

NOTICE OF PRIVACY PRACTICES

Family Eye Health Associates, Inc.

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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.

1. Your Rights

When it comes to your health information, you have certain rights. This section explains those rights and how to exercise them:

- **Get a copy of your health and medical records:** You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request.
- **Ask us to correct your medical record:** You can ask us to correct health information about you that you think is incorrect or incomplete. We may say "no" to your request, but we'll tell you why in writing within 60 days.
- **Request confidential communications:** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will agree to all reasonable requests.
- **Ask us to limit what we use or share:** You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
 - *If you pay out-of-pocket in full for a service or health care item, you can ask us not to share that information with your health insurer for the purpose of payment or our operations. We will say "yes" unless a law requires us to share that information.*
- **Get a list of those with whom we've shared information:** You can ask for a list (accounting) of the times we've shared your health information, who we shared it with, and why.
- **Get a copy of this privacy notice:** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.
- **Choose someone to act for you:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- **File a complaint if you feel your rights are violated:** You can complain if you feel we have violated your rights by contacting our Privacy Officer. You can also 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.**

3. Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us.

- **In these cases, you have both the right and choice to tell us to:** Share information with your family, close friends, or others involved in your care; or share information in a disaster relief situation.
- **In these cases, we never share your information unless you give us written permission:** Marketing purposes; sale of your information; and sharing of psychotherapy notes.

4. Our Uses and Disclosures

We typically use or share your health information in the following ways:

- **Treat you:** We can use your health information and share it with other professionals who are treating you (*e.g., a doctor treating you for an injury asks another doctor about your overall health*).
- **Run our organization:** We can use and share your health information to run our practice, improve your care, and contact you when necessary (*e.g., we use health information about you to manage your treatment and services*).
- **Bill for your services:** We can use and share your health information to bill and get payment from health plans or other entities (*e.g., we give information about you to your health insurance plan so it will pay for your services*).

5. Other Permitted and Required Disclosures

We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes:

- Help with public health and safety issues (preventing disease, helping with product recalls, reporting suspected abuse or neglect).
- Do research.
- Comply with the law.
- Respond to organ and tissue donation requests.
- Work with a medical examiner or funeral director.
- Address workers' compensation, law enforcement, and other government requests.
- Respond to lawsuits and legal actions.

6. Special Protections for Substance Use Disorder (SUD) Records

Special Note under 42 CFR Part 2: To the extent that we create, receive, or maintain substance use disorder patient records, we cannot use or share those records in civil, criminal, administrative, or legislative investigations or proceedings against you without your specific written consent or a court order and subpoena. Stricter limits on redisclosure apply to this data under federal law.

7. Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information (PHI).

- 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 and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you change your mind, you may revoke that permission at any time.

8. Contact & Complaints

For more information about our privacy practices, or to file a formal complaint, please contact our Privacy Officer:

- **Name/Title:** Kimberly Johnson, Office Manager
- **Phone:** 401-921-0098
- **Email:** kim.johnson@familyeyeri.com
- **Address:** 2374 Post Road, Suite 104, Warwick, RI 02886