

HIPAA 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.

Ascend Eye Center LLC (“Ascend Eye Center”) is committed to protecting the confidentiality of its patients’ health information. This Notice of Privacy Practices (“Notice”) describes how we may use and disclose your health information and your rights concerning your health information. This Notice is provided to you pursuant to the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (“HIPAA”). The privacy practices described in this Notice will be followed by all U.S. health care professionals and employees of Ascend Eye Center.

USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures, we will explain what we mean and try to give an example. Not every use or disclosure in a category is listed. However, all of the ways we are permitted to use and disclose health information fall within one of the categories.

To provide products and services in connection with your treatment

We can use your health information, and disclose it to other professionals who are treating you, to provide you with medical products and services in connection with your treatment. For example, we may disclose your information to a clinic that is also treating you.

Bill for providing products and services

We can use and disclose your health information to bill and get payment for providing products and services to you. For example, we may contact your health plan to determine whether it will authorize payment for our products and services or to determine the amount of your co-payment or co-insurance.

Run our organization

We can use and disclose your health information to run our business operations, improve and evaluate your care and how we are providing services to you. For example, we may use your health information to evaluate the quality of care we are providing to you.

Family and friends

We may disclose your health information to a family member or friend who is involved in your medical care or to someone who helps pay for your care. We may also use or disclose your health information to notify (or assist in notifying) a family member, legally authorized representative or other person responsible for your care, of your location, general condition or death. If you are a minor, we may release your health information to your parents or legal guardians when we are permitted or required to do so under federal and applicable state law.

Public health and safety issues

We can disclose your health information for public health activities, which may include:

- To prevent or control disease, injury or disability
- To report child abuse or neglect
- To report reactions to medications or problems with products
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a condition
- To notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when otherwise required by law to make the disclosure.

Conduct research

Under certain circumstances, we may also use and disclose your health information for research purposes. All research projects are subject to a special approval process through an appropriate committee.

Comply with the law

We may use or disclose your health information to the extent the use or disclosure is required by law. Any such use or disclosure will be made in compliance with the law and will be limited to what is required by the law.

Health oversight activities

We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits; investigations, proceedings or actions; inspections; and disciplinary actions; or other activities necessary for appropriate oversight of the health care system, government programs and compliance with applicable laws.

Law enforcement

We may disclose your health information to law enforcement in very limited circumstances, such as to identify or locate suspects, fugitives, witnesses or victims of a crime, to report deaths from a crime, and to report crimes that occur on our premises.

Judicial and administrative proceedings

We may disclose information about you in response to an order of a court or administrative tribunal as expressly authorized by such order.

To avert a serious threat to health or safety

We may use or disclose your health information when necessary to prevent a serious and imminent threat to your health or safety or the health and safety of the public or another person. Any disclosure would only be to someone able to help prevent the threat of harm.

Workers' compensation

We may disclose your health information as authorized by law to comply with workers' compensation laws and other similar programs established by law.

Military, veterans, national security and other government purposes

If you are a member of the armed forces, we may release your health information as required by military command authorities or to the Department of Veterans Affairs. We may also disclose your health information to authorized federal officials for intelligence and national security purposes to the extent authorized by law.

Disaster relief efforts

We may use or disclose your health information to an authorized public or private entity to assist in disaster relief efforts. You may have the opportunity to object unless it would impede our ability to respond to emergency circumstances.

Our service providers

We can disclose your health information to third parties referred to as "business associates" that provide products and services on our behalf. If we disclose your information to these entities, we will enter into an agreement with them to safeguard your information.

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

If we wish to use or disclose your medical information for a purpose not set forth in this Notice, we will seek your authorization. Specific examples of uses and disclosures of health information requiring your authorization include:

- Most uses and disclosures of your health information for marketing purposes.
- Disclosures of your health information that constitute the sale of your health information.
- Most uses and disclosures of psychotherapy notes (private notes of a mental health professional kept separately from a medical record).

You may revoke an authorization in writing at any time, except to the extent that we have already taken action in reliance on your authorization.

YOUR RIGHTS RELATED TO YOUR HEALTH INFORMATION

You have certain rights when it comes to your health information. If you want to exercise any of the rights described in this section, please contact our office.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee to provide these records.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say "no" to your request, but we will tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, at your home or office) or to send mail to a different address.
- We will approve reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request, and we may say “no” to your request (for example, if it would affect your care or would impose unreasonable burdens).
- 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 our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we have shared your information

- You can ask for a list (accounting) of certain times we have shared your health information for six years prior to the date you ask, with whom we shared it, and why.
- We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Obtain a copy of this privacy Notice

- You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind by submitting your request in writing to the office.
- If a state or other law requires us to restrict the disclosure of your information beyond what is provided in this Notice, we will follow the applicable provisions of those laws.

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this Notice, and the changes will apply to all information we have about you. To obtain a copy of this Notice, please contact our Office Manager.

QUESTIONS, CONCERNS OR COMPLAINTS

- You may submit a question or complaint about Ascend Eye Center’s privacy practices via Ascend Eye Center's Ethics & Compliance Helpline at (844) 294-5418.
- Please contact Office Manager for Ascend Eye Center at Manager@ascendeye.com.
- If you feel we have violated your rights, you may also 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, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/what-to-expect/index.html>
- We will not retaliate against you for filing a complaint.