or writing Julie Nelson at 246 Catalina Drive, Suite 1, Ashland, Oregon 97520.

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

To obtain more information concerning this notice, you may contact our Privacy Officer, Julie Nelson, by calling (541) 488-3192 and/or writing to 246 Catalina Drive, Suite 1, Ashland, Oregon 97520.

This notice is effective as of Sept. 23, 2013.

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