

# NOTICE OF PRIVACY PRACTICES

This notice intends to disclose how health information about you may be used and disclosed and how you can access this information. Your privacy is important to us. Please review this notice carefully.

## I. Who We Are

This Notice describes the privacy practices of Total Eye Care Centers, PC. All employees, medical staff, students and other members of Total Eye Care Centers, PC, follow the terms of this Notice. Total Eye Care Centers, PC is required by law to maintain the privacy of your health information (“Protected Health Information” or “PHI”) and to provide you with this Notice.

## II. How We May Use and Disclose Health Information – Treatment, Payment and Health Care Operations

Total Eye Care Centers, PC, understands that information about you and your health is very personal. Therefore, we strive to protect your privacy. We are required by law to maintain the privacy of our patients’ protected health information (“PHI”) and to provide you with notice of our legal duties and privacy practices with respect to your PHI. We will only use and disclose your PHI as described in this Notice. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice and to make the new notice provisions effective for all PHI we maintain. Any revised notice will be available upon request and on our website at [totaleyecarecenters.com](http://totaleyecarecenters.com) Unless you expressly indicate to the contrary, you agree to receive such information from us and from the persons and entities with whom we share your PHI by automated means, which may include the use of an automatic telephone dialing system (“ATDS”), pre-recorded message, artificial voice and/or electronic mail (“email”).

### A. Treatment

We may use and disclose your PHI in connection with your treatment and/or other services provided to you—for example, to diagnose and treat you. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services. We may also disclose PHI to other providers (e.g., physicians, nurses, pharmacists and other health care facilities involved in your treatment).

### B. Payment

We may use and disclose your PHI to obtain payment for services that we provide to you—for example, to request payment from your health insurer and to verify that your health insurer will pay for your health care services.

### C. Health Care Operations

We may use and disclose your PHI for our health care operations. These include internal administration and planning, and various activities that improve the quality and cost effectiveness of

health care services. For example, we may use your PHI to evaluate the quality and competence of our physicians, technicians and administrative staff. We may also use PHI to resolve patient problems and complaints.

### D. Business Associates

We may contract with certain outside persons or organizations to perform certain services on our behalf, such as auditing, accreditation, legal services, etc. At times, it may be necessary for us to provide your information to one or more of these outside persons or organizations. In such cases, we require these business associates, and any of their subcontractors, to appropriately safeguard the privacy of your information.

### E. Other Health Care Providers

We may also disclose PHI to other health care providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain health care operations.

## III. Other Uses and Disclosures of Your PHI for Which Your Written Authorization is Not Required

### A. Disclosure to Relatives, Friends and Other Caregivers

We may disclose your PHI to a family member, other relative, friend, or any other person if we:

- 1) obtain your agreement;
- 2) provide you with the opportunity to object to the disclosure and you do not object; or
- 3) we reasonably assume that you do not object.

If we provide information to any individual(s) listed above, we will release only information that we believe is directly relevant to that person’s involvement with your health care or payment related to your health care. We may also disclose your PHI in the event of an emergency or to notify (or assist in notifying) such persons of your location, general condition or death.

### B. Public Health Activities

We may disclose your PHI for the following public health activities:

- 1) reporting births or deaths;
- 2) preventing or controlling disease, injury or disability;
- 3) reporting child abuse and neglect to public health or other government authorities authorized by law to receive such reports;
- 4) reporting information about products and services under the jurisdiction of the United States Food and Drug Administration, such as reactions to medications and problems with products;
- 5) alerting a person who may have been exposed to an infectious disease or may be at risk of contracting or spreading a disease or condition;

6) notifying people of recalls of products they may be using; and

7) reporting information to your employer as required by laws addressing work-related illnesses and injuries or workplace medical surveillance.

### C. Victims of Abuse, Neglect or Domestic Violence

If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose your PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect or domestic violence.

### D. Health Oversight Activities

We may disclose your PHI to a health oversight agency that is responsible for ensuring compliance with rules of government health programs such as Medicare or Medicaid.

**E. Legal Proceedings and Law Enforcement** We may disclose your PHI in response to a court order, subpoena or other lawful process.

**F. Deceased Persons** We may disclose PHI of deceased individuals to a coroner, medical examiner or funeral director authorized by law to receive such information.

### G. Research

When conducting research, in most cases, we will ask for your written authorization before PHI is used.

### H. Public Safety

We may use or disclose your PHI to prevent or lessen a serious and imminent threat to the safety of a person or the public.

### I. Specialized Government Functions

We may release your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances, such as for intelligence, counter-intelligence or national security activities.

### J. Workers’ Compensation

We may disclose your PHI as authorized by state law relating to workers’ compensation or other similar government programs.

**K. Inmates** If you are or become an inmate of a correctional institution or you are in the custody of a law enforcement official, we may release your PHI to the institution or official if required to provide you with healthcare or to protect the health and safety of others.

### L. As Required by Law

We may use and disclose your PHI when required to do so by any other laws not already referenced above.

## IV. Uses and Disclosures Requiring Your Specific Written Authorization



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For any purpose other than the ones described above, we may use or disclose your PHI only when you give Total Eye Care Centers, PC, your specific written authorization. For instance, you will need to sign an authorization form before we send your PHI to a life insurance company. The following are examples of other uses or disclosures for which your specific written authorization is required:

## A. Marketing

We may contact you as part of our marketing activities, as permitted by law. We will obtain your written permission when the uses and disclosures of PHI are for marketing purposes or other activities where we receive remuneration in exchange for disclosing such PHI. If you do not “opt-out” at the time you provide your PHI, you consent to Total Eye Care Centers, PC, its affiliates and business associates contacting you by automated means, which may include an ATDS. Your consent is not a condition of purchase. These messages may also include recurring text message promotions and special offers.

## B. Sale of PHI

Should we wish to disclose your PHI in any manner that would constitute a sale of your PHI, we will obtain your written authorization to do so.

## C. Highly Confidential Information

Federal and state laws require special privacy protections for certain highly confidential information about you. This includes: Generally, we must obtain your written authorization to release this type of information. However, there are limited circumstances under the law when this information may be released without your consent.

## V. Your Rights Regarding Your Protected Health Information

**A. Right to Inspect and Copy Your Health Information** You may request to see and receive paper or electronic copies of your medical and billing records. To do so, please submit a written request to the appropriate Total Eye Care Centers, PC, office or department. You will be charged for copies in accordance with established professional, Pennsylvania and federal guidelines and laws. If you are a parent or legal guardian of a minor, certain portions of the minor’s medical

record may not be shared or reproduced under the law. Additionally, under limited circumstances defined by law, we may deny you access to a portion of your records.

## B. Right to Request Restrictions

You may request additional restrictions on Total Eye Care Centers, PC, use and disclosure of your PHI: 1) for treatment, payment and health care operations, 2) to individuals (such as family members, or other relatives, close friends or any other person identified by you) involved with your care or with payment related to your care, 3) to notify or assist in the notification of such individuals regarding your location in the hospital and your general condition, and 4) to your health plan (i.e. third party insurer or healthcare payor) when the PHI is the result of a healthcare item or service that has been fully paid out of pocket. We are not required to agree to your request, and we may say “no” if it would affect your healthcare or if we reasonably believe the information is accurate as is in your record. If we agree to a restriction, we will state the agreed restrictions in writing and will abide by them, except in emergency situations when the disclosure is needed for purposes of treatment. If you wish to make a request to restrict the use of your PHI, please call (215) 943.7800.

## C. Right to Receive Confidential Communications

You may request, and we will accommodate, any reasonable written request from you to receive your PHI by alternative means of communication or at alternative locations. For example, you may instruct us not to contact you by telephone at home, or you may give us a mailing address other than your home for test results.

## D. Right to Revoke Your Authorization

You may revoke your authorization, except to the extent that we have already used or disclosed your PHI.

A revocation form is available upon request from Total Eye Care Centers, PC, as noted below. This form must be completed by you and returned to the Total Eye Care Centers, PC.

## E. Right to Amend Your Records

You have the right to request that we correct PHI maintained in your medical or billing records. To do so, you must submit a written request to our Privacy Office at 1568 Woodbourne Road,

Levittown, PA 19057. We may decline your request, but we will tell you why in writing within 60 days.

## F. Right to Receive an Accounting of Disclosures

You may request a record of certain disclosures of your PHI. Your request may cover any disclosures made in the six years prior to the date of your request. Certain disclosures do not need to be included in this accounting, including the following: those made for treatment, payment and operations purposes.

**G. Right to Receive Notification** You have the right to receive written notification from Total Eye Care Centers, PC in the event of a breach of unsecured PHI, i.e., if there is an unauthorized use or disclosure of your PHI which meets certain criteria under the law.

## H. For Further Information; Complaints

If you have a question or wish to file a complaint about related to the privacy of your health care information, please contact The Privacy Office at 1568 Woodbourne Road, Levittown, PA.

## VI. Effective Date and Duration of This Notice

### A. Effective Date

This Notice is effective on June 8, 1990.

### B. Date of Revision

This Notice was revised December 1, 2021

### C. Right to Change Terms of this Notice

We may change the terms of this Notice at any time. If we change this Notice, we will post the revised Notice at appropriate locations at Total Eye Care Centers and on-line at [totaleyecarecenters.com](http://totaleyecarecenters.com). You also may obtain any revised notice by contacting our office directly.

## OFFICE INFORMATION

**Total Eye Care Centers, PC**  
1568 Woodbourne Road  
Levittown, PA 19057  
215.943.7800 (p)  
215.943.7993 (f)  
[totaleyecarecenters.com](http://totaleyecarecenters.com)

