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## **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.**

**Effective: April 14, 2003**

The physician and staff of Eye Specialists of Delaware are legally required to protect the privacy of your health information and to abide by the requirements stated in this document. This Notice of Privacy Practices describes our legal duty to protect the privacy of your health information and the policies and procedures this office has in place to do so.

Our office is required to prominently post the most current notice at all times. A copy of the current Notice of Privacy Practices for Eye Specialists of Delaware is available in each of our waiting room locations, and will be given to each patient on their first office visit following April 14, 2003. You will be asked to sign an acknowledgement that you received a copy.

If you need additional information about anything contained in this notice please contact our office manager at the location you're being seen at or by calling the Privacy Officer/General Manager for each location at 302-678-1700. We encourage you to ask questions about anything that you do not understand.

Eye Specialists of Delaware reserves the right to change its Notice of Privacy Practices without advance notice to you and apply the revised Notice of Privacy Practices to your health information. Any changes that are made will be highlighted on the most current Notice of Privacy Practices that is posted in our office so that they are easily recognized. If changes are made to this Notice of Privacy Practices, you will be provided with a copy of the revised Notice on your first visit following the revision.

Eye Specialists of Delaware has policies and procedures to ensure that your health information is protected. These include specific guidelines for how and when your health information is used, when and how it is disclosed, how confidentially it is maintained, who has access to your health information, and when your health information can be shared with others.

Our office will use and disclose your health information to provide your care and treatment, bill and collect payment for services received and carry out the routine health care operations of this office.

The uses and disclosure include but are not limited to the following:

- ◆ *Administrative functions within the office – assembling health information, filing records, scheduling appointments, reminding patients of appointments and other schedule activities, billing and collecting for services.*
- ◆ *Record creation, documentation and monitoring of your health status.*
- ◆ *Communication among the workforce of our offices, either verbally or in writing, information that is required for them to perform the functions of their job.*
- ◆ *Consulting with other providers and their workforce, providing health information as required and making referrals.*
- ◆ *Verifying our benefits and eligibility with your insurance company.*
- ◆ *Obtaining authorization from your insurance company as required.*
- ◆ *Calling/faxing in prescriptions to your pharmacy, optical provider, or contact lens supplier.*
- ◆ *Providing health information as needed for scheduling appointments for diagnostic tests, surgery, admission, consultations, home health and other services that you require.*
- ◆ *Providing health information to your insurance company as requested for their administrative requirements.*

Our office may contact you directly by phone, answering machine, fax, electronically or by mail (postcard and/or letter) for any of the following activities:

- ◆ *Providing appointment reminders for this office*
- ◆ *Scheduling appointments for this office and/or other offices as necessary and providing you with appointment information*
- ◆ *Describing or recommending treatment alternatives*
- ◆ *Providing pre-test instructions and test results*
- ◆ *Providing information about health related benefits and services that may be of interest to you such as classes or educational opportunities*

If Eye Specialists of Delaware needs to treat you in an emergency situation, you will be provided with a copy of the Notice after your emergency has been taken care of and a good faith effort will be made to obtain your acknowledgement of receipt of the Notice.

Your health information may be used and disclosed **without** your authorization in the following circumstances if you are informed and given the opportunity to agree or object. If you are not present or the opportunity for you to agree or object cannot be provided, we may decide whether the disclosure is in your best interest based on professional judgment.

- ◆ *To a family member or other relative, close personal friend, or other person identified by you, the health information relevant to that person's involvement in your care or payment.*
- ◆ *To a family member, close personal friend, a personal representative, or other person responsible for our care regarding your location, general condition or death.*
- ◆ *To a public or private organization authorized by law to assist in disaster relief efforts as required by law.*

Your health information may be used and disclosed **without** your authorization or the opportunity for you to agree or object in the following circumstances as required by law.

- ◆ *For public health activities including but not limited to reporting of communicable diseases, reporting births and deaths, and public health surveillance as required by law*
- ◆ *For suspected child abuse and neglect as required by law*
- ◆ *To the Food and Drug Administration to report adverse events including adverse drug reactions and product defects or problems as required by law*
- ◆ *To your employer if you have a work related injury or illness or a workplace related medical surveillance as required by law*
- ◆ *To a government authority if you are a victim of abuse, neglect or domestic violence (You must be informed of such a report unless, in the exercise of professional judgment it puts you at risk of serious harm) as required by law*
- ◆ *To a health oversight agency as authorized by law including audits; civil, administrative or criminal investigations; inspections; licensure or disciplinary actions as required by law*
- ◆ *In response to a court order or court-ordered warrant, a subpoena or summons issued by a judicial officer, a grand jury subpoena or administrative request as required by law*
- ◆ *To law enforcement officials for the purpose of identifying or locating a suspect, fugitive, material witness or missing person as required by law*
- ◆ *To law enforcement officials if you are suspected to be a victim of a crime as required by law*
- ◆ *To law enforcement officials of a death if we suspect that the death may have resulted from criminal conduct as required by law*
- ◆ *To a coroner or medical examiner for the purpose of identification, determining a cause of death or other duties authorized by law*
- ◆ *To a funeral director as necessary to carry out their duties as required by law*
- ◆ *To organ procurement organizations engaged in procurement, banking or transplantation of cadaveric organs, eyes, or tissue as required by law*
- ◆ *Being seen as a Self-Pay patient, though you have health Insurance.*

All other uses and disclosures of your health information will require a specific HEALTH INSURANCE PRIVACY ADDITIONAL AUTHORIZATION.

The law gives you the following rights regarding your health information:

- ◆ *The right to request restrictions of our uses and disclosures for purposes of treatment (except emergency treatment), payment or healthcare options. Every effort will be made to honor your request but we are not required to agree to a requested restriction. To ask for a restriction, send a written request to Privacy Officer at the address, fax or email shown at the beginning of this notice.*
- ◆ *The right to receive confidential communications of health information, such as calling you at work rather than at home, by mailing health information to a different address, or by using e-mail to your personal email address. We will accommodate these requests if they are reasonable, and if you pay us for any additional cost we may incur.*
- ◆ *You have the right to be notified following any breach of unsecured protected health information.*
- ◆ *Any uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information require authorization as well as a statement that other uses and disclosures not described in the NPP will be made only with authorization from the patient.*

- ◆ *The right to see and receive a copy your health information. By law there are few limited situations in which we can refuse to permit access or copying. Primarily, however, you will be able to review or have a copy of your health information within 30 days of request. You may be charged for photocopies in advance. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally required. By law, we have one 30-day extension of the time for us to give you access or photocopies if we sent you a written notice of the extension.*
  
- ◆ *The right to request an amendment or correction to your health information. If we agree, we will amend the information within 60 days from your request. We will send the corrected information to persons who we know received the wrong information, and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your health records along with any rebuttal statement that we may write. Once your statement of position and/or rebuttal is included in your health records, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have a 30-day extension of time to consider a request for amendment if we notify you in writing of the extension.*
  
- ◆ *The right to receive an accounting or list of each time your health information has been disclosed within the past six years, except disclosures for purposes of treatment, payment or health care operations, disclosures made in accordance with an authorization signed by you, and some other limited disclosures. The first accounting within a twelve month period is provided at no cost to you. The provider may charge a reasonable cost-based fee for each subsequent request within twelve month period. By law, we can have one 30-day extension of time to consider a request for a disclosure list if we notify you in writing of the extension.*

If you believe your privacy rights have been violated, you may make a complaint to our office manager at your location or by writing the Privacy Officer at the address, fax or email shown at the beginning of this notice. If you prefer, you can discuss your complaint in person or by phone at 302-678-1700. You may also make a complaint to the Secretary of Health and Human Services at the address listed below. If you make a complaint to the Secretary of Health and Human Services to the address listed below, the complaint must be in writing and contain the name of the physician or office, describe the act or omission believed to be in violation and must be filed within 180 days of the incident. You will not suffer any retaliation for filing a complaint.

Secretary of Health and Human Services  
200 Independence Ave., SW  
Washington, DE 20201