

SOUTH JERSEY EYE PHYSICIANS, P.A.

SUMMARY OF PRIVACY PRACTICES

This is a summary of the Notice of Privacy Practices, which describes how medical information about you may be used and disclosed and about how you can obtain access to this information.

YOU ARE ENTITLED TO RECEIVE A COPY OF THE COMPLETE NOTICE OF PRIVACY PRACTICES IF YOU DESIRE TO HAVE ONE. JUST ASK ONE OF THE MEDICAL RECEPTIONISTS FOR A COPY.

We understand that your health information is personal to you and we are committed to protecting the information about you. Our Notice of Privacy Practices, of which this is a summary, describes how we will use and disclose protected health information (“PHI”) and data that we receive or create related to your health care.

Our Duties: We are required by law to maintain the privacy of your health information and to give you this Notice describing our duties and privacy practices. We are also required to follow the terms of the Notice currently in effect.

How We May Use and Disclose Health Information about You: We will not use or disclose your health information without your authorization except in the following situations:

- **Treatment, payment and health care operations.** These uses permit us to provide your treatment, get paid for those services and operate our office efficiently.
- To **Business Associates** who provide services to us under Contracts or Agreements which bind them to adhere to the same use and disclosure limitations as apply to us.
- To **communicate with family**, personal representatives and close friends about your care, general condition or information relevant to their involvement in your care.
- To **researchers** doing properly authorized research under established protocols and under the supervision of an Institutional Review Board.
- To **organ procurement organizations** engaged in procurement, banking or transplantation of organs for purposes of tissue donation or transplant.
- To the **Food and Drug Administration** to report adverse events, product defects and post marketing surveillance for drug recalls, repairs or replacements.
- To **public health agencies** about matters we are required to report such as controlling disease or reporting senior or child neglect or abuse.
- To **health oversight organizations** who are charged with overseeing the health care system for such uses as audits or civil, criminal or administrative proceedings.
- For **court proceedings** as required by court orders or subpoenas.
- To **law enforcement agencies or officials** as required under regulations to report deaths, certain types of injuries, or to report crimes.
- To correctional institutions for the continued care of any **inmates** or to protect the health and safety of those institutions and their prisoner populations.
- In the case of **threats to public health and safety** if we have a good faith belief that such a threat exists.
- In any case involving **workers compensation** claims for work related injuries.

- In order to **notify you** of the need for an appointment, to tell you about treatment alternatives or to furnish you with information about health-related benefits or services in which we feel you might be interested.

Prohibitions on Other Uses or Disclosures: We may not make any other use or disclosure of your personal health information without your written authorization. Once given, you may revoke the authorization by writing to the contact person listed below. Understandably, we are unable to retract any disclosure made prior to your revocation.

Individual Rights: You have the following rights concerning the confidentiality of your health information:

- To request the restriction on PHI we may use or disclose for treatment, payment or health care operations.
- To request that you receive PHI in a certain manner or location.
- To inspect or copy your PHI, within certain limitations
- To amend you PHI, within certain limitations.
- To receive an accounting of disclosures of your PHI,
- To receive a paper copy of the full Notice of Privacy Practices

All requests to restrict use of your health information for treatment, payment and health care operations, to inspect and copy health information, to amend your health information, or to receive an accounting of disclosures of health information must be in writing to the contact person below.

Complaints: If you believe that your privacy rights have been violated, a complaint may be made to our privacy officer at 856-234-0258 x12610 or the address below. You may also submit a complaint to the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint.

Contact Person: Our contact person for all questions, requests or for further information related to the privacy of your health information is:

Privacy Officer
South Jersey Eye Physicians
509 S. Lenola Road, Suite 11
Moorestown, NJ 08057

Changes to This Notice: We reserve the right to change our privacy practices and to apply the revised practices to health information about you that we already have. Any revision to our privacy practices will be described in a revised Notice that will be posted prominently in our facilities.

Effective Date: This notice is effective April 1, 2003.