



NOTICE OF PRIVACY PRACTICES SHORT FORM SUMMARY

This Notice is Effective as of: May 1, 2018

This is only a summary of our Notice of Privacy Practices. Please review the full Notice following this summary to learn how we use and disclose medical information about you and your rights concerning these uses and disclosures.

How We Use and Disclose Your Information

The Notice of Privacy Practices describes the ways that we may use and disclose your protected health information ("PHI") without your written authorization. We will obtain your written authorization for any uses and disclosures of PHI not described in the Notice of Privacy Practices.

Treatment, Payment, and Health Care Operations. Except where prohibited by federal or state laws that require special privacy protections, we may use and disclose your PHI without your prior authorization in order to provide your medical care; to bill for our services and to collect payment from you or your insurance company; and for the general operation of our business.

We may also use and disclose your PHI without your prior authorization as otherwise authorized or required by law for such purposes as:

- public health reporting and oversight activities
- judicial, administrative, or law enforcement proceedings
- complying with workers' compensation laws
- communicating with your family or caregivers
- sending appointment reminders

Marketing, Fundraising, and Sale of PHI. We will obtain your prior written authorization before sending you certain marketing communications. We may use or disclose your demographic information in order to contact you for our fundraising activities, but you have the right to opt out of such communications. We will not sell your health information without your prior written authorization.

You Have the Right to:

- Request certain restrictions on our use and disclosure of your PHI.
- Request communications from us by specific means or locations.
- Inspect and copy your medical record.
- Ask us to correct the information in your medical record.
- Receive an accounting of disclosures of your PHI by our practice.
- Be notified in the case of a breach of unsecured PHI.

CONTACT US

Revision Date 04-26-18

Version 1.0

Contact our **Privacy Officer** with any questions, comments, or complaints or to exercise any of your rights at **Global Retina Institute, 4835 East Cactus Road Suite 105, Scottsdale, Arizona 85254** or **info@globalretinainstitute.com**.

NOTICE OF PRIVACY PRACTICES

This Notice is Effective as of: May 1, 2018

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.

Global Retina Institute is required by law to maintain the privacy and confidentiality of your protected health information ("PHI") in accordance with federal and state law. We understand the importance of privacy and confidentiality and are committed to taking the steps necessary to safeguard any PHI that is created by or provided to us. This Notice of Privacy Practices ("Notice") describes how we may use and disclose your PHI. It also outlines your rights and our legal obligations with respect to this PHI. We are required by law to provide you with a copy of this Notice and to notify you following a breach of your unsecured PHI.

We will abide by the terms of the Notice currently in effect. We reserve the right to make changes to our privacy practices and to this Notice as permitted by law, and to make the new Notice effective for all PHI we currently maintain, as well as any health information we receive in the future. Each version of the Notice will have an effective date listed on the first page. If we make any changes to this Notice, the updated Notice will be available on our website and at our facility where you receive health care services from us. Upon request, we will provide a printed copy of any revised Notice to you.

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.
- Demographics for evaluation of public health surveillance and disease detection.

In addition, we will gather certain medical information about you and will create a medical record of the care provided to you. This information is stored electronically. This medical record is the property of our ophthalmic practice, but the information in the medical record belongs to you and you will have access to this information in a portal.

Some information also may be provided to us by other individuals or organizations that are part of your "circle of care," such as your primary care provider, a referring physician, your other doctors, your health plan, and your close friends or family members.

This medical and other individually identifiable health information is considered PHI. PHI is information that may identify you and that relates to your past, present, or future physical or mental health or condition, the provision of health care products and services to you, or payment for such services.

HOW WE MAY USE AND DISCLOSE YOUR PHI

The following categories describe the ways that we may use and disclose your PHI without your written authorization:

Treatment. We may use and disclose your PHI in order to provide you with medical treatment and services. For example, we may use your medical history, such as any presence or absence of diabetes, to assess the health of your eyes. We may disclose information to others who are involved in providing your care. For example, we may share your medical information with other health care providers who will perform services that we do not (such as your primary care physician or eye subspecialists); a pharmacist who needs your medical information to dispense a prescription to you; or a laboratory that performs a test we order for you.

Payment. We may use and disclose your PHI to bill for our services and to collect payment from you or your insurance company. For example, we may need to give your insurance company or another third party payer information about your current medical condition so that it will pay us for the eye examinations or other services that we have furnished you. We may also need to inform your insurance company or third party payer of the treatment you are going to receive in order to obtain prior approval or to determine whether the service is covered.

Health Care Operations. We may use and disclose your PHI to conduct certain business activities. These uses and disclosures are necessary for the general operation of our business and to make sure our patients receive quality care. 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. We may also share medical information about you with other health care providers, health care clearinghouses, and health plans that participate with us in organized healthcare arrangements ("OHCAs") for treatment, payment, or any of the OHCA's health care operations. OHCAs include hospitals, physician organizations, health plans, and any other entities that collectively provide health care services. A listing of the OHCAs we participate in is available from the Privacy Officer.

Required by Law. We will use and disclose your PHI when required by law to do so, but we will limit our use or disclosure to the relevant requirements of the law.

Public Health. We may disclose your PHI to a public health authority authorized to collect or receive PHI for the purpose of preventing or controlling disease, injury, or disability. We may also use and disclose your PHI in order to notify persons who may have been exposed to a disease or who are at risk of contracting or spreading a disease.

Abuse or Neglect. As required or authorized by law, we may disclose PHI to a public health authority or other government authority authorized by law to receive reports of child, elder, or dependent abuse or neglect or domestic violence.

Food and Drug Administration. We may disclose PHI to a person subject to the jurisdiction of the Food and Drug Administration for the following activities: to report adverse events, product defects or problems, or biological product deviations; to track products; to enable product recalls, repairs, or replacements; or to conduct post-marketing surveillance.

To Avert a Serious Threat to Health or Safety. Consistent with applicable law, we may disclose your PHI when necessary to prevent a serious threat to the health and safety of you or others.

Health Oversight Activities. We may disclose your PHI to health oversight agencies as authorized or required by law for health oversight activities such as audits, investigations, inspections, licensure or disciplinary actions, and civil, criminal, or administrative proceedings or actions.

Judicial and Administrative Proceedings. We may disclose your PHI in the course of administrative or judicial proceedings (a) to the extent expressly authorized by order of a court or administrative tribunal or (b) in response to a subpoena, discovery request, or other lawful process that is not accompanied by a court or administrative order if reasonable efforts have been made to (i) notify you of the request and you have not objected or your objections have been resolved by a court or administrative tribunal or (ii) secure a qualified protective order.

Law Enforcement. We may disclose your PHI as required by law to assist law enforcement to identify or locate a suspect, fugitive, material witness, or missing person, or for purposes of complying with a court order, warrant, or grand jury subpoena.

Coroners, Medical Examiners, and Funeral Directors. We may disclose a patient's health information (1) to a coroner or medical examiner to identify a deceased person or determine the cause of death and (2) to funeral directors as necessary to carry out their duties.

Organ and Tissue Donation. As authorized by law, we may disclose your PHI to organ procurement organizations, transplant centers, and eye or tissue banks.

Worker's Compensation. We may disclose your PHI as necessary to comply with workers' compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or worker's compensation insurer.

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.

Armed Forces. If you are a member of the Armed Forces, we may disclose your PHI for activities deemed necessary by military command authorities. We also may disclose health information about foreign military personnel to their appropriate foreign military authority.

Correctional Institutions. If you are or become an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution where you are incarcerated or to law enforcement officials in certain situations such as where the information is necessary for your treatment, health, or safety, or the health or safety of others.

National Security and Intelligence Activities. We may disclose your PHI to federal officials for national security activities, intelligence and counterintelligence activities, and for the provision of protective services to the President of the United States and other officials or foreign heads of state.

Business Associates. We may contract with third parties to perform certain services for us and to help us operate our business successfully, such as by providing billing services. These third party service providers, referred to as Business Associates, may need access to your PHI to perform services for us. We may disclose your PHI to these Business Associates so that they can perform the tasks that we hire them to do. We have written contracts with our Business Associates that require them and their subcontractors to protect the confidentiality and security of your PHI and to only use and disclose it as necessary to perform their services for us.

Notification and Communication with Family Members and Others Involved in Care. If you verbally agree to the use or disclosure and in certain other situations, we may make the following uses and disclosures of your PHI. We may disclose certain health information to your family and anyone else whom you identify as involved in your health care or who helps pay for your health care. In such cases, the health information we disclose would be limited to the health information that is relevant to that person's involvement in your care or payment for your care. We may also make these disclosures after your death as authorized by Arizona law unless doing so is inconsistent with any prior expressed preference. We may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or any other person responsible for your care regarding your location, general condition, or death. We may also use or disclose your PHI to disaster relief organizations so that your family or other persons responsible for your care can be notified about your condition, status, and location. Generally, we will obtain your oral agreement before using or 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 or unavailable to agree or object, we will use our best judgment in communicating with your family and others involved in your care.

Change of Ownership. In the event that this medical practice is sold or merged with another organization, your medical record will become the property of the new owner, subject to and in accordance with applicable federal and state laws, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

Research. In compliance with governing law, we may use or disclose certain information about your condition and treatment for research purposes where your written authorization is not required and an Institutional Review Board or a similar body referred to as a Privacy Board determines that your privacy interests will be adequately protected in the study. We may also use and disclose your PHI to prepare or analyze a research protocol and for other research purposes.

De-identified Information. We may create or distribute de-identified health information by removing all reference to individually identifiable information.

Please be aware that Arizona and other federal laws may have additional requirements that we must follow or may be more restrictive than HIPAA on how we use and disclose certain health information. If there are specific more restrictive requirements, even for some of the purposes listed above, we may not disclose your PHI without your written permission as required by such laws. For example, we will not disclose any HIV, STD, or other communicable disease related information without obtaining prior written authorization, except as permitted by Arizona law. We may also be required by law to obtain your written authorization to use and/or disclose any mental illness, developmental disability, or alcohol or drug abuse treatment records or genetic test results.

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 direct or indirect financial remuneration from 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 activity if you revoke that authorization.

We do not need your authorization to send you reminders or information about 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, or participate in a disease management program.

Appointment Reminders. We may use and disclose your PHI 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. When leaving a message on voicemail or with a person answering the phone, we will take care to limit the amount of information that is disclosed to that which is the minimum necessary to accomplish the intended purpose of the call.

Sale of Health Information. We will not sell your PHI 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.

Fundraising. We may use or disclose your demographic information (such as name, contact information, age, gender, and date of birth), the dates that you received treatment from us, the department of service, your treating physician, outcome information, and health insurance status to identify individuals who may be interested in participating in our fundraising activities and to contact you in an effort to raise money for such charitable purposes. If you do not want to receive these materials, notify the Privacy Officer listed in this Notice and we will stop any further fundraising communications.

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.

Immunization Records. We may disclose PHI, limited to proof of immunization, 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.

OTHER USES AND DISCLOSURES OF PHI

We are required to obtain your prior written authorization for any uses and disclosures of PHI 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 your PHI for the reasons covered by your written authorization, except to the extent we have already relied on your original permission.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

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

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 we are not required to accept such requests, subject to certain limited exceptions. If we do agree to your requested restriction, we will comply with your request unless the information is needed to provide you with emergency treatment or you agree in writing to remove it.

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.

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 contact you at home or by email. We will comply with all reasonable requests.

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 printed 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. 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.

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. 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 provide you with an explanation of why we denied it. 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.

Accounting of Disclosures. With the exception of certain disclosures, you have the right to receive an accounting of disclosures we have made of your PHI in the six years prior to your request date. To request an accounting, you must submit a request in writing to the Privacy Officer, and your request must specify a time period. We are not required to include in the list disclosures for your treatment, payment, our health care 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. You will not be charged for this accounting, unless you request more than one accounting in twelve months, in which case we may charge you a reasonable cost-based fee for providing the additional accounting.

Breach Notification. In the case of a breach of unsecured PHI, you have the right to be notified and we will notify you in accordance with applicable law.

Copy of Notice. You have the right to a copy of this notice in paper form, even if you agreed to receive notice electronically. You may ask us for a copy at any time. You may also obtain a copy of this Notice on our website.

COMPLAINTS

If you feel that your privacy protections have been violated by our office, you have the right to file a complaint with the Privacy Officer and/or 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/hipaa/complaints/.

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

CONTACT US

Contact our **Privacy Officer** with any questions, comments, or complaints or to exercise any of your rights at **Global Retina Institute, 4835 East Cactus Road Suite 105, Scottsdale, Arizona 85254** or **info@globalretinainstitute.com**.