

Barry N Wasserman, MD/NEW JERSEY EYE LASER CENTERS
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.

I. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION

You have come to Barry N Wasserman, MD/New Jersey Eye Laser, Centers, (the “Center”) to have an appointment or have surgery done at our ambulatory surgical facility. Since medical information will be obtained and recorded about you as part of your process, this Notice of Privacy Practices describes how your medical information may be used and disclosed by the Center and how you can get access to, and control, this information in some cases. The medical information described below, which is subject to the Center’s Privacy Practices, is called protected health information or PHI for short. PHI includes information that can be used to identify you that we either have 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 about our privacy practices that explains how, when and why we use and disclose your PHI. 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 are legally required to follow the privacy practices described in this Notice. However, we reserve the right to change the terms of this Notice and our privacy practices at any time as described below in Section IV.

II. USES AND DISCLOSURES WE MAY MAKE OF YOUR PHI

1. **Uses and Disclosure.** The Center uses and discloses PHI for many different reasons. Different categories of uses and disclosures are described below with some examples in each category. Your PHI may be used and disclosed by the Center, without any specific authorization by you, in connection with your treatment, payment or the health care operations of the Center. It may also be used by our “business associates”, which are generally companies that perform various services for the Center, like submitting bills to Medicare and insurance carriers on behalf of the Center, to perform their own obligations to us, for their own proper management and administration, and to carry out their legal obligations or for certain data aggregation purposes. These business associates are limited by federal privacy rules in disclosing your health information to the same extent that the Center would be limited, with certain exceptions.

Examples:

Treatment: As part of your treatment at the Center, your PHI may be used and disclosed among health care professionals without any specific authorization from you. For example, medical information about a prior eye operation, or about your reaction to

certain drugs, or an allergic condition, or a physical ailment revealed in your history and physicals examination may be shared with your Eye Surgeon or employees in his medical offices, the nurses at the Center. This information may be shared with health care professionals in connection with your treatment at the Center.

Payment: In order to obtain payment of our facility fees, the Center may use your PHI for billing and disclose it to your insurance carrier, or to Medicare, or to your health plan, without any specific authorization from you. For example, billing information will be submitted to your insurance carrier, or Medicare, with certain codes reflecting the procedure that was performed on you at the Center. Information from your health care plan may be sought to determine your eligibility in the plan, or an approval for the medical procedure, which will require disclosure of the surgical procedure to be performed and/or medical information about you involving this procedure from the medical records we may have available to us.

Health Care Operations: Without your specific authorization, we may also use or disclose your PHI as part of our health care operations. This would include such things as evaluating the quality of health care services you received at the Center, evaluating the performance of health care professionals who provided these health care services to you, case management, training programs, accreditation, licensing and credentialing activities. For example, your PHI may be used as part of a quality assessment review regarding similar procedures performed by your surgeon, or all surgeons, at the Center and the results, or it may be disclosed to our Medical Director or medical governing body so that an evaluation of health care services can be conducted, or PHI may be disclosed to an accrediting body in order for the Center to maintain or renew its accreditation. Your PHI may also be used or disclosed as part of a population based study aimed at improving health care or reducing health care costs. As part of our health care operations, disclosures of your medical information may therefore be made to bodies or groups like our medical governing body, our Medical Director, our management company, or a licensing or accrediting body like AAAHC or the New Jersey State Department of Health.

2. Other Uses and Disclosures:

We may also use and disclose your PHI without your specific authorization for the following reasons.

A. Treatment. As part of treatment and without your specific authorization, we may also disclose your medical information to other health care professionals, such as an optometrist who may be treating you following surgery, or to a retina specialist or other eye care professional. We may also contact you to remind you about a scheduled appointment, or, we may follow up care you may need.

B. Payment. As part of payment, we may provide a report to your health plan regarding your appointment to show complications and in order to obtain payment for the amount billed. We may also disclose your PHI to our attorneys, or even a collection company, to

assist us in obtaining payment of the fees billed by the Center. We may also provide your PHI to other health care professionals involved in your treatment, or to a group or company regulated under the HIPAA privacy rules, to assist them with billing.

C. Health Care Operations. As part of our health care operations, disclosures of your PHI may be made to bodies or groups like our medical governing body, our Medical Director, or a licensing or accrediting body like AAAHC or the New Jersey State Department of Health. Your medical information may also be disclosed under certain circumstances to another group or company, that is regulated under the HIPAA privacy rules, for the health care operations of that group or company including purposes involving health care fraud and abuse detection and compliance efforts.

D. Business Associates. Our business associates perform certain services for the Center. They include our biller, computer software companies, attorneys, accountants, medical transcription services and others, who will be exposed to your medical information. These business associates may not use or disclose such medical information if it would amount to a violation of the federal privacy rules if the Center used or disclosed it, with certain exceptions.

E Uses and Disclosures Required by Law. The Center may use or disclose your PHI where such use or disclosure is required by law and the disclosure complies with and is limited to the relevant requirements of the law in question. For example, we may make disclosure of your PHI when the law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence. We may also disclose your PHI when ordered in a judicial or administrative proceeding. We may also disclose your PHI in response to a subpoena, discovery request or other lawful process, without a court order or order from an administrative tribunal, if we receive satisfactory assurances that you have been notified of the request or that an effort was made to secure a protective order.

F. Uses and Disclosure for Public Health Activities. The Center may disclose a patient's PHI for certain public health activities and purposes. For example, we may report information about various diseases or injuries to government officials in charge of collecting that information, and we may provide coroners, medical examiners, and funeral directors information relating to an individual's death. Some other public health purposes include a public health investigation or surveillance, reporting an adverse event or product defect or notifying someone exposed to a communicable disease or who may be at risk or spreading a disease, as authorized by law.

G. Appointment Reminders/Medications. We may use PHI to remind you about an appointment, or, we may follow up to inform you about drugs, and dosages, that your doctor prescribes for follow up care.

H. Disclosures about Victims of Abuse, Neglect or Domestic Violence. The Center may disclose PHI about a patient whom it reasonably believes to be the victim of abuse, neglect or domestic violence to a government authority including a social services agency

authorized by law to receive such reports. The disclosure must be required by law and limited to the relevant requirements of such law. If the Center makes such a disclosure, it will promptly inform the person that such a report has been or will be made except where the Center believes informing the person would place him or her at risk of serious harm or where we would be informing a personal representative whom the Center reasonably believes is responsible for the abuse, neglect or other injury.

I. Uses and Disclosures for Health Oversight Activities. The Center may disclose a patient's PHI to a health oversight agency for oversight activities authorized by law or other activities necessary for appropriate oversight of the health care system, government benefit programs, or for purposes of determining compliance. For example, we may provide information to a governmental agency when it conducts an investigation or inspection of the Laser Center or another health care provider or organization.

J. Disclosures for Law Enforcement Purposes. Under specified conditions, the Center may disclose a patient's PHI for a law enforcement purpose to a law enforcement official. This may involve a court order or a subpoena. The Center may also disclose PHI in response to a law enforcement official's request under certain circumstances.

K. Uses and Disclosures to Avert a Serious Threat to Health or Safety. The Center may disclose a patient's PHI to law enforcement personnel or persons able to prevent or lessen harm where there is a serious threat to the health or safety of a person or the public.

L. Uses and Disclosures for Specialized Government Functions. The Center may disclose PHI of military personnel and veterans in certain situations. In addition, the Center may also disclose a patient's PHI to authorized federal officials for the conduct of lawful intelligence, and other national security activities. The Center may also disclose a patient's PHI to a correctional institution or law enforcement official with custody of an inmate under certain situations.

M. Disclosures for Workers' Compensation Purposes. The Center may also disclose a patient's PHI in order to comply with workers compensation or similar programs that provide benefits for work related injuries or illness.

N. Disclosures for Organ Donation. We may notify organ procurement organizations to assist them in organ, eye or tissue donation and transplants.

USES AND DISCLOSURES THAT REQUIRE YOU TO HAVE AN OPPORTUNITY TO OBJECT

Disclosures to Family, Friends and Others. If the patient is present and is competent to make health care decisions, and does not object by his signature below, the Center may disclose to a family member, other relative, or close personal friend of the patient, or any

other person identified by the patient, PHI of the patient directly relevant to the person's involvement with the patient's care or payment relating to such care. Unless an objection is indicated by a signature below if the patient is present and is competent to make health care decisions, the Center may also use or disclose PHI to notify, or assist in notifying, a family member, personal representative of a patient, or another person responsible for the care of the patient of the patient's location, general condition or death.

OBJECTION TO DISCLOSURE TO
FAMILY MEMBERS ETC AND IN
NOTIFYING FAMILY MEMBER

AGREEMENT TO DISCLOSE TO
FAMILY MEMBER ETC AND IN
NOTIFYING FAMILY MEMBER

(Sign here)

(Sign here and indicate any limitations)

If the patient has not signed above, agreeing to a disclosure or objecting to same, because of incapacity or an emergency circumstance, the Center, in our judgment, will determine whether or not disclosure is in the patient's best interests and will only disclose information that is directly relevant to the person's involvement with the patient's health care.

3. **Uses and Disclosures Requiring Authorization**. Except for the uses and disclosures of a patient's PHI permitted as stated in this Privacy Notice, all other uses and disclosures by the Center of a patient's PHI will be made only with the patient's written authorization which the patient may revoke at any time upon giving written notice of such revocation to the Center. An authorization is a separate document which provides for additional uses and disclosures of a patient's medical information.

III. INDIVIDUAL RIGHTS OF PATIENTS.

A patient has the right to request restrictions on certain uses and disclosures of his PHI, including uses or disclosures to carry out treatment, payment or health care operations. While the patient may request such restrictions, the Center is not legally required to agree to any such restriction but we will consider your written request. Your request must state the specific restriction requested and should state to whom you want the restriction to apply. 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.

With respect to his or her PHI, a patient has the following rights:

1. **The right to inspect and copy his or her PHI.** In most cases, you have the right to look at or get copies of your PHI that we have. The request must be made in writing and we will either permit visual inspection at the Center within 60 days after receiving your request or we will provide a copy within 60 days after receiving your request. If we don't have your PHI but know who does, we will tell you how to get it. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reason for the denial and your right to have the denial reviewed. To inspect and copy your PHI, you must submit a written request to the Privacy Officer whose contact information is listed on the

last page of this Privacy Notice. If you request a copy of your PHI, we may impose a reasonable charge.

2. The right to correct or update his or her PHI. If you believe there is a mistake in your PHI or important information is missing, you have the right to request that we correct the existing information or add the missing information. The request and the reason for the request must be in writing. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is correct and complete, or was not created by us, or is not part of our records or is not available for inspection under the HIPAA privacy rules. If the request is denied, we will explain your 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.

3 The right to receive a list of disclosures we have made. You have a right to get a list of instances in which we have disclosed your PHI. The list will not include uses and disclosures of your PHI that we may make for treatment, payment or health care operations, disclosures directly to you, or your family or persons involved in your care, for the Center's directory, or disclosures that have been authorized by you in writing under HIPAA's privacy rules. The list also will not 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 after receiving your request. The list we will give you will include disclosures made in the last 6 years unless you request a shorter time. The list will include the date of the disclosure, to whom the PHI was disclosed (including an address if known), a description of the information disclosed and the purpose for the disclosure.

4. The right to make a reasonable request that we send your PHI by alternative means or at an alternative location. You have the right to request that we send information to you at an alternate address (a PO box or a work address rather than your home address) or by a different means (such as e mail instead of regular mail). The request should be submitted in writing to the Center's Privacy Officer at the address set forth below. We will accommodate reasonable requests.

5. The right to obtain a copy of this paper notice upon request. Even if you have agreed to get a copy of this Notice by e-mail, you have a right to request a paper copy of this Notice.

The above rights may be exercised by writing to the Center, via certified mail, addressed to: Barry N Wasserman MD/New Jersey Eye Laser Centers, Attn: Privacy Officer, 100 Canal Pointe Boulevard, Suite 112, Princeton, NJ 08540.

IV. THE LASER CENTER'S DUTIES.

The Center is required by law to maintain the privacy of a patient's PHI and to provide patients with notice of its legal duties and privacy practices with respect to such information. The Center is required to abide by the Notice of Privacy Practices that is

currently in effect although it may change or revise its Notice of Privacy Practices, from time to time. The Center reserves the right to change the terms of its Notice of Privacy Practices and to make the new Notice provisions effective for all patient PHI that it maintains including PHI created or received prior to the change in the Center's Notice of Privacy Practices. Such revised notice will be available to patients by posting such revised Notice at the Center's facility, currently 100 Canal Pointe Boulevard, Suite 112 Princeton, NJ 08540, and a patient may also request a copy of the revised notice by writing to the Center, Barry N Wasserman MD/New Jersey Eye Laser Center, Attn: Privacy Officer, 100 Canal Pointe Boulevard, Suite 112, Princeton, NJ 08540, or by calling the Center's Privacy Officer, at (609) 419-9696.

V. COMPLAINTS.

If a patient believes his privacy rights have been violated, he or she may complain to the Center and to the Secretary of the Department of Health and Human Services. You may file a complaint with the Center by writing to the Center, via certified mail, addressed to Barry N Wasserman MD/New Jersey Eye Laser Center, Attn: Privacy Officer, 100 Canal Pointe Boulevard, Suite 112, Princeton, NJ 08540. A patient will not be retaliated against for filing a complaint.

VI. FURTHER INFORMATION.

For further information about the Center's Privacy Policies or anything related contained in this Notice, you may contact Barry N Wasserman, MD/New Jersey Eye Laser Center, Attn: Privacy Officer, 100 Canal Pointe Boulevard, Princeton, NJ 08540, (609) 419-9696.

VII. EFFECTIVE DATE.

This Notice is effective on April 14, 2003.

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