

**OPHTHALMIC PARTNERS OF PENNSYLVANIA, P.C.  
OPHTHALMIC PARTNERS OF NEW JERSEY, P.C.**

**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.**

**INTRODUCTION**

At Ophthalmic Partners, we are committed to using your health information responsibly. This Notice of Privacy Practices describes the nature of your protected health information, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information.

**UNDERSTANDING YOUR HEALTH INFORMATION**

Each time you come to our practice, we create a record of your visit. Typically, this record contains information about your personal demographics, medical exam, diagnoses, test results, treatment, and other pertinent data. Your health record serves as a:

- Basis for planning your care and treatment, including communication with other health care professionals involved in your care.
- Means for you or your insurance company to verify that services billed were actually provided.
- Basis for medical education, teaching, and research.
- Basis for public health officials who might use this information to assess and/or improve state or national healthcare standards.
- Basis for practice planning or marketing.
- A tool that we can reference to ensure the highest quality of care and patient satisfaction.

Understanding what is in your health record and how your health information is used helps you ensure its accuracy, determine what entities have access to your health information, and make an informed decision when authorizing the disclosure of this information to other individuals.

**OUR RESPONSIBILITIES**

Our practice is required to:

- Maintain the privacy of your health information and use, disclose, or request such information only to the extent minimally necessary to accomplish the intended purpose of the use, disclosure, or request.
- Provide you with this Notice and abide by its terms.

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. Changes in our policies and practices may be required by changes in federal or state laws and regulations. Whatever the reason, we will provide you with a revised notice on your next visit.

## **HOW WE MAY USE AND/OR DISCLOSE YOUR HEALTH INFORMATION**

- **Treatment**

Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, providing treatment, and coordinating your care.
- **Payment**

Your health plan (or other third party payer) may request and receive information on dates of service, services provided, and the medical condition(s) being treated in order to make payment under the relevant insurance policy.
- **Regular Health Operations**

Your health information may be used, as necessary, to support the day-to-day activities and management of our practice. These activities include, but are not limited to, quality assessments, employee training and reviews, licensing, marketing, and other business and health operations. For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you.
- **Business Associates**

In some instances, we have contracted separate entities to provide services for us. These “business associates” require your health information in order to accomplish the tasks that we ask them to provide. Some examples might be a billing service, answering service, or computer software provider. They are required to treat your protected health information in the same manner that we do.
- **Communication with Family**

Due to the nature of our field, we will use our best judgment when disclosing health information to a family member or any other person that is involved in your care or that you have authorized to receive this information. Please inform the practice when you do not wish a family member or other individual to receive your health information.
- **Research/Teaching/Training**

We may use your health information for the purpose of research, teaching, and training.
- **Healthcare Oversight**

Federal law requires us to release your information to an appropriate health oversight agency, public health authority, or other federal or state appointee if there are circumstances that require us to do so.
- **Public Health Reporting**

Your health information may be disclosed to public health agencies as required by law.
- **Law Enforcement**

Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate investigations, and to comply with government mandated reporting.
- **Appointment Reminders**

The practice may use your information to remind you about upcoming appointments. Typically, a brief, non-specific message will be left of your answering machine.

## **YOUR RIGHTS**

You have certain rights under the federal privacy standards with respect to your protected health information.

- **You have the right to inspect and copy your protected health information.** Under federal law, however, you may not inspect or copy information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and information subject to any law prohibiting access to protected health information.
- **You have the right to request that your physician amend your protected health 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.** This means you may ask us not to use or disclose any part of your protected health information, including restrictions on access by family members or others who may be involved in your care. Please note, however, that your physician is not required to agree to your request. If the physician believes it is in your best interest to permit use and disclosure of your protected health information, such information will not be restricted. You then have the right to use another Healthcare Professional.
- **You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.**
- **You have the right to receive confidential communications from us by alternative means or at an alternative location.**
- **You have the right to obtain a paper copy of this Notice.**

## **For More Information or to Report a Problem**

If you have questions, complaints, or would like additional information regarding this notice or our privacy practices, please contact:

Julia Lee, JD  
Ophthalmic Partners  
100 Presidential Blvd., Suite 200  
Bala Cynwyd, PA 19004  
(484) 434-2700

If you believe that your privacy rights have been violated, please contact the aforementioned practice Privacy Official. You may also file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the practice's Privacy Official or with the Office for Civil Rights.