

NOTICE OF PRIVACY PRACTICES
WARREN OPHTHALMOLOGY ASSOCIATES, CO.

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.

This Notice of Privacy Practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). This Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases. Your "protected health information" means any of your written and oral health information, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider, that relates to your past, present or future condition.

1. Uses and Disclosures of Protected Health Information

Warren Ophthalmology Associates, Co. (The "Provider") may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless the Provider has obtained your authorization, unless the use or disclosure is otherwise permitted by the HIPAA Privacy Regulations or state law. Disclosures of your protected health information for the purposes described in the Notice may be made in writing, orally, or by facsimile.

A. Treatment. We will use and disclose your protected health information to provide, coordinate, or manage your health care and related services. This includes the coordination or management of your health care with a third party for treatment purposes. For example, we may disclose your protected health information to a pharmacy to fulfill a prescription, to a hospital or outpatient surgery center, or to a home health agency providing care in your home. We may also disclose protected health information to an outside treatment provider for purposes of the treatment activities of the other provider.

B. Payment. Your protected health information will be used, as needed, to obtain payment for the services that we provide. This may include certain communications to your health insurer to get approval for the treatment that we recommend. For example, if surgery is recommended, we may need to disclose information to your health insurer to get prior approval for the procedure. We may also disclose protected health information to your insurance company to determine whether you are eligible for benefits or whether a particular service is covered. In order to receive payment we may disclose your protected health information to your insurance company to demonstrate medical necessity. We may also disclose your protected health information to another provider involved in your care for the other provider's payment activities.

C. Operations. We may use or disclose your protected health information, as necessary, for our own health care operations in order to facilitate the function of the provider and to provide quality care to all patients. Health care operations include such activities as:

- Quality assessment and improvement activities.
- Employee review activities.
- Training programs including those in which students, trainees, or practitioners in health care learn under supervision.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs.
- Business management and general administrative activities.

In certain situations, we may also disclose protected health information to another provider or health plan for their health care operations.

D. Other Uses and Disclosures. As part of treatment, payment and healthcare operations, we may also use or disclose your protected health information for the following purposes:

- To remind you of an appointment.
- To inform you of potential treatment alternatives or options.
- To inform you of health-related benefits or services that may be of interest to you.

II. Uses and Disclosures Beyond Treatment, Payment, and Health Care Operations Permitted Without Authorization or Opportunity to Object

Federal privacy rules allow us to use or disclose your protected health information without your permission or authorization for a number of reasons including the following:

A. When Legally Required. We will disclose your protected health information when we are required to do so by any Federal, State or Local Law.

B. When There are Risks to Public Health. We may disclose your protected health information for the following public health activities and purposes:

- To prevent, control, or report disease, injury or disability as permitted by law.
- To report vital events such as birth or death as permitted or required by law.
- To conduct public health surveillance, investigations and interventions as permitted by law.
- To collect or report adverse events and product defects, track FDA regulated products, enable product recalls, repairs or replacements to the FDA and to conduct post marketing surveillance.
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized.

C. To Report Abuse, Neglect or Domestic Violence. We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence.

D. To Conduct Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. We will not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

E. In Connection with Judicial and Administrative Proceedings. We may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena.

F. For Law Enforcement Purposes. We may disclose your protected health information to a law enforcement official for law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries.
- Pursuant to court order, court-ordered warrant, subpoena, summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if the provider has a suspicion that your death was the result of criminal conduct.
- In an emergency in order to report a crime.

G. To Coroners, Funeral Directors, and for Organ Donation. We may disclose protected health information to a coroner, medical examiner or funeral director to perform duties authorized by law. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

H. For Research Purposes. We may use or disclose your protected health information for research when the use or disclosure for research has been approved by an institutional review board or privacy board that has reviewed the research proposal and research protocols to address the privacy of your protected health information.

I. In the Event of a Serious Threat to Health or Safety. We may, consistent with applicable law and ethical standards of conduct, use or disclose your protected health information if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

J. For Specified Government Functions. In certain circumstances, the federal regulations authorize the provider to use or disclose your protected health information to facilitate specified government functions relating to military and veteran activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

K. For Worker's Compensation. The provider may release your health information to comply with worker's compensation laws or similar programs.

L. Business Associates. The Provider may release your protected health information to business associates who perform services on our behalf and who sign a written agreement to respect the privacy of your health information.

III. Uses and Disclosures Permitted Without Authorization but with Opportunity to Object

We may disclose your protected health information to a family member or a close personal friend if it is directly relevant to that person's involvement in your care or payment related to your care. We can also disclose your protected health information in connection with trying to locate or notify family members or others involved in your care concerning your location, condition or death.

You may object to these disclosures. If you do not object or if we can infer from the circumstances that you do not object or we determine, in the exercise of professional judgement, that it is in your best interest for us to make disclosure of information that is directly relevant to the person's involvement with your care, we may disclose your protected health information as described.

IV. Uses and Disclosures Which You Authorize

Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke any authorization which you have provided to us in writing at any time except to the extent that we have taken action in reliance upon the authorization.

V. Your Rights

You have the following rights regarding your health information:

A. Confidential Communications. You have the right to request that the Provider communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work. In order to request a type of confidential communication, you must make a written request to the Privacy Officer specifying the requested method of contact, or the location where you wish to be contacted. We will accommodate reasonable requests.

B. Requesting Restrictions. You have the right to request a restriction on our use of disclosure of your protected health information for treatment, payment or health care operations. Additionally, you have the right to request that we limit our disclosures of your health information to individuals involved in your care or the payment for care, such as family members and friends. We are not required to agree to your request: however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our disclosure of your health information, you must make your request in writing to the Privacy Officer. Your request must describe in a clear and concise fashion: (a) the information you wish to be restricted: (b) whether you are requesting to limit our use, disclosure or both: and (c) to whom you want the limits to apply.

C. Inspection and Copies. You have the right to inspect and obtain a copy of the protected health information that may be used to make decisions about you, including patient medical records and billing records. You must submit your request in writing to the Privacy Officer in order to inspect and/or obtain a copy of your protected health information. We may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. We may deny your request in certain limited circumstances: however, you may request a review of our denial. Reviews will be conducted to the extent required and in accordance with the provisions of 45 C.F.R. section 164.524.

D. Amendment. You may ask us to amend your protected health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by our office. To request an amendment, your request must be made in writing to the Privacy Officer. You must provide us with a reason that supports your request for amendment. We will deny your request if you fail to submit your request (and the reason supporting it) in writing. Also, we may deny your request if you ask us to amend information that is: (a) accurate and complete; (b) not part of the protected health information kept by our office; (c) not part of the protected health information which you would be permitted to inspect and copy; or (d) not created by our office unless the individual or entity that created the information is not available to amend the information.

E. Accounting of Disclosures. All of our patients have the right to request an "accounting of disclosures", which is a list of certain disclosures our office has made of your protected health information. In order to obtain an accounting of disclosures, you must submit your request in writing to the Privacy Officer. All requests must state a time period for which you want disclosures accounted for, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12 month period is free of charge but we may charge you for additional lists within the same 12 month period. We will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

F. Right to a Paper Copy of this Notice. You are entitled to receive a paper copy of our Notice of Privacy Practices.

G. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the Privacy Officer. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

VI. Contact Person

The Provider's contact person for all issues regarding patient privacy and your rights under the Federal privacy standards is the Privacy Officer. Information regarding matters covered by this Notice can be requested by contacting the Privacy Officer. Complaints against the Provider can be mailed to the Privacy Officer by sending it to:

**Warren Ophthalmology Associates, Co.
3921 East Market Street
Warren, Ohio 44484
Attn: Privacy Officer**

The Privacy Officer can be contacted by telephone at 330-856-3300.

VI. Effective Date

This Notice is effective April 14, 2003.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, you acknowledge receipt of the Notice of Privacy Practices of Warren Ophthalmology Associates, Co. Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. You are encouraged to read it in full.

The Notice of Privacy Practices is subject to change. If it is changed and you desire a copy of the revised Notice, or if you have any questions about the Notice of Privacy Practices, please contact our privacy official at (330) 856-3300.

I acknowledge receipt of the Notice of Privacy Practices of Warren Ophthalmology Associates, Co.

_____ Date: _____
(patient/parent/conservator/guardian)

<p>FOR WARREN OPHTHALMOLOGY ASSOCIATES, CO. USE ONLY</p> <p>Inability To Obtain Acknowledgement</p> <p>To be completed only if no signature is obtained. If it is not possible to obtain the patient's acknowledgement, describe the good faith efforts made to obtain the patient's acknowledgement, and the reasons why the acknowledgement was not obtained:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Signature of Warren Ophthalmology Associates, Co. representative: _____</p> <p>Date: _____</p>
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