

Right to Request Restrictions

You have the right to request restrictions or limitations on the use or disclosure of your protected health information for treatment, payment or health care operations. You may request restrictions or limitations on the disclosure of your protected health information to a family member, relative, close personal friend, or other person you identify. You may also request restrictions or limitations on the use or disclosure of your protected health information for disaster relief purposes or after your death.

We are not required to agree to your request to restrict these uses or disclosures of your protected health information *except* in one circumstance: we must agree to your request to restrict disclosure of protected health information to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law and the information pertains solely to a health care item or service for which you or some entity other than the health plan has paid Albany Eye in full.

Right to Request Confidential Communications

You have the right to request that we communicate with you about your health matters in a certain way or at a certain location. You must make this request in writing. You must specify the way you would like us to communicate with you or the location to which we will send your information in your request.

Right to a Paper Copy of this Notice

You have the right to a paper copy of this notice. To obtain a paper copy, please contact our Privacy Officer at Albany Eye Associates – Physicians & Surgeons, P.C., The Eye Center at Memorial, 63 Shaker Road, Suite 101, Albany, New York 12204.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our office or with the United States Department of Health and Human Services, Jacob Javits Federal Building, 26 Federal Plaza, Suite 3312, New York, NY 10278. You will not be penalized for filing a complaint.

You file a complaint with us, in writing, with the Privacy Officer, Albany Eye Associates – Physicians & Surgeons, P.C., Albany Eye Associates, The Eye Center at Memorial, 63 Shaker Road, Suite 101, Albany, New York 12204.

Changes to this Notice

We reserve the right to change the terms of our Notice of Privacy Practices. You may obtain a copy of our current Notice of Privacy Practices by calling us at 518-434-1042 and requesting that a copy be sent to you in the mail or by asking for one any time you are in our office.

ACKNOWLEDGEMENT OF RECEIPT  
OF NOTICE OF PRIVACY PRACTICES

DATE: \_\_\_\_\_

I acknowledge that I was provided with a copy of the Albany Eye Associates – Physicians & Surgeons, P.C.’s Notice of Privacy Practices.

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Patient Signature

If completed by a patient’s personal representative, please print and sign your name in the space below:

\_\_\_\_\_  
Personal Representative (Print)

\_\_\_\_\_  
Personal Representative’s Signature

\_\_\_\_\_  
Relationship

# Notice of Privacy Practices

## Albany Eye Associates

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63 Shaker Road, Suite 101  
Albany, NY 12204  
Phone: 518-434-1042  
Fax: 518-434-4327

*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.*

The United States Department of Health and Human Services has issued medical privacy regulations under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). We are required by law to maintain the privacy of your protected health information and provide you with this notice of our legal duties and privacy practices concerning protected health information. We must follow the terms of this notice.

This notice is designed to inform you about Albany Eye Associates – Physicians & Surgeons, P.C.’s (“Albany Eye”) privacy practices. Our employees, staff, students, and all office personnel follow these privacy practices. This notice will describe how we may use and disclose information that is called “protected health information” (“PHI”). We will also outline your rights and our obligations regarding our use and disclosure of that information.

Any changes to this notice will be posted at our office, located at The Eye Center at Memorial, 63 Shaker Road, Suite 101, Albany, New York 12204.

If you have any questions or issues regarding this notice please contact Albany Eye’s Privacy Officer:

MARK CARLEY, PRACTICE ADMINISTRATOR  
518-434-1042

Uses and Disclosures of your Identifiable Health Information Without your Permission

We may use and disclose your personal healthcare information without your permission in the following situations.

**Effective Date: March 1, 2014**

## Treatment, Payment, and Healthcare Operations

We will use and disclose your identifiable health information for treatment, payment and healthcare operations purposes. We do not need your permission to use or disclose your identifiable health information for these purposes.

Treatment includes:

Direct provision of health services

Consultation (for example, a physicians or other health care professionals working for Albany Eye may consult with each other regarding your treatment)

Transfers or referrals between medical practices

Payment includes:

Obtaining eligibility verification, pre-authorization, ongoing authorization from other providers, agencies, insurance companies

Billing to other providers, agencies, insurance companies

Collection

Communicating with third party payors concerning claims (for example, we may contact your health insurer to certify that you are eligible for benefits, and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for your treatment)

Health Care Operations include:

Matters related to quality improvement (for example, Albany Eye may review your record and other patients' records to ensure provision of high quality care)

Utilization Review

General Administration

Business planning and management

Legal and auditing services

Site visits pertaining to licensing and accreditation

## Business Associates

We may share your PHI with third parties that perform various business activities for Albany Eye.

## Other Disclosures

We may disclose PHI to a health oversight agency for activities authorized by law. These include government agencies that oversee the health care system, government benefit programs such as Medicaid, and other government programs regulating health care.

We may also disclose PHI to these people or entities without your permission:

You or certain people who have the right to information about you.

A court that orders us to disclose your records.

Any entity to which we the law requires us to disclose your information.

In some circumstances, entities that are authorized to receive reports of abuse, neglect, or domestic violence.

In some circumstances, law enforcement entities.

Coroners, medical examiners, and funeral directors.

Organ procurement organizations.

An entity that conducts certain research, and meets certain requirements about that research.

The armed forces, if you are a member of the same.

In some circumstances, correctional institutions if you are in their custody.

Programs or entities that need your information to comply with workers' compensation or similar programs.

New York State also protects confidential HIV-related information. We may not disclose that information to anyone except in special circumstances. We may disclose your confidential HIV-related information without your permission in these circumstances:

We may disclose to an authorized health care provider to whom the information would be relevant for the health of the provider.

If disclosure is needed to provide appropriate care to you, your child, or one of your contacts, we may disclose to an authorized health care provider.

We may disclose to authorized health service staff who work with your medical records.

We may disclose to a foster care or adoption agency if the disclosure is relevant to the adoption of a child.

We may disclose when a court orders us to do so.

## Uses and Disclosure of Your Individually Identifiable Health Information with Your Permission

Albany Eye may ask you for permission to use or disclose information in some circumstances. We must have your authorization to use or disclose the following information.

Any protected health information that we use or disclose for marketing purposes.

Any protected health information that we sell and for which we would receive payment.

We will *only* make other uses and disclosures of your identifiable health information that are *not* described in this notice with your written authorization.

You may revoke your authorization for our use of your identifiable health information. You must revoke your authorization in writing.

New York also protects your confidential HIV-related information. Except for the disclosures described above, we

may not disclose your confidential HIV-related information without your permission. If we have your permission, we may disclose that information to you or anyone you authorize, through a release, to receive that information.

## Your Rights regarding Your Protected Health Information

### Right to Inspect and Copy

You have the right to inspect or copy mental health information used to make decisions about your care. You must submit your request in writing to the Privacy Officer at Albany Eye Associates – Physicians & Surgeons, P.C., The Eye Center at Memorial, 63 Shaker Road, Suite 101, Albany, New York 12204. We may charge a reasonable cost-based fee for copies that includes only the cost of labor for copying the information, supplies for copying the information, and postage if necessary.

You may not inspect or copy the following protected health information:

Information we put together for a legal proceeding.  
Psychotherapy notes.

We may decide that you cannot access certain other records in some circumstances.

If you are denied access for these reasons, you may request that the denial be reviewed.

### Right to Make Changes

If you believe that Albany Eye has protected health information about you that is inaccurate or incomplete, you may ask us to make changes to correct the information. We ask that you contact the Privacy Officer in writing and provide as much detail as possible as to what information needs to be changed and why. We may deny your request if you ask us to amend information that Albany Eye did not create, we deny you access to that information, or if Albany Eye believes the information is complete and accurate.

### Right to Accounting of Disclosures

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of protected health information about you for purposes other than treatment, payment and health care operations and certain other permitted disclosures. You may request a list of the disclosures we have made in the six years before the date of your request. We may charge a nominal fee for this list if a request is made more than one time in a twelve-month period.