

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.

We understand that your health information is personal to you and we are committed to protecting this information. We are required by law to maintain the privacy of your protected health information and to give you this Notice describing our legal duties and privacy practices regarding information we receive or create related to your health care.

How We May Use and Disclose Health Information About You We will not use or disclose your health information without your authorization, except in the following situations:

Required Disclosures: We are required to disclose health information about you to the Secretary of Health and Human Services, upon request.

Treatment: We will use and disclose your health information while providing, coordinating or managing your health care. A letter explaining your condition will be mailed, faxed or emailed to your referring physician, eye care provider, primary care medical doctor and any other physicians involved in your medical care.

Payment: We will use and disclose your medical information to obtain reimbursement for providing your health care. A bill will be sent to your health plan which will include information that identifies you, as well as your diagnosis, procedures, and supplies used.

Health Care Operations: We will use and disclose your health information for the general operations.

Business Associates: There are some services provided in our organization through contracts with business associates. We may disclose your health information to them so they can perform the job we've asked them to do; they are required to take precautions to protect your health information.

Research: Consistent with applicable state law 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 health information.

Funeral Director, Coroner, and Medical Examiner: Consistent with applicable law, we may disclose health information to funeral directors, coroners, and medical examiners to help them carry out their duties.

Organ Procurement Organizations: Consistent with applicable law, we may disclose 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.

Food and Drug Administration(FDA): We may disclose to the FDA health information relative to adverse events, product defects, or post marketing surveillance information to enable product recalls or repairs.

Public Health: As required by law, we may disclose your health information to public health, governmental agencies or legal authorities charged with preventing or controlling disease, injury, or disability, including abuse, neglect or domestic violence.

Health Oversight: We may disclose your health information for oversight activities authorized by law (government benefit programs) such as audits and civil, administrative, or criminal investigations.

Law Enforcement/Court Proceeding: We may disclose your health information to law enforcement officials in response to requests made during judicial/administrative proceedings, such as court orders or subpoenas.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official.

Threats to Public Health or Safety: We may disclose or use health information when it is our good faith belief, consistent with ethical and legal standards, that it is necessary to prevent or lessen serious and imminent threat or is necessary to identify or apprehend an individual.

Specialized Government Functions: We may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State.

Workers Compensation: We may disclose health information when authorized and necessary to comply with laws relating to workers compensation for other similar programs.

Disclosures to Persons Assisting in Your Care or Payment for Your Care: We may disclose information to individuals involved in your care, including payment. This includes people that you identify as a part of your "circle of care" – such as your spouse, other doctors, or an aide providing services to you. We may also use or disclose information to notify or assist in notifying a family member, personal representative, or other person responsible for your care of your location and general condition. Generally, we will obtain your verbal or written 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.

Other Uses: We may also use and disclose your personal health information for the following purposes:

- Appointment Reminders – We may use and disclose medical information to contact you by mail and/or telephone to remind you of a scheduled appointment or of a missed appointment
- Treatment Alternatives – We may use and disclose your personal health information in order to contact you by mail and/or telephone to describe or recommend treatment alternatives; and
- We may leave limited information on your answering machine and voice mail.

Prohibition on Other Uses or Disclosures We may not make any other use or disclosure of your personal health information without your written authorization. You may revoke an authorization by writing to the contact person listed below. We are unable to take back any disclosure we have already made with your permission.

Individual Rights You have many rights concerning the confidentiality of your health information. You have the right:

- To request restriction on the health information we may use and disclose for treatment, payment, and health care operations. We are not required to agree to these requests unless you have paid out of pocket in full for the provided services.
- To receive confidential communications of health information about you in a certain manner or at a certain location.
- To inspect or copy your health information. We may charge you a fee for the cost of copying, mailing or other supplies. In certain circumstances we may deny your request to inspect or copy your health information. If you are denied access to your health information, you may request that the denial be reviewed.
- To amend health information. If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You must provide a reason to support your request. We may deny your request if it is not in writing or does not provide a reason to support your request. We may also deny your request if the information was not created by us, the information is not part of the health information

kept by us for us, is not part of the information you would be permitted to inspect or copy, or is accurate and complete.

- To receive an accounting of disclosures of your health information. Your request must state a time period, not longer than 6 years and may not include dates before April 14, 2003. Your request must state how you would like to receive the report (paper, electronically). The first accounting you request within a 12-month period is free. We may charge you a cost of providing any additional accountings within the same 12 month period. We will notify you of this cost.
- You may receive a paper copy of this Notice upon request, even if you have agreed to receive the Notice electronically. You may obtain a copy of this notice at our website www.Retinawv.com.
- Individuals have a right to receive notifications of breaches of unsecured protected health information.

All requests **must be made in writing** to the contact person listed below.

Complaints/Comments If you believe that your privacy rights have been violated, a complaint may be made to our Privacy Officer (304)346-4400 or in writing at the address listed below. You may also submit a complaint to the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint.

To obtain more information concerning this notice or the privacy of your health information, you may contact our Privacy Officer.

Retina Consultants, PLLC
ATTN: Lynnette Dettinger
PO Box 3970
Charleston, WV 25339-3970

(304)346-4400

Changes to This Notice

We reserve the right to change our privacy practices and to apply the revised practices to health information about you that we already have. Any revision to our privacy practices will be described in a revised Notice that will be posted prominently in our facility.

Notice Effective Date: April 15, 2003

Revised: May 2013