

## 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](mailto:complaint@jointcommission.org)**

The Joint Commission will acknowledge such request 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.

**PENINSULA CATARACT & LASER CENTER**  
*National Accredited & Medicare Approved  
Outpatient Surgery & Laser Center Since 1991*  
*All physicians are licensed in the State of Maryland*

**DAVID J. OSPITAL, M.D.**  
MEDICAL SCHOOL: UMDNJ-NJ Med School  
CERTIFIED BY: The American Board  
of Ophthalmology 2011

**RAYMOND J. CLIFFORD, M.D.**  
MEDICAL SCHOOL: Drexel University  
CERTIFIED BY: The American Board  
of Ophthalmology 2017

**BRANDON M. METCALF, M.D., M.P.H.**  
MEDICAL SCHOOL:  
Johns Hopkins University School of Medicine  
CERTIFIED BY: The American Board of  
Ophthalmology 2018

*The above physicians have an ownership interest in  
PENINSULA EYE SURGEONS  
And  
PENINSULA CATARACT & LASER CENTER  
Trading as PENINSULA EYE CENTER*

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

**KEVIN W. DARCEY, O.D.**  
MEDICAL SCHOOL:  
Pennsylvania College of Optometry  
LICENSED BY: Maryland State Board of  
Examiners in Optometry

**LI QING NG, O.D.**  
MEDICAL SCHOOL:  
Salus University  
Pennsylvania College of Optometry  
LICENSED BY: Maryland State Board of  
Examiners in Optometry

## 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.

## COMPLAINTS

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officer at [peneye@peninsulaeyecenter.net](mailto:peneye@peninsulaeyecenter.net).

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to: [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov).

The complaint form may be found at [www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf](http://www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf). You will not be penalized in any way for filing a complaint.

**Peninsula Eye Center, P.A.**  
**101 Milford Street**  
**Salisbury, Maryland 21804**  
**(410) 749-9290 • (800) 210-5936**  
**Fax (410) 543-9087**

**EFFECTIVE DATE OF THIS NOTICE**  
This notice went into effect on Sept. 1, 2013



**PROFESSIONAL ASSOCIATES**

**Peninsula Cataract & Laser Center**

**David J. Ospital, M.D.**  
**Raymond J. Clifford, M.D.**  
**Brandon M. Metcalf, M.D., M.P.H.**  
**Kevin W. Darcey, O.D.**  
**Li Qing Ng, O.D.**

**NOTICE OF  
PRIVACY PRACTICES**

**PHYSICIAN'S 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 care.

**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 other in order to make sure we're complying with the laws that affect us.

**Sign In Sheet.** We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

**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.

**Coroners.** We may, and are often required by law, to disclose your health information to coroners in connection with their investigations of deaths.

**Public Safety.** 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.

**Specialized government functions.** We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

**For workers' compensation purposes.** We may provide PHI in order to comply with workers' compensation laws.

**Change of Ownership.** In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

**Breach Notification.** In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some

circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.

**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. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

**Fundraising 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 Send 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.

**Right to a Paper or Electronic Copy of this Notice.** You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices.

**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 30 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 to your PHI.