

ZULEIKA M. GHODSI, M.D., P.C. DBA DELMARVA LASER EYE CENTER AND YOUR HEALTH INFORMATION

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 CAREFULLY.

Safeguarding Your Protected Health Information

Zuleika M. Ghodsi, M.D., P.C. DBA Delmarva Laser Eye Center is committed to protecting your health information. In order to provide treatment or to pay for your healthcare, DELMARVA LASER EYE CENTER will ask for certain health information and that health information will be put into your record. The record usually contains your symptoms, examination and test results, diagnoses, and treatment. That information, referred to as your health or medical record, and legally regulated as health information may be used for a variety of purposes. DELMARVA LASER EYE CENTER is required to follow the privacy practices described in this Notice, although we reserve the right to change our privacy practices and the terms of this Notice at any time. You may request a copy of the new notice from DELMARVA LASER EYE CENTER. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact: Lynn Clendaniel, Delmarva Laser Eye Center Privacy Officer by calling this office at 410-822-9801. If The Delmarva Laser Eye Center Privacy Officer is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

How DELMARVA LASER EYE CENTER May Use and Disclose Your Protected Health Information

DELMARVA LASER EYE CENTER employees will only use your health information when doing their jobs. For uses beyond what DELMARVA LASER EYE CENTER normally does, we must have your written authorization unless the law permits or requires it. The following are some examples of our possible uses and disclosures of your health information.

Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations:

For treatment: DELMARVA LASER EYE CENTER may use or share your health information to approve, deny treatment and to determine if your medical treatment is appropriate. For example, DELMARVA LASER EYE CENTER health care providers may need to review your treatment plan with your primary healthcare provider for medical necessity or for coordination of care.

To obtain payment: DELMARVA LASER EYE CENTER may use and share your health information in order to bill and collect payment for your health care services and to determine your eligibility to participate in our services. For example, your health care provider may send claims for payment of medical services provided to you.

Other Uses and Disclosures of health information required or allowed by law:

Information purposes: Unless you provide us with alternative instructions, DELMARVA LASER EYE CENTER may send appointment reminders to your home.

Required by law: DELMARVA LASER EYE CENTER may disclose health information when a law requires us to do so. For example, DELMARVA LASER EYE CENTER may disclose your health information to a law enforcement official for purposes that are required by law or in response to a subpoena.

Public health activities: DELMARVA LASER EYE CENTER may disclose health information when we are required to collect or report information about disease or injury, or to report vital statistics.

Avert threat to health or safety: In order to avoid a serious threat to health or safety, DELMARVA LASER EYE CENTER may disclose health information as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

Abuse and Neglect: DELMARVA LASER EYE CENTER will disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or some other crime. DELMARVA LASER EYE CENTER may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

Specific government functions: DELMARVA LASER EYE CENTER may disclose health information of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

Families, friends or others involved in your care: DELMARVA LASER EYE CENTER may share your health information with people as it is directly related to their involvement in your care or payment of your care. DELMARVA LASER EYE CENTER may also share health information with people to notify them about your location, general condition, or death.

DELMARVA LASER EYE CENTER 4617 (03/03)

1 of 2

Worker's Compensation: DELMARVA LASER EYE CENTER may disclose health information to worker's compensation programs that provide benefits for work-related injuries or illnesses without regard to fault.

Lawsuits, Disputes and Claims: If you are involved in a lawsuit, a dispute, or a claim, DELMARVA LASER EYE CENTER may disclose your health information in response to a court or administrative order, subpoena, discovery request, investigation of a claim filed on your behalf, or other lawful process.

You have a Right to:

Request restrictions: You have a right to request a restriction or limitation on the health information DELMARVA LASER EYE CENTER uses or discloses about you. DELMARVA LASER EYE CENTER will accommodate your request if possible, but is not legally required to agree to the requested restriction. If DELMARVA LASER EYE CENTER agrees to a restriction, we will follow it except in emergency situations.

Request Confidential Communications: You have the right to ask that DELMARVA LASER EYE CENTER send you information at an alternative address or by alternative means. DELMARVA LASER EYE CENTER must agree to your request as long as it is reasonably easy for us to do so.

Inspect and copy: You have a right to see your health information upon your written request. If you want copies of your health information, you may be charged a fee for copying, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.

Request amendment: You may request in writing that DELMARVA LASER EYE CENTER correct or add to your health record. DELMARVA LASER EYE CENTER may deny the request if we determine that the health information is: (1) correct and complete; (2) not created by us and/or not part of our records; or (3) not permitted to be disclosed. If DELMARVA LASER EYE CENTER approves the request for amendment, we will change the health information and inform you, and will tell others that need to know about the change in the health information.

Accounting of disclosures: You have a right to request a list of the disclosures made of your health information after April 14, 2003. Exceptions are health information that has been used for treatment, payment, and operations. In addition, DELMARVA LASER EYE CENTER does not have to list disclosures made to you, based on your written authorization, provided for national security, to law enforcement officials or correctional facilities. There will be no charge for up to one such list each year.

Notice: You have the right to receive a paper copy of this Notice upon request.

Complaints:

Complaints about your Privacy rights, or how DELMARVA LASER EYE CENTER has handled your health information, should be directed to Lynn Clendaniel, Delmarva Laser Eye Center Privacy Officer by calling this office at 410-822-9801. If The Delmarva Laser Eye Center Privacy Officer is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

This notice is effective as of January 1, 2010