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NOTICE OF PRIVACY PRACTICES

Effective Date: September 23, 2013

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.

If you have any questions regarding this notice, you may contact our privacy officer at the address and phone number listed above.

I. Your Protected Health Information

Hartzell Rupp Ophthalmology, PC is required by The Privacy Rule under the Health Insurance Portability and Accountability Act of 1996 ("HIPPA") to: (i) maintain the privacy of protected health information ("PHI"); (ii) provide notice of our legal duties and privacy practices with respect to protected health information; (iii) abide by the terms of our Notice of Privacy Practices currently in effect; and (iv) notify individuals following the breach of unsecured PHI. This Notice describes how we may use and disclose your PHI. It also outlines your rights and our legal obligations with respect to this PHI.

Generally speaking, your PHI is any information that is related to your past, present or future physical or mental health or condition, the provision of healthcare to you, or payment for healthcare provided to you, and individually identifies you or reasonably can be used to identify you. Your medical and billing records at our practice are examples of information that usually will be regarded as your PHI.

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 care information for treatment, payment and healthcare operations purposes. The descriptions include examples. Not every possible use or disclosure for treatment, payment and healthcare 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 care providers. Treatment includes the provision, coordination, or management of healthcare services to you by one or more healthcare providers. Some examples of treatment uses and disclosures include:

- During an office visit, practice physicians and other staff involved in your care may review your medical records and share and discuss your medical information with each other.
- We may share and discuss your medical information with an outside physician to whom we have referred you for care or with whom we are consulting regarding you.

- We may share and discuss your medical information with an outside laboratory, radiology center, or other health care facility where we have referred you for testing.
- We may share and discuss your medical information with an outside home health agency, durable medical equipment agency or other health care provider to whom we have referred you for health care services and products.
- We may share and discuss your medical information with a hospital or other health care facility where we are admitting or treating you.
- We may share and discuss your medical information with another health care provider who seeks information for the purpose of treating you.
- 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 by name, number, appointment time, etc. when it is time for them to go to an examining room.
- We may contact you to provide appointment reminders via telephone and/or mail. A message may be left with an individual other than the patient or on an answering device.
- We may contact you by telephone and/or mail to notify you that contacts and/or glasses have arrived for pick up. A message may be left with an individual other than the patient or on an answering device.
- We may send you mailings with our practice name and return address on the envelope.

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. Payment uses and disclosures include activities conducted to obtain payment for the care provided to you or so that you can obtain reimbursement for that care, for example, from your health insurer. 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.
- Submission of a claim form to your health insurer.
- 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.
- Sharing your demographic information (for example, your address) with other health care providers who seek this information to obtain payment for health care services provided to you.
- Mailing you bills in envelopes with our practice 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 medical records and other documentation to your health care insurer to support the medical necessity of a health service.
- Allowing your health insurer access to your medical record for a medical necessity or quality review audit.
- Providing consumer reporting agencies with credit information (your name and address, date of birth, social security number, payment history, account number, and our name and address).
- Providing information to a collection agency or our attorney for purposes of securing payment of a delinquent account.
- Disclosing information in a legal action 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:

- Quality assessment and improvement activities.
- Population based activities relating to improving health or reducing health care costs.
- Reviewing the competence, qualifications, or performance of health care professionals.
- Conducting training programs for medical and other students.
- 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 practice and turning over patient records to entities that have purchased our practice.
- Other business management and general administrative activities, such as compliance with the federal privacy rule and resolution of patient grievances.

B. Uses and Disclosures for Other Purposes

We may use and disclose your protected health information for other purposes. This section generally describes those purposes by category. Each category includes one for more examples. Not every use or disclosure in a category will be listed.

1. Individuals involved in Care or Payment for Care

We may disclose your protected health information to someone involved in your care or payment for your care, such as a spouse, a family member or close friend. For example, if you have surgery, we may discuss your physical limitations with a family member assisting you in your post-operative care.

2. Notification Purposes

We may use and disclose your protected health information to notify, or to assist in the notification of, a family member, a personal representative, or another person responsible for your care, regarding your location, general condition or death. For example, if you are hospitalized, we may notify a family member of the hospital and your general condition. In addition, we may disclose your protected health information to a disaster relief entity, such as the Red Cross, so that it can notify a family member, a personal representative, or another person involved in your care regarding your location, general condition or death. Generally, we will obtain your oral agreement before using and disclosing health information in these ways. However, under certain circumstances, such as in an emergency situation, we may make these uses and disclosures without your agreement. If you are unable to agree or object, we will use our best judgment in communicating with your family and others.

3. Required by Law

We may use and disclose protected health information when required by federal, state, or local law. For example, we may disclose protected health information to comply with mandatory reporting requirements involving births and death, child abuse, disease prevention and control, vaccine-related injuries,

medical device-related deaths and serious injuries, gunshot and other injuries by a deadly weapon or criminal act, driving impairments and blood alcohol testing.

4. Other Public Health Activities

We may use and disclose protected health information for public health activities, including:

- Public health reporting, for example, communicable disease reports.
- Child abuse and neglect reports.
- FDA-related reports and disclosures, for example, adverse event reports
- Public health warnings to third parties at risk of a communicable disease or condition.
- OSHA requirements for workplace surveillance and injury reports.

5. Victims of Abuse, Neglect or Domestic Violence

We may use and disclose protected health information for purposes of reporting abuse, neglect or domestic violence in addition to child abuse, for example, reports of elder abuse to the Department of Aging or abuse of a nursing home patient to the Department of Public Welfare.

6. Health Oversight Activities

We may use and disclose protected health information for purposes of health oversight activities authorized by law. These could include audits, inspections, investigations, licensure actions and legal proceedings. For example, we may comply with a Drug Enforcement Agency inspection of patient records.

7. Judicial and Administrative Proceedings

We may use and disclose protected health information disclosures in judicial and administrative proceedings in response to a court order or subpoena, discovery request or other lawful process. For example, we may comply with a court order to testify in a case at which your medical condition is at issue.

8. Law Enforcement Purposes

We may use and disclose protected health information for certain law enforcement purposes including:

- To comply with legal process, for example, a search warrant.
- To comply with a legal requirement, for example, mandatory reporting of gun shot wounds.
- To respond to a request for information for identification/location purposes.
- To respond to a request for information about a crime victim.
- To report a death suspected to have resulted from criminal activity.
- To provide information regarding a crime on the premises.
- To report a crime in an emergency.

9. Coroners and Medical Examiners

We may use and disclose protected health information for purposes of providing information to a coroner or medical examiner for the purpose of identifying a deceased patient, determining a cause of death, or facilitating their performance of other duties required by law.

10. Funeral Directors

We may use and disclose protected health information for purposes of providing information to funeral directors as necessary to carry out their duties.

11. Organ and Tissue Donation

For purposes of facilitating organ, eye and tissue donation and transplantation, we may use protected health information and disclose protected health information to entities engaged in the procurement, banking or transplantation of cadaver organs, eyes or tissues.

12. Threat to Public Safety

We may use and disclose protected health information for purposes involving a threat to public safety, including protection of a third party from harm and identification and apprehension of a criminal. For example, in certain circumstances, we are required by law to disclose information to protect someone from imminent serious harm.

13. Creation of De-identified Information

We may use protected health information about you in the process of de-identifying the information. For example, we may use your protected health information in the process of removing those aspects which could identify you so that the information can be disclosed to a researcher without your authorization.

14. Specialized Government Functions

We may use and disclose protected health information for purposes involving specialized government functions including:

- Military and veterans activities.
- National security and intelligence.
- Protective services for the President and others.
- Medical suitability determinations for the Department of State.
- Correctional institutions and other law enforcement custodial situations.

15. Worker's Compensation and Similar Programs

We may use and disclose protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs, established law, that provide benefits for work-related injuries or illness without regard to fault. For example, this would include submitting a claim for payment to your employer's workers' compensation carrier if we treat you for a work injury.

16. Employers

We may disclose your PHI to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury.

17. Business Associates

Certain functions of the practice are performed by a business associate such as a billing company, a collections agency, an accounting firm or a law firm. We may disclose protected health information to our business associates and allow them to create and receive protected health information on our behalf. We have written contracts with our business associates that require them and their subcontractors to protect the

confidentiality and security of your PHI. For example, we may share with our billing company information regarding your care and payment for your care so that their company can file health insurance claims and bill you or another responsible party.

18. Incidental Disclosures

We may disclose protected health information as a by-product of an otherwise permitted use or disclosure. For example, other patients may overhear your name being paged in the waiting room.

19. Marketing

We will obtain your prior written authorization before communicating with you (except face-to-face) about products or services related to your treatment or alternative treatments or therapies offered by a third party if we will receive any payment by such third party for this communication. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activities if you revoke that authorization.

We do not need your authorization to send you reminders or information about your appointments, treatment or medication that you are currently prescribed, even if we receive compensation from a third party for doing so, as long as the compensation only covers the costs reasonably related to making the communication.

We may communicate with you without your prior authorization:

- about government or government-sponsored public benefit programs such as Medicare or Medicaid;
- about promotional gifts of nominal value;
- and to encourage you to maintain a healthy lifestyle, get routine tests, such as in a disease management program.

20. 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. If you are not home, we may leave this information in a telephone message or a message left with the person answering the phone.

21. Sale of Health Information

We will not sell your health information without your prior written authorization. The authorization will disclose that we will receive compensation for your health information if you authorize us to sell it, and we will stop any future sales of your information if you revoke that authorization.

22. Psychotherapy Notes

If we have received your psychotherapy notes, we will not use or disclose them without your prior written authorization except for a few exceptions as provided by law.

23. Immunization Records

We may disclose PHI, limited to proof of immunizations, to a school about an individual who is a student or prospective student if the school is required by law to have such proof and we obtain the agreement of the parent or guardian of the unemancipated minor or, if the student is an adult or emancipated minor, that individual.

C. Uses and Disclosures with Authorization

We are required to obtain written authorization from you for any uses and disclosures of PHI other than those described above. If you provide us with written permission, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your PHI for the reasons covered by your written authorization, except to the extent we have already relied on your original permission.

III. Patient Privacy Rights

To exercise any of your rights listed below, please contact our Privacy Officer in writing at the address listed on Page 1 and include the details necessary for us to consider your request.

A. Restriction Requests

You have the right to ask for restrictions on certain uses and disclosures of PHI, including disclosure made to persons assisting with your care or payment for your care. We will consider your requests and notify you of the outcome, but are not required to accept such requests. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.

B. Restricted Disclosures to Health Plans

If you have paid for services "out of pocket" and in full, we will accommodate your request not to disclose PHI related solely to those services to a health plan, unless we must disclose the information for treatment or as required by law.

C. Specific Communications

You have the right to request that you receive communications containing your PHI from us by specific means or at specific locations. For example, you may ask that we only have contact with you at home. We will comply with all reasonable requests.

D. Inspect and Copy

With limited exceptions, you have the right to inspect and copy medical, billing and other records used to make decisions about you. Within 30 days, we will provide copies in the form and format you request if it is readily producible. If not, we will provide you with an alternative form and format you find acceptable. If we maintain records electronically and you request copies in an electronic form and format that is not readily producible, we will provide copies in a readable electronic form and format that you agree to. We will send a copy to any other person you designate in writing. We may charge you a reasonable fee for the cost of copying and mailing. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision.

E. Amend or Supplement

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 within 60 days. When making a request for amendment, you must state the reason for making such request in writing. Under certain circumstances, we may deny your request, such as when we do not have the information, the information was not created by us (unless the person or entity that created it is no longer available to make the amendment), you would not be permitted to inspect and copy the information, or the information is accurate and complete. If we deny your request we will tell you why. You may submit a written statement of your disagreement with that decision. We may then prepare a

written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.

F. Accounting of Disclosures

You have the right to receive an accounting of disclosures of your PHI by our practice for the six years prior to your request date. We will tell you who we shared your PHI with and why. We are not required to include in the list disclosures for your treatment, payment, our health operations, and several other types of disclosures, such as those you authorize us to make, notifications and communications with family, and various government function and public health related disclosures. If you ask for this information from us more than once every twelve months, we may charge you a fee.

G. Breach Notification

In the case of a breach of unsecured PHI, you might have the right to be notified, as provided by law. If you have given us a current email address, we may use it to communication information related to the breach. In some circumstances our Business Associate may provide the notification. We may also provide notification by other methods as appropriate.

H. Copy of Notice

You have the right to a copy of this notice in paper form, even if you agree to receive notice electronically. You may ask us for a copy at any time.

IV. 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 all PHI we maintain and any we may receive in the future. In the event there is a material change to this Notice, the revised notice will be available in our waiting area. In addition, you may request a copy of the revised notice at any time.

V. Complaints

If you feel that your privacy protections have been violated by our office, you have the right to file a complaint with the Secretary of the Department of Health and Human Services, Office of Civil Rights by sending a letter to 200 Independence Avenue, SW, Washington, DC 20201; calling (877) 696-6775; or visiting www.hhs.gov/ocr/privacy/hippa/complaints/. To file a complaint with the practice, submit the complaint in writing to our Privacy Officer.

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

VI. Legal Effect of This Notice

This notice is not intended to create contractual or other rights independent of those created in the federal privacy rule.