



Peninsula Cataract & Laser Center
Peninsula Eye Surgeons

NOTICE OF PRIVACY PRACTICES

PHYSICIANS CREDENTIALS

PUBLIC NOTICE

NOTICE OF PRIVACY

THIS NOTICE DESCRIBES A SUMMARY OF HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations Do Not Require Your Consent or Authorization.

We may use and disclose your Protected Health Information (PHI) for the following reasons:

For Treatment: We may disclose your PHI to physicians, nurses, medical students, and other health care personnel who provide you with health care services or are involved in your case.

To obtain payment for treatment: We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies, and others that process our health care claims.

For health care operations: We may disclose your PHI in order to operate this medical group. We may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we are complying with the laws that affect us.

We may use and disclose your PHI without your consent or authorization for the following reasons:

When a disclosure is required by federal, state, or local law, judicial or administrative proceedings, or law enforcement: When a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds; or when ordered in a judicial or administrative proceeding.

For public health risks: we may disclose information about births, deaths, and various diseases, to government officials in charge of collecting that information. We may provide information to coroners, medical examiners and funeral directors if necessary information relates.

For health oversight activities: We may provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.

For purposes of organ donation: We may notify organ procurement organizations to assist them in organ, eye, or tissue donation and transplants.

For research purposes: In certain circumstances, we may provide PHI in order to conduct medical research.

To avoid harm: in order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.

For specific government functions: we may disclose PHI of military personnel and veterans in certain situations. And we may disclose PHI for national security purposes, such as protecting the president of the United States or conducting intelligence operations.

For workers' compensation purposes: we may provide PHI in order to comply with workers' compensation laws.

Appointment reminders and health-related benefits or services: we may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer.

Fundraiser activities: We do not engage in using PHI to raise funds for our organization.

Disclosures to family, friends, or others: We may provide your PHI to a patient representative such as a family member, friend, or other person that you indicate is involved in your care or the payment of your health care, unless you object in whole or in part.

Other uses and disclosures: In other situations, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we haven't taken any action relying on the authorization).

RIGHTS YOU HAVE REGARDING YOUR PHI

You have the following rights with respect to your PHI:

The right to request limits on uses and disclosures of your PHI: You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

The right to choose how we sent PHI to you: You have the right to ask that we send information to you to an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). We must agree to your request so long as we can easily provide it in the format you requested.

The right to see and get copies of your PHI: In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. If we don't have your PHI but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed.

The right to get a list of the disclosures we have made: You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations, directly to you, to your family, or in our facility directory. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or before April 14, 2003.

We will respond within 60 days of receiving your request. The list we will give you will include disclosures made in the last six weeks unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and reason for the disclosure. We will provide the list to you at no charge.

The right to correct or update your PHI: If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain our right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change in your PHI.

PUBLIC NOTICE

The Joint Commission on Accreditation of Healthcare Organizations will periodically conduct an accreditation survey of Peninsula Cataract & Laser Center.

The purpose of the survey will be to evaluate the organization's compliance with nationally established Joint Commission standards. The survey results will be used to determine whether, and the conditions under which accreditation should be awarded the organization.

Joint Commission standards deal with organizational quality of care issues and the safety of the environment in which care is provided. Anyone believing that he or she has pertinent and valid information about such matters may request a public information review with the Joint Commission's field representatives at the time of survey. Information presented at the interview will be carefully evaluated for relevance to the accreditation process. Requests for a public information interview must be made in writing and should be sent to the Joint Commission. The requests must also indicate the nature of the information to be provided at the interview. Such requests should be addressed to:

**Division of Accreditation Operations
Office of Quality Monitoring
Joint Commission on Accreditation
of Healthcare Organizations
One Renaissance Boulevard
Oakbrook terrace, IL 60181
or faxed to 630-792-5636
or emailed to:
complaint@jointcommission.org**

The Joint Commission will acknowledge such requests in writing or by telephone and will inform the organization of the request for any interview. The organization will, in turn, notify the interviewee of the date, time and place of meeting.

This notice is posted in accordance with the Joint Commission's requirements.

We have a legal duty to safeguard your Protected Health Information (PHI)

We are legally required to protect the privacy of your health information. We call this information "protected health information", or "PHI" for short. Your PHI includes information that can be used to identify you that we've created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. We must provide you with this notice regarding our privacy practices. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure.

We reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make any important change to our policies, we will promptly change this notice and post a new notice in the reception area for: 1) 101 Milford Street, Salisbury, MD 21804 2) 314 Franklin Avenue, Berlin, MD 21811 3) 500 Market Street, Pocomoke, MD 21851 4) 1320 Middleford Road, Seaford, DE 19973. A detailed "Notice of Privacy" is posted in each of our offices. You can also request a copy of the detailed "Notice of Privacy" from the compliance officer at this facility or contact the person listed on the back at any time.

HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed below. You also may send a written complaint to the Regional Manager, Office for civil Rights, U.S. Department of Health and Human Services, 150 South Independence Mall, Suite 372, Philadelphia, PA 19106. We will take no retaliatory action against you if you file a complaint about our privacy practices.

PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact:

Privacy Officer
101 Milford Street
Salisbury, Maryland 21804
(410) 749-9290 · (800) 210-5936
Fax (410) 543-9087
Email: Peneye@peninsulaeyecenter.net

PENINSULA CATARACT & LASER CENTER
National Accredited & Medicare Approved Outpatient Surgery & Laser Center Since 1991

All physicians are licensed in the State of Maryland

GARY P. LUPPENS, M.D.
MEDICAL SCHOOL: Ohio State University
CERTIFIED BY: The American Board of Ophthalmology 1979

RICHARD H. MEEKS, M.D.
MEDICAL SCHOOL: Ohio State University
CERTIFIED BY: The American Board of Ophthalmology 1983

WILLIAM J. DOYLE, M.D.
MEDICAL SCHOOL: Duke Medical School
CERTIFIED BY: The American Board of Ophthalmology 1985

EDMUND J. FORTE, M.D.
MEDICAL SCHOOL: Temple University
CERTIFIED BY: The American Board of Ophthalmology 1987

The above physicians have an ownership interest in
PENINSULA EYE SURGEONS
And

PENINSULA CATARACT & LASER CENTER Trading as PENINSULA EYE CENTER

DAVID J. OSPITAL, M.D.
MEDICAL SCHOOL: UMDNJ New Jersey Medical School
Eligible for Board Certification

ORGANIZATIONAL MEMBERSHIPS
Wicomico County Medical Society
American Academy of Ophthalmology
Maryland Society of Eye Physicians & Surgeons
American Medical Association
Federated Ambulatory Surgery Association

EFFECTIVE DATE OF THIS NOTICE
This notice went into effect on April 14, 2003