



NOTICE OF PRIVACY PRACTICES

Effective as of December 31, 2021

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: This notice describes your rights and certain obligations we have regarding the use and disclosure of health information. This notice applies to all medical records created or received at our offices and covers those physicians and health care providers that provide health care services at our offices. Everett & Hurite Eyecare Specialists and such individuals will share patient health information for the purpose of providing treatment to you and for billing and health care operations as described in this notice. We are required by state and federal law to maintain the privacy of your health information. We must also give you this notice of our legal duties and privacy practices, and we must follow the terms of the notice that is currently in effect. We reserve the right to change this notice and to make the new provisions effective for all health information we maintain as well as any information we receive in the future. We will post a copy of the current notice in our offices, and on our website at www.everett-hurite.com. A copy of our current notice will be available at the registration area of each of our offices.

Permitted Uses and Disclosures: The following categories describe different ways that we may use and/or disclose your health information. We have not listed every use or disclosure within the categories but describe some of the types of uses and disclosures we may make.

Treatment: We may use and disclose your health information to provide, manage, or coordinate your medical treatment. For example, we may disclose health information about you to doctors, nurses, technicians, or other personnel who are involved in your care. We may use photography, videotaping, or any recording for treatment, payment, and health care operations. For example, pictures may be taken for diagnostic purposes. These recordings are part of your medical record.

Payment: We may use and disclose your health information so that the treatment and services you receive may be billed to and payment collected from you, an insurance company, or a third party. For example, we may send a bill to your insurance company for the procedures you received. When you come to our offices for services, we will obtain your consent for these types of payment disclosures. If you have paid for services "out of pocket", in full, and you request that we do not disclose health information related solely to those services to a health plan, we will accommodate your request, except where we are required by law to make a disclosure.

Health Care Operations: We may use your health information for our health care operations. This includes, but not limited to business planning and development, quality assessment and improvement, medical review, legal services, auditing functions, and patient safety activities. For example, we may use your health information to assess the care and outcomes in your case and others like it.

Business Associates: We provide some services through contacts with business associates. For example, we may disclose your health information to our business associates to perform services on our behalf, such as diagnostic services and certain laboratory tests. To protect your health information, we require and contract our business associates to comply with the same HIPAA privacy and security rules in which we are obligated.

Appointment Reminders and Alternative Treatments: We may contact you for appointment reminders or information about treatment alternatives or other health-related benefits and services that may interest you.

Individuals Involved in Your Care or Payment for Your Care: We may disclose relevant portions of your health information to your friends, family members, or any person you identify unless you tell us in advance not to do so. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may also use or disclose your health information to notify (or assist in notifying) your family members, personal representatives, an entity assisting in a disaster relief effort, or another person involved in your care of your condition, status, or location.

Specifically Approved Research: We may disclose your health information to researchers when an Institutional Review Board or Privacy Board has reviewed the research proposal, has established certain procedures to ensure the privacy of your health information, and has approved the research.

Other Permitted Uses and Disclosures: We may also use or disclose your health information for the following purposes in accordance with applicable law: the creation and distribution of de-identified health information by removing all reference to individually identifiable information; for public health activities or legal authorities charged with preventing or controlling disease, injury, or disability, including to



report abuse, neglect, or domestic violence; to health oversight agencies; for judicial and administrative proceedings (in response to a subpoena or court order); for law enforcement purposes, for example to identify a suspect, to provide information about the victim of a crime, or to report criminal conduct; to provide information regarding decedents, for example, to coroners, medical examiners, and funeral homes; for cadaveric organ, eye or tissue donation; to avert a serious threat to health or safety; for specialized government functions, for example, national security and intelligence activities, or to the military if you are a member of the armed forces; to comply with worker's compensation laws; or as required or permitted by law.

Authorizations: Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your authorization under federal law or your consent under state law. For example, we will disclose confidential HIV-related information about you only in accordance with state law. Generally, state law requires that confidential HIV-related information may only be released to whom you specify in a written consent or to those persons specified by state law who may receive the information without your consent. You may always refuse to sign an authorization or consent for these types of uses and disclosures. You may always revoke your authorization or consent at any time. If you revoke your authorization or consent, we will no longer use or disclose your health information except to the extent that we or others have previously relied on your authorization or consent. To revoke your authorization or consent, please contact our Privacy Officer.

Marketing: We may use or disclose your health information, as necessary, to contact you regarding relevant events. For example, we may send you a newsletter regarding benefits, treatment alternatives, or fundraising events. You have the right to OPT OUT of any or all of these materials by contacting our staff. Your health information will never be sold to a third party for any marketing purposes.

Your Rights: You have the following rights with regards to your health information. If you have any questions regarding how you may exercise your health information rights, please contact our Privacy Officer, Edward Chang, M.D. by calling 412-288-0885 or by writing: Edward Chang, M.D., Everett & Hurite Eyecare Specialists, 1835 Forbes Ave, Pittsburgh, PA 15219.

You have the right to request restrictions on certain uses and disclosures of your health information. We are not required to agree with your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing.

You have the right to obtain a paper copy of this notice upon request, even if you have agreed to accept this notice electronically.

You have the right to inspect and copy or receive a summary of certain portions of your health record. We have the right to charge you a reasonable fee for a copy or a summary. Under limited circumstances, we can deny you the right to your medical records.

You have the right to amend your health record. You must make your request in writing and provide the reason(s) to support your request. Under certain limited circumstances, we may deny your request for an amendment. If we deny your request for an amendment, you may file a statement of disagreement with us, which we have the right to rebut.

You have the right to obtain an accounting of disclosures of your health information, except for those disclosures exempted by law; for example, among others, those to carry out treatment, payment, and healthcare operations or those for a time period which is longer than six (6) years. You must request this accounting in writing.

You have the right to request communications of your health information by alternative means or at alternative locations. We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. To request restrictions, please contact our Privacy Officer.

For More Information: If you have questions or would like additional information, you may contact our Privacy Officer, Edward Chang, M.D. by calling 412-288-0885 or by writing: Edward Chang, M.D., Everett & Hurite Eyecare Specialists, 1835 Forbes Ave, Pittsburgh, PA 15219.

To Report a Problem: If you believe your privacy rights have been violated, you can file a complaint with our Privacy Officer by writing: Edward Chang, M.D., Everett & Hurite Eyecare Specialists, 1835 Forbes Ave, Pittsburgh, PA 15219. You may also file a complaint with the United States Department of Health & Human Services. There will be no retaliation against you for filing a complaint.