

ATWAL EYE CARE / BUFFALO EYE CARE ASSOCIATES
3095 Harlem Road
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(716) 896-8831

PRIVACY NOTICE

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.

The first page of this notice provides a summary of the content within. Please refer to the full Privacy Notice for a complete description of our privacy practices, concerning your information, your rights and our responsibilities.

You may review the Privacy Notice now or at a later time. At some point, you should read it carefully, because it explains: (1) generally, how we use health care information about you; (2) that we, like other health care providers, may use and disclose health information about you without express permission as part of your treatment, to arrange for payment for health care services, and for our internal operations; (3) other circumstances where we may use or disclose health-related information about you (with or without your permission); and (4) the rights you have with respect to your health information, namely:

- a. Your right to receive a copy of this Privacy Notice;
- b. Your right to get a copy of your paper or electronic medical record;
- c. Your right to receive an accounting of certain disclosures that we make of your health information;
- d. Your right to request restrictions on how we use and disclose your health information;
- e. Your right to request that we communicate with you at alternative locations, mailing addresses or telephone numbers;
- f. Your right to request amendments to your health information;
- g. Your right to revoke an authorization that we obtained to disclose your health information;
- h. Your right to complain about suspected violations of your privacy rights;
- i. Your right to choose someone to act for you; and
- j. Your right to receive prompt notification if a breach occurs that may have comprised the privacy or security of your health information.

At Atwal Eye Care/Buffalo Eye Care Associates, we take confidentiality seriously. We encourage you to read this Privacy Notice and keep a copy of this Privacy Notice for your records.

**ATWAL EYE CARE BUFFALO EYE
CARE ASSOCIATES 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.

A. OUR POLICY REGARDING YOUR HEALTH INFORMATION

We are committed to preserving the privacy and confidentiality of your health information. This Privacy Notice describes how Atwal Eye Care/Buffalo Eye Care Associates (The Practice) may use and disclose your protected health information according to applicable laws and regulations. It also describes your rights with respect to your protected health information. Your protected health information includes most information about your physical and mental health, such as symptoms, treatment, test results, and demographic data, which contain details that can be used to identify you. We will not use or share your protected health information other than as described in this notice unless you authorize us to do so in writing. We will never share your protected health information for marketing or sell your protected health information. We are required by law to maintain the privacy of your protected health information and to provide you with this Privacy Notice of your rights, our legal duties and our privacy practices with respect to your protected health information. We are required to follow the duties and privacy practices described in this notice.

B. OUR THOUGHTS ABOUT YOUR PROTECTED HEALTH INFORMATION

We understand that your medical information is personal to you, and we are committed to protecting the information about you. As our patient, we create paper and electronic medical records about your health, our care for you, and the services and/or items we provide to you as our patient. We need these records to provide for your care and to comply with certain legal requirements.

C. USES AND DISCLOSURES WITHOUT YOUR AUTHORIZATION

We must obtain your written permission or authorization to use or disclose your protected health information except in the limited situations listed below, which do not require your written authorization:

The following categories describe different ways that we use and disclose protected health information that we have and share with others. Each category of uses or disclosures provides a general explanation and provides some examples of uses. The explanation is provided for your general information only.

1. **Medical Treatment:** We use protected health information to provide you with current or prospective medical treatment services, to provide, coordinate and manage your health care and related services. Therefore we may, and most likely will, disclose medical information about you to doctors, nurses, technicians, medical students, or hospital personnel who are involved in taking care of you. For example, a doctor to whom we refer you for ongoing or further care may need your medical record. Different areas of the Practice also may share medical information about you including your record(s), prescriptions, requests of lab work and x-rays.
2. **Payment:** We may use and disclose medical information about you for services and procedures so they may be billed and collected from you, an insurance company, or any other third party. For example, we may need to give your health plan information about treatment you received at the Practice to obtain payment or reimbursement for the care. We may also tell your health plan and/or referring physician about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment, to facilitate payment of a referring physician, or the like.
3. **Health Care Operations:** We may use and disclose medical information about you so that we can run our Practice and make sure that all of our patients receive quality care. These uses may include reviewing our treatment and services to evaluate the performance of our staff, deciding what additional services to offer and where, deciding what services are not needed, and whether certain new treatments are effective.
4. **Law Enforcement Purposes:** We may disclose your protected health information to law enforcement officials under certain circumstances when we are required or permitted by law to disclose such information. For example, we may disclose your protected health information if we are required by law to report a certain type of wound or injury, such as a gunshot wound. We may also disclose your protected health information pursuant to an order, warrant, subpoena or summons issued by a judicial officer. Under certain circumstances, we may disclose your protected health information pursuant to administrative requests related to law enforcement purposes. We may disclose limited protected health information to law enforcement officials upon their request to assist them in identifying or locating a suspect, fugitive, material witness or missing person. Additionally, under certain circumstances we may disclose your protected health information to law enforcement officials if you are suspected to be the victim of a crime or in order to report evidence of criminal conduct that occurred on our premises.
5. **Public Health Activities:** The Practice may disclose your protected health information to certain public health authorities and others according to specific rules that apply to public health activities. For example, the Practice may disclose your protected health information to public health authorities or other government authorities authorized by law to receive such information for purposes of

preventing or controlling disease, injury, disability, or child abuse or neglect or for the conduct of public health surveillance, investigations and interventions.

6. **Health Oversight Activities:** The Practice may disclose your protected health information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations, proceedings and actions; inspections; licensure or disciplinary actions; and other activities necessary for appropriate oversight of the health care system and oversight of certain programs and entities as authorized by law.
7. **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. In certain circumstances, we may disclose your protected health information in response to a subpoena, discovery request or other lawful process to the extent authorized by state and federal law.
8. **Specialized Government Functions:** In certain circumstances, federal regulations authorize the Practice to use and/or disclose your protected health information for specialized government functions. If you are a member of the armed forces, the Practice may use and disclose your protected health information as directed by appropriate military authorities. We may disclose your protected health information to authorized federal officials for certain national security and intelligence activities and to protect the President of the United States and other dignitaries. The Practice may also disclose your protected health information to law enforcement personnel or to a correctional institution if such information is required for the health and safety of inmates, law enforcement personnel, individuals at the correctional institution, or individuals responsible for transporting inmates or if such information is required to maintain safety, law and order at a correctional institution.
9. **Suspected Abuse, Neglect or Domestic Violence:** The Practice will disclose medical information that reveals that you may be a victim of abuse, neglect or domestic violence to a government authority if the Practice is required by law to make such disclosure. For example, state law requires health care professionals to report cases of suspected child abuse or maltreatment. If the Practice is authorized, but not required, by law to disclose evidence of suspected abuse, neglect or domestic violence, it will do so if it believes that the disclosure is necessary to prevent serious harm, or if you are incapacitated and government officials need such information for an immediate law enforcement activity.
10. **To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat either to your specific health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

11. **Research:** We may use and disclose your protected health information for health research as long as such research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to preserve the privacy of your protected health information. For example, a research project may involve comparing the health of patients who received one treatment to those who received another treatment for the same condition. Before we use or disclose protected health information for research purposes, the research project will go through a special review and approval process. Even without special approval, however, we may permit researchers to review your protected health information if it is necessary to help them prepare for a research project, as long as they do not remove or take a copy of any protected health information.
12. **Medical Examiners, Funeral Directors, and Organ Donation:** The Practice may disclose your protected health information to a medical examiner for identification purposes, to determine the cause of death or for other purposes authorized by law. We may also disclose your protected health information to a funeral director, as authorized by law, to permit the funeral director to carry out his or her duties. Additionally, the Practice may use and disclose your protected health information for the purpose of arranging for organ tissue donation and transplantation.
13. **Workers' Compensation:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
14. **Appointment and Patient Recall Reminders:** We may ask that you sign the sign in log at the Receptionists Desk on the day of your appointment with the Practice. We may use and disclose protected health information to contact you as a reminder that you have an appointment for medical care with the Practice or that you are due to receive periodic care from the Practice. This contact may be by phone, in writing, e-mail, or otherwise and may involve the leaving of an e-mail, a message on an answering machine, or other form of notice which could (potentially) be received or intercepted by others.
15. **De-identified Information:** The Practice may de-identify your protected health information according to specific federal rules so that the information does not identify you and cannot be used to identify you. The Practice may use and disclose your de-identified information. The Practice may also partly de-identify your protected health information by removing your name, address, telephone number and many other identifying factors to create a limited data set, which may be used and disclosed for research purposes. Your protected health information will only be disclosed in the form of a limited data set to recipients who sign an agreement to use your protected health information for specific purposes according to law and who agree not to identify you.

16. **Personal Representatives:** The Practice may disclose your protected health information to or according to the direction of a person who, under applicable law, has the authority to represent you in making decisions related to your health. For example, we may disclose your protected health information to a legal guardian, health care agent or other person who by law is allowed to make health care decisions for you in the event that you should become unable to make your own health care decisions.

17. **Family and Friends:** Under certain circumstances, the Practice may disclose to your family member, other relative, a close personal friend, or any other person identified by you, your protected health information directly relevant to such person's involvement with your care or the payment for your care. The Practice may also use or disclose your protected health information to the previously named individuals as well as to a public or private entity authorized by law or by its charter to assist in disaster relief efforts to notify or assist in the notification (including identifying or locating) a family member, a personal representative, or another person responsible for your care, of your location, general condition or death. However, the following conditions will apply:
 - a. If you are present at or available prior to the use or disclosure of your protected health information, and have the capacity to make health care decisions, the Practice may use or disclose your protected health information if you agree, or if the Practice can reasonably infer from the circumstances, based on the exercise of its professional judgment, that you do not object to the use or disclosure.
 - b. If you are not present or are unable to agree or object to the use of disclosure because of incapacity or an emergency, the Practice will, in the exercise of professional judgment, determine whether the use of disclosure is in your best interests and, if so, disclose only the protected health information that is directly relevant to the person's involvement with your care.

18. **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

19. **Required by Law:** In addition to those uses and disclosures listed above, we may use and disclose your protected health information if and to the extent we are required by law.

D. YOUR RIGHTS AND OUR OBLIGATIONS

THIS SECTION DESCRIBES YOUR RIGHTS AND THE OBLIGATIONS OF THIS PRACTICE REGARDING THE USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION.

You have the following rights regarding medical information we maintain about you:

1. **Right to Inspect and Obtain Information:** According to federal regulations, you may generally inspect and obtain a paper or electronic copy of your protected health information that we maintain in a designated record set. A designated record set is a group of records that includes medical and billing records or other records that your surgeon and the Practice uses for making decisions about you. Under federal privacy regulations, however, you have no right to inspect or copy certain records, including psychotherapy notes, information compiled in reasonable anticipation of legal proceedings and certain clinical laboratory information. Please note that New York State's Mental Hygiene Law and Public Health Law may provide you with independent rights to inspect and copy such information. If federal law does not allow you to inspect or copy certain information, such as psychotherapy notes, but State law allows you to inspect and copy such information, the Practice will respond to your request to access such information in accordance with New York State law. We may deny your request to inspect or copy your protected health information. Depending on the circumstances, you may or may not have a right to appeal our decision to deny your request. To inspect or copy your protected health information, you must submit a written request to the Practice's Compliance Officer, whose contact information is listed in Part D8 of this Privacy Notice. If you request a copy of your information, we may charge you a fee for the costs of copying and mailing your information and for other costs only as allowed by law.
2. **Right to Revoke an Authorization:** You may revoke an Authorization in writing, at any time. To request a revocation, you must submit a written request to the Practice's Compliance Officer, whose contact information is listed below in Part D8 of this Privacy Notice.
3. **Right to Request Restrictions on Uses and/or Disclosures:** You may request restrictions on the use and/or disclosure of your protected health information, or of certain parts of your protected health information, for treatment, payment or health care operations. You may also request that we not disclose your protected health information to family members or friends who may be involved in your care or for notification purposes as described in section (17) of part C of this Privacy Notice, titled Friends and Family. To request restrictions, you must submit a written request to the Practice's Compliance Officer, whose contact information is listed in Part D8 of this Privacy Notice. In your written request, you must identify the specific restriction requested and identify whom you want the restrictions to apply to. The Practice is not obligated to agree to any of your requested restrictions, and we may not be able to comply with your request. If we

deny your request to a restriction, we will notify you. If the Practice agrees to your requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide you with emergency treatment. Under certain circumstances, we may terminate our agreement to a restriction.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or health care operations with your health insurer. We will say “yes” unless a law requires us to share that information.

4. **Right to Request Confidential Communications:** You may request to receive confidential communications of protected health information by alternative means or at alternative locations. You must make your request to the Practices Compliance Officer, whose contact information is listed in Part D8 of this Privacy Notice. The Practice will accommodate all reasonable requests. We may condition this accommodation on your providing us with information as to how payment will be handled or by specifying an alternative address or other method of contact. We will not require you to provide an explanation for the basis of your request.
5. **Right to Amend your Information:** If you feel that the private health information we have about you is incorrect or incomplete, you may request that we amend your protected health information that we maintain in a designated record set. To request an amendment, you must submit a written request, along with a reason that supports your request to our Compliance Officer, whose contact information is listed in Part D8 of this Privacy Notice. We may deny your request for an amendment for reasons specific under law. If we deny your request for an amendment, you have the right to file a statement of disagreement with us. If you file such a statement, we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. We are required to act on your request no later than 60 days after we receive your request, unless we are unable to act within this timeframe. If so, we may extend this time by no more than 30 days.
6. **Right to Receive an Accounting:** You may request an accounting listing of certain disclosures of your protected health information made by the Practice in the six (6) years prior to the date on which the accounting is requested. We are not required to account for some disclosures, including those made for treatment, payment or health care operations in accordance with sections (1), (2), and (3) of part C of this Privacy Notice. Additionally, we are not required to provide you with an accounting of disclosures that you authorize or with an accounting of some disclosures that we are permitted to make without your authorization. Your request for an accounting of disclosures must be submitted in writing to our Compliance Officer and must specify a time period to be covered by the accounting. You are entitled to one accounting per year for free, but if you ask for another accounting within 12 months we may charge a reasonable, cost-based

fee. Your right to receive this information is subject to additional exceptions, restrictions and limitations. You also have a right to receive prompt notification if a breach occurs that may have compromised the privacy or security of your health information.

7. **Right to Receive a Copy of Notice**: Upon your request, we will provide you with a paper copy of this Privacy Notice.
8. **Right to Complain**: You have the right to complain to the Practice or to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated. You may complain to the Practice by contacting the Practice's Compliance Officer, using the contact information below. We will not retaliate against you for filing a complaint.

The Practice's contact person for all issues regarding patient privacy and your rights under the federal privacy standards is the Compliance Officer. Questions regarding matters covered by this Privacy Notice shall be directed to the Compliance Officer. You may contact the Compliance Officer, at our Main Office:

**Atwal Eye Care / Buffalo Eye Care Associates
3095 Harlem Road
Cheektowaga, New York 14225**

(716) 270-0750.

You may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to: 200 Independence Avenue, S.W., Washington, D.C., 20201, calling 1-877-696-6775 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

E. CHANGES TO THIS NOTICE

We reserve the right to change this Privacy Notice at any time. We reserve the right to make the revised or changed Privacy Notice effective for medical information we already have about you as well as any information we may receive from you in the future. We will post a copy of the current Privacy Notice in the Practice. The Privacy Notice will contain on the first page, in the top right-hand corner, the date of last revision and effective date. In addition, each time you visit the Practice for treatment or health care services you may request a copy of the current Privacy Notice in effect.

Effective Date: September 23, 2013