

Jones Oakland Vision Group, P.A.
PRIVACY POLICY

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. If you have any questions about this Privacy Policy please contact Liliana Rivadeneira of Jones Oakland Vision Group at (301) 334-1016.

1. OUR COMMITMENT TO YOUR PRIVACY. Jones Oakland Vision Group, PA (our “Practice”) and/or Dr. J.V. Jones (our “Physician”) are committed to protecting medical information about you and your health, including all demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services (“protected health information” or “PHI”). This Policy describes how our practice and/or the physician may use and disclose your PHI to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Policy also describes your rights to access and certain obligations we have regarding the use and disclosure of your PHI. This Policy is in compliance with the requirements set forth under the Health Insurance Portability and Accountability Act (“HIPAA”) and those requirements set forth by the Secretary of the Department of Health and Human Services (the “Secretary”), as may be modified or adopted from time to time.

2. USES AND DISCLOSURES.

A. Treatment, Payment and Health Care Operations.

We may use and disclose individually identifiable health information (PHI) in the following ways:

1. Treatment: We use information for treatment purposes when, **for example**, we set up an appointment for you; when our doctor tests your eyes; when the doctor prescribes glasses, contacts lenses and/or medication; when our staff helps you select and order glasses, contact lenses and/or low vision aids. We may disclose your PHI outside of our office for treatment purposes if, for example, we refer you to another doctor or clinic for further care, if we send a prescription for glasses or contacts to a laboratory to be fabricated, when we provide a prescription for medication to a pharmacist, or when we phone to let you know that your glasses or contact lenses are ready to be picked up. Sometimes we may ask for copies of your health information from another professional that you may have seen before us to allow us to treat you more efficiently.

2. Payment: We use your health information for payment purposes when, **for example**, our staff asks you about your health insurance or vision plan; or about other sources of payment for our services; when we prepare bills to send to your or your health insurance company; when we process payment by credit card and/or when collecting unpaid amounts due. We may disclose your health information outside of our office for payment purposes when, **for example**; bills or claims for payment are mailed, faxed, or sent by computer to you, your health insurance company, vision plan, family members responsible for payment or when we have to ask a collection agency or attorney to help us with unpaid amounts due.

3. Health Care Operations: We use and disclose your health information for health care operations in a number of ways. Health care operations, refers to those administrative and managerial functions that we have to do in order to run our Practice. We may use or disclose your health information, **for example**; for financial or billing audits; for internal quality assurance; for personnel decisions; to enable our doctor to participate in managed care plans; for the defense of legal matters; to develop business plans; and for outside storage and retrieval of your PHI records.
4. Appointments and Reminders: We may contact you and remind you of an appointment or as a follow up on treatment. **For example**, we may send appointment reminders and recall cards to remind you of an upcoming office visit via mail, phone or e-mail.
5. Treatment Options: Our Practice may use and disclose your PHI to inform you of potential treatment options or alternatives.
6. Health-Related Benefits and Services. Our Practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you. **For example**, we may send you newsletters that may include information about our practice, health related issues and products and services.
7. Release of Information to Family/Friends. Our Practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. **For example**, a parent or guardian may ask that a babysitter take their child to our office for treatment. In this example, the babysitter may have access to this child's medical information. Practice will use and disclose your PHI when we are required to do so by federal, state and/or local law.
9. Open Areas – Open areas are where conversations with you or our internal staff regarding your care may be overheard. Every attempt will be made to minimize the exposure of your PHI and, if requested, we will locate a private area in our offices for our conversations with you.

B. Special Situations. Subject to all applicable legal requirements and limitations, our practice and/or physician may use or disclose PHI without your permission for the following purposes:

1. Public Health Risks: Our Practice and/or Physician may disclose PHI about you for public health activities, **including disclosures:**

- a) maintaining vital records, such as births and deaths;
- b) reporting child abuse or neglect;
- c) preventing or controlling disease, injury or disability;
- d) notifying a person regarding potential exposure to a communicable disease;
- e) notifying a person regarding a potential risk for spreading/contracting a disease or condition;
- f) reporting reactions to drugs or problems with products or devices;
- g) notifying individuals if a product or device they may be using has been recalled;
- h) notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence, however; we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information; and
- i) notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. Health Oversight Activities: Our Practice and/or Physician may disclose PHI to a health oversight agency for audits, investigations, inspections or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs and compliance with civil rights laws or other legal or regulatory requirements.

3. Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, our Practice and/or Physician may disclose PHI in response to a court or administrative order. Subject to all applicable legal requirements, the Practice and/or Physician may also disclose PHI in response to a subpoena or other legal process.

4. Law Enforcement: Our Practice and/or Physician may release PHI if asked to do so by a law enforcement official:

- a) in response to a court order, subpoena, warrant, summons or similar process;
- b) to identify or locate a suspect, fugitive, material witness, or missing person;
- c) about the victim of a crime under certain limited circumstances;
- d) about a death we believe may be the result of criminal conduct;
- e) in emergency circumstances, to report a crime, the location thereof the victims, or the
- f) identity, description or location of the perpetrator.

5. Coroners, Medical Examiners and Funeral Directors: Our Practice and/or Physician may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. Our Practice and/or Physician may release information to a funeral director, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.

6. To Avert a Serious Threat to Health or Safety: Subject to applicable law, our Practice and/or Physician may use and disclose PHI when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. The Practice and/or Physician may also use and disclose PHI if necessary for law enforcement authorities to identify or apprehend an individual.

7. Specialized Government Functions: In certain circumstances our Practice and/or Physician may be required to disclose PHI to authorized governmental agencies for national security activities or for protective services for the President or other authorized persons. If you are a member of the Armed Forces, we may release PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

8. Workers' Compensation: Our Practice and/or Physician may release PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

9. Disaster Recovery Efforts: When permitted by law, our Practice and/or Physician may coordinate uses and disclosures of protected PHI with public entities authorized by law or by charter to assist in disaster relief efforts.

10. Incidental Disclosures: Subject to applicable law, our Practice and/or Physician may make incidental uses and disclosures, by-products of otherwise permitted uses or disclosures which

are limited in nature and cannot be reasonably prevented, of PHI.

11. Family and Friends: Our Practice and/or Physician may disclose to your family members or friends PHI which is directly relevant to their involvement in your care or payment for your care, if the Practice and/or Physician obtains your written agreement to do so or if the practice and/or physician gives you an opportunity to object to such a disclosure and you do not raise an objection. Our Practice and/or Physician may also disclose PHI to your family or friends if the Practice and/or Physician infers from the circumstances, based on professional judgment that you would not object. **For example**, the Practice and/or Physician may assume you agree to the disclosure of your PHI to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), our Practice and/or Physician may, using professional judgment, determine that a disclosure to a family member or friend is in your best interest. In that situation, the Practice and/or Physician will disclose only PHI relevant to the person's involvement in your care. Our Practice and/or Physician may also use professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up your PHI or records, for example, X-rays. Additionally, our Practice and/or Physician may use or disclose your protected PHI to notify or assist a family member or friend responsible for your care of your location, general condition or death.

C. OTHER USES AND DISCLOSURES OF PHI. Our Practice and/or Physician will not use or disclose your PHI for any purpose other than those identified in the previous sections without your specific, written authorization. Any authorization to use or disclose PHI may be revoked at any time so long as the revocation is in writing. If you revoke your authorization, our practice and/or physician will no longer use or disclose PHI for the reasons covered by your written *Authorization*, except to the extent that the Practice and/or Physician has already used or disclosed PHI in reliance on your authorization.

D. SPECIAL AUTHORIZATION. Our Practice and/or Physician may not use or disclose PHI under the following circumstances without a valid authorization, and any such use or disclosure by the Practice and/or Physician must be consistent with such authorization.

1. HIV/Substance or Alcohol Abuse/Mental Health: Our Practice and/or Physician may not release HIV, substance or alcohol abuse or mental health information about you without a specific written authorization in the form to be provided to you by our Practice and/or Physician. Upon diagnoses of HIV, substance or alcohol abuse or related to mental health, you will be required for purposes of treatment, payment and health care operations to execute an authorization that complies with the law governing such records, when required by applicable law.

2. Marketing: Our Practice and/or Physician must obtain an authorization for any use or disclosure of PHI for marketing, except if the communication is in the form of: (A) a face-to-face communication made by a Practice and/or Physician to an individual; or (B) a promotional gift of nominal value provided by our Practice and/or Physician if the marketing involves financial remuneration to our Practice and/or Physician from a third party, the authorization shall state that remuneration is involved.

3. Sale of PHI: Other than the transition provisions in 45 CFR 164.532, our Practice and/or Physician must obtain an authorization for any disclosure of PHI which is a sale of PHI, and such authorization must state that the disclosure will result in remuneration to the practice and/or physician, if any.

4. Revocation of Authorizations. You may revoke an authorization provided under this section at any time, provided that the revocation is in writing and addressed to our Privacy Officer designated below, except that no such authorization may be revoked to the extent that: (A) our Practice and/or Physician has taken action in reliance thereon; or (B) if the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

E. YOUR RIGHTS REGARDING PHI. You have the following rights regarding your PHI:

1. **Right to Inspect and Copy:** You have the right to inspect and copy your PHI for as long as we maintain that information. You must submit a written request in order to inspect and/or copy your PHI. If you request a copy of the information, we may charge a fee for the cost of copying as approved by state law. We may deny your request to inspect and/or copy in certain limited circumstances. In some circumstances, you may have the right to have this decision reviewed. Please contact our Practice and/or Physician if you have questions about access to your medical records.

2. **Right to Amend:** You have the right to request amendment of incorrect or incomplete PHI so long as the information is kept by this office. To request an amendment, complete and submit a Medical Record Amendment / Correction Form to this office. Our Practice and/or Physician may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, our Practice and/or Physician may deny your request if; our Practice and/or Physician did not create the PHI (unless the person or entity that created the PHI is no longer available to make this amendment); our practice is no longer in possession of the PHI; you would not be permitted to inspect and copy the record at issue; or is accurate and complete.

3. **Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” This is a list of certain limited disclosures our Practice and/or Physician made with respect to your PHI. To obtain this list, you must submit your request in writing to this office. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Our Practice and/or Physician may charge you for the cost of providing the response to your request, but you may request one free accounting per year. Our Practice and/or Physician will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

4. **Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI our Practice and/or Physician uses or discloses for treatment, payment and health care operations. You also have the right to request a limit on the PHI our Practice and/or Physician discloses about you to someone who is involved in your care, such as a family member or friend. To request restrictions you must complete and submit the *Request For Restriction On Use/Disclosure of Medical Information and/or Confidential Communication Form* to this office. **Our Practice and/or Physician is NOT required to agree to your request.**

5. Right to Request Confidential Communications: You have the right to request (within reason) that our Practice and/or Physician communicate with you in a certain manner. For example, you may request that our Practice and/or Physician only contact you at work or on your cell phone. Our Practice and/or Physician will make every effort to honor reasonable requests made in writing and submitted to our Practice and/or Physician.

6. Right to a Paper Copy of This Notice: You have the right to request a paper copy of this Policy at any time, even if you have agreed to receive the Policy electronically. To obtain such a copy please contact our Practice and/or Physician.

F. NOTIFICATION OF BREACH. Should it be determined by our Practice and/or Physician that there is a breach of your PHI (the acquisition, access, use, or disclosure of PHI in a manner not permitted under 45 CFR 164 sub-part E which compromises the security or privacy of your PHI), you will be notified in writing by our Practice and/or Physician no later than sixty calendar days after the discovery of the breach. If the breach involves the PHI or more than 500 individuals in any state, our Practice and/or Physician shall following discovery of the breach give notice of the breach to prominent media outlets in that state and will also notify the Secretary.

G. MODIFICATION. Our Practice and/or Physician reserves the right to change this Policy at any time, effective for previously obtained PHI as well as future PHI. Our Practice and/or Physician will post a copy of the current Policy in this office with the effective date. In addition, each time you register at or are seen at our Practice and/or Physician's office for treatment or health care services, our Practice and/or Physician will offer you a copy of the current Policy in effect.

H. COMPLAINTS. If you believe your privacy rights have been violated, you may file a written complaint with our Practice and/or Physician by mailing your complaint to Jones Oakland Vision Group, P.A. at 888 Memorial Drive, Oakland, MD 21550. Attn: Compliance Officer, or with the Secretary of the Department of Health and Human Services. This Practice and/or Physician maintains a non-retaliation Policy for complaints.

I. PRACTICE REQUIREMENTS. Our Practice and/or Physician is required by law to: (1) ensure all PHI is maintained in a confidential manner; (2) abide by the terms of this Policy; and (3) notify patients of our practices and/or physician's legal duties and policies with respect to PHI.