

**ROSIN OPTICAL CO., INC.**  
**COMPREHENSIVE EYECARE**  
**PHYSICIANS, P.C.**

**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE OF PRIVACY PRACTICES ("NOTICE") DESCRIBES HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION AND HOW YOU CAN GET ACCESS TO SUCH INFORMATION. PLEASE READ IT CAREFULLY.**

Your "health information," for purposes of this Notice, is generally any information that identifies you and is created, received, maintained or transmitted by us in the course of providing health care items or services to you (referred to as "health information" in this Notice). As used in this Notice, the term "we" or "us" refers to Rosin Optical Co., Inc. And Comprehensive Eyecare Physicians, P.C., as the context dictates.

***GENERAL RULE***

We are required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and other applicable laws to maintain the privacy of your health information, to provide individuals with this Notice of our legal duties and privacy practices with respect to such information, and to abide by the terms of this Notice. We are also required by law to notify affected individuals following a breach of their unsecured health information.

We respect our legal obligation to keep health information that identifies you protected. Generally, we may use your health information in our office or disclose it outside of our office without your written permission for the purpose of treatment, payment, or other health care operations. In some limited situations described below, the law allows or requires us to disclose your health information without your written authorization. For most other types of disclosures, we are required to obtain your permission.

***USES AND DISCLOSURES OF INFORMATION WITHOUT YOUR AUTHORIZATION***

The most common reasons why we use or disclose your health information are for treatment, payment or health care operations.

***Treatment.*** We may use and disclose health information for your treatment and to provide you with treatment-related health care services. For example, we may disclose health information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care. Other examples of how we use or disclose your health information for treatment purposes are: setting up an appointment for you; testing or examining your

eyes; prescribing glasses, contact lenses, or eye medications and faxing them to be filled; showing you low vision aids; referring you to another doctor or clinic for eye care or low vision aids or services; or getting copies of your health information from another professional that you may have seen before us.

***Payment.*** We may use and disclose health information so that we may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may give your health plan information so that they will pay for your treatment. However, if you pay for your services yourself (e.g. out-of-pocket and without any third party contribution or billing), we will not disclose health information to a health plan if you instruct us to not do so. Other examples of how we use or disclose your health information for payment purposes are: asking you about your health or vision care plans, or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency or attorney).

***Health Care Operations.*** We may use and disclose health information for health care operation purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the care you receive is of the highest quality. Subject to the exception above if you pay for your care yourself, we also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operations. Other examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; and outside storage of our records.

***Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services.*** We may use and disclose health information to contact you via postcard or email and to remind you that you have an appointment with us. You may opt out of receiving appointment reminders by completing the appropriate form. We also may use and disclose health information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you and that are offered by us or our affiliates. We will not, however, send you communications about health-related or non health-related products or services that are subsidized by a third party without your authorization.

***Individuals Involved in Your Care or Payment for Your Care.*** When appropriate and unless you object, we may share health information with a person who is involved in your medical care or payment for your care, such as your family member, personal representative or a close friend. We also may notify your family member about your location or general condition or disclose such information to an entity assisting in a disaster relief effort. If you are able and available to agree or

object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

**Research.** Under certain circumstances, we may use and disclose health information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose health information for research, the project will go through an approval process. Even without approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any health information.

**Other Uses.** Other uses and disclosures of Health Information not contained in this Notice may be made only with your authorization.

***OTHER DISCLOSURES AND USES WE MAY MAKE WITHOUT YOUR AUTHORIZATION OR CONSENT***

In some limited situations, the law allows or requires us to use or disclose your health information without your consent or authorization. Not all of these situations will apply to us; some may never come up at our office at all. Such uses or disclosures are:

- when a state or federal law mandates that certain health information be reported for a specific purpose;
- for public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or medical devices;
- disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;
- uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws;
- disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- disclosures for law enforcement purposes, to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena, to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else and other law enforcement purposes.
- disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to

funeral directors to aid in burial; or to organizations that handle organ or tissue donations;

- uses or disclosures for health related research;
- uses and disclosures to prevent a serious threat to health or safety;
- uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national security or intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service;
- disclosures of de-identified information;
- disclosures relating to worker's compensation programs;
- disclosures of a "limited data set" for research, public health, or health care operations;
- incidental disclosures that are an unavoidable by-product of permitted uses or disclosures;
- disclosures to "business associates" and their subcontractors who perform health care operations for us and who commit to respect the privacy of your health information in accordance with HIPAA; and
- in the event that we are sold or merge with another organization, your health information will become property of the new owner, although you retain the right that copies of your health information be transferred to another organization.

Upon your death, we may disclose to your family members or to other persons who were involved in your care or payment for health care prior to your death (such as your personal representative) health information relevant to their involvement in your care unless doing so is inconsistent with your preferences as expressed to us prior to your death.

***SPECIFIC USES AND DISCLOSURES OF INFORMATION REQUIRING YOUR AUTHORIZATION***

The following are some specific uses and disclosures we may not make of your health information **without** your authorization:

**Marketing activities.** Provided we do not receive payment for making these communications, we may contact you to give you information about products or services relate to your treatment, case management or care coordination, or to direct to recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice and tell you which health plans this practice participates in. We may also encourage you to maintain a healthy lifestyle and get recommended tests, participate in a disease management program, provide you with small gifts, tell you about government sponsored health programs or encourage you to purchase a product or service when we see you, for which we may be paid. We will not otherwise use or disclose your health information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization

will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization. If such marketing involves financial payment to us from a third party your authorization must also include consent to such payment.

**Sale of health information.** We do not currently sell or plan to sell your health information and we must seek your authorization prior to doing so.

**Psychotherapy notes.** Although we do not create or maintain psychotherapy notes on our patients, we are required to notify you that we generally must obtain your authorization prior to using or disclosing any such notes.

#### ***YOUR RIGHTS TO PROVIDE AN AUTHORIZATION FOR OTHER USES AND DISCLOSURES***

- Other uses and disclosures of your health information that are not described in this Notice will be made only with your written authorization.
- You may give us written authorization permitting us to use your health information or to disclose it to anyone for any purpose.
- We will obtain your written authorization for uses and disclosures of your health information that are not identified in this Notice or are not otherwise permitted by applicable law.
- We must agree to your request to restrict disclosure of your health information to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law and such information pertains solely to a health care item or service for which you have paid in full (or for which another person other than the health plan has paid in full on your behalf).

Any authorization you provide to us regarding the use and disclosure of your health information may be revoked by you in writing at any time. After you revoke your authorization, we will no longer use or disclose your health information for the reasons described in the authorization. However, we are generally unable to retract any disclosures that we may have already made with your authorization. We may also be required to disclose health information as necessary for purposes of payment for services received by you prior to the date you revoked your authorization.

#### ***YOUR INDIVIDUAL RIGHTS***

You have certain rights concerning your health information. You have the right:

- **To request restrictions on the health information we may use and disclose for treatment, payment and health care operations.** You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. For example you may ask that we restrict a specific staff person from use of your information or that we not disclose information to your spouse about a procedure you had. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member. We are not required to agree to these requests and will notify you of our decision. To request restrictions, please send a written request to us at the address below.
- **To receive confidential communications of health information about you in any manner other than described in our authorization request form.** You must make such requests in writing to the address below. Your request must specify how or where you wish to be contacted. For example, you may request that we only contact you at work or by mail to a post office box. However, we reserve the right to determine if we will be able to continue your treatment under such restrictive authorizations.
- **To inspect or copy your health information.** You must make such requests in writing to the address below. If you request a copy of your health information we may charge you a fee for the cost of copying, mailing or other supplies. In certain circumstances we may deny your request to inspect or copy your health information, subject to applicable law.
- **To amend health information.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, you must write to us at the address below. You must also give us a reason to support your request. We may deny your request to amend your health information if it is not in writing or does not provide a reason to support your request. We may also deny your request if the health information:
  - was not created by us, unless the person that created the information is no longer available to make the amendment,

- is not part of the health information kept by or for us,
  - is not part of the information you would be permitted to inspect or copy, or
  - is accurate and complete.
- **To receive an accounting of disclosures of your health information.** You must make such requests in writing to the address below. Not all health information is subject to this request. Uses and disclosures for treatment, payment and health care operations as described in this Notice are not subject to this request. Your request must state a time period for the information you would like to receive, no longer than 6 years prior to the date of your request and may not include dates before April 14, 2003. Your request must state how you would like to receive the report (paper, electronically).
  - **To designate another party to receive your health information.** If your request for access of your health information directs us to transmit a copy of the health information directly to another person the request must be made by you in writing to the address below and must clearly identify the designated recipient and where to send the copy of the health information.
  - **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may also obtain a copy of this notice at our web site, [www.rosineyecare.com](http://www.rosineyecare.com). Otherwise, to obtain a paper copy of this notice please request it in writing.
  - **Right to Electronic Records.** You have the right to receive a copy of your electronic health records in electronic form. If your health information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

- **Right to Breach Notification.** You have the right to be notified if there is a breach of privacy such that your health information is disclosed or used improperly or in an unsecured way.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed below.

**Contact Person:**

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

Malik Shakir  
6233 Cermak Road  
Berwyn, IL 60402

**Complaints:**

If you think that we have not properly respected the privacy of your health information, you may file a complaint with us or the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint nor will you be penalized for filing a complaint. If you want to complain to us, send a written complaint to the office contact person at the address, fax or E mail shown above. All complaints must be in writing.

**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 facility. Copies of this Notice are also available upon request at our reception area.

Acknowledgement and Receipt of this Notice. We will request that you sign a separate form or notice acknowledging you have received a copy of this notice. If you choose, or not able to sign, a staff member will sign and acknowledge that you have been provide with a copy of this Notice and have read it. The acknowledgement will be filed with your records.

Notice Revised and Effective: September 23, 2013