



Notice of Privacy Practices

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.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice. We will not use or disclose your protected health information other than as described here unless you inform us in writing, which you can update at any time.

Your Rights

- You have the right to see and get an electronic or paper copy of your medical record. You may be charged a fee for the cost of copying your records.
- You have the right to ask us to correct or update your medical record. In some cases, we may deny your request.
- You have the right to request confidential communication. You can request us to contact you in a specific way. You must inform us in writing how you wish to be contacted if using an alternative method other than the address and phone number we have on file. We will follow all reasonable requests.
- You have the right to request limits on the use or sharing of your personal health information. You can request in writing for us to not use or share certain personal health information for treatment, payment, or operations. We are not required to agree to your request and may deny your request if it would affect your care. You have the right to ask us in writing that we not share information to your health plan in regard to a specific treatment or service that you or someone on your behalf has paid for out-of-pocket in full.
- You have the right to get a list of disclosures. You can ask us for a list of the times we have shared your personal health information. We will include the disclosures except for those about treatment, payment, and health care operations. We will provide one accounting a year for free, but we may charge a reasonable fee for additional lists within a 12 month period.
- You have the right to request a paper copy of this notice at any time.
- You have the right to choose someone to act for you. If someone has been legally designated as your medical power of attorney or your legal guardian, that person can exercise your rights and makes choices about your health.
- You have the right to get a notice of a privacy breach. You have the right to be notified if the practice discovers a breach of your protected health information
- You have the right to file a complaint if you feel your rights are violated. You have the right to complain to us by notifying us at Abessi Eye Care & Surgery LLC, 3322 Route 22 West, Suite 503, Branchburg, NJ 08876. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for filing a complaint.

Our Uses and Disclosures of Protected Health Information

This section describes the typical uses of your health information to provide your treatment, obtain payment for services, manage our healthcare operations, and for purposes that are either permitted or required by law.

- **Treatment:** We may use or disclose your health information to provide, coordinate, or manage your healthcare. We may disclose your health information to other healthcare providers who may be involved in your care and treatment.



- **Healthcare Operations:** We may use and disclose your health information to run our practice, improve your care, and contact you when necessary.
- **Payment:** We can use and disclose your health information to bill and get payment from health plans for your healthcare services that you received or will receive.
- **Health information organization:** The practice may use a health information organization or other such organization to help with the electronic exchange of information for the purpose of treatment, payment, or healthcare operations.
- **Help with public health and safety issues:** We can share health information about you for certain situations such as preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse/neglect/domestic violence, or preventing or reducing a serious threat to anyone's health or safety.
- **For research:** We can use or share your information for health research.
- **As required by law:** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to determine our compliance with federal privacy law.
- **Organ and tissue donation requests:** We can share health information about you with organ procurement organizations.
- **Coroner, medical examiners, and funeral directors:** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- **Workers' compensation, law enforcement, and other government requests:** We can use and disclose protected health information for workers' compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, and for special government functions such as military, national security, and presidential protective services.
- **Lawsuits and legal actions:** We can share your health information in response to a court or administrative order, or in response to a subpoena.
- **Inmates or individuals in custody:** If you are an inmate, we may release your health information to a correctional institution if that information would be necessary to provide you with healthcare, protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.
- **Military and veterans:** We may disclose your information to the appropriate military authority if you are a member of the armed forces.

- **Disclosure to family, friends, and others:** We may disclose your information to your family members, friends, or others who are involved in your medical care. You may object to the sharing of this information. If you are unable to agree or object to disclosure, we may disclose information as necessary if we determine its in your best interest based on our professional judgment. Only protected health information that is necessary would be disclosed.

- **We never share your information unless you give us written permission for marketing purposes or the sale of your information.**

- We may use or disclose your information to contact you to remind you of your appointment. We may contact you by phone or other means to provide results and to provide information regarding your care/treatments. We may also contact you to provide you with information regarding services offered by our practice or for fundraising efforts. You will have the right to opt out of such special notices.



- **Changes to this notice:** We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website. Effective date for this notice 10/15/20202

If you have any questions regarding your privacy rights, please feel free to contact the office.

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