



America's First World's Best

NOTICE OF PRIVACY PRACTICES

WILLS EYE HOSPITAL ("Wills")

Effective Date: September 23, 2013

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. OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

We understand that information about you and your health is personal. We are committed to protecting health information about you. We create a record of the care and services you receive at Wills. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Wills, whether made by your personal doctor or other personnel. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your health information created in the doctor's office or other location.

This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

We are required by law to:

- Make sure that health information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to health information about you; and
- Follow the terms of the notice that is currently in effect.

II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

A. Disclosures For Treatment

We may use health information about you to provide you with health treatment or services. We may disclose health information about you to doctors, nurses, technicians or other personnel, students, and volunteers who are involved in taking care of you at Wills. For example, information obtained by a nurse, physician, or other member of your healthcare team

will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. Different departments also may share health information about you in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We also may disclose health information about you to people outside of Wills who are involved in your health care, such as a physician or another healthcare provider who are part of your care.

B. Disclosures as Part of Our Regular Health Care Activities

We may use and disclose health information about you for our regular health care activities. These uses and disclosures are necessary to run Wills and make sure that all of our patients receive quality care. For example, members of the medical staff, the director of risk management or quality improvement, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide. We may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning who the specific patients are.

C. Disclosures For Payment

We may use and disclose health information about you so the treatment and services you receive at Wills may be billed to, and payment collected from, you, an insurance company, or a third party. For example, we may need to provide your insurance company with information about medical treatment you received at Wills, so that your insurance company will pay us or reimburse you for the treatment. As another example, a bill may be sent to you or a third party that may include information that identifies you, as well as your diagnosis, procedures, and the supplies that were used. We may also tell your insurance company about a treatment you are going to receive in the future in order to obtain prior approval or to determine whether your plan will cover the treatment.

D. Independent People or Businesses that Help Us to Provide Health Care

There are some services provided in our organization through contracts with independent people or businesses. Examples include certain laboratory testing, staffing companies, and record storage services that we use. We may disclose your health information to these independent people and businesses, so that they can perform the job we've asked them to do. To protect your health information, however, we require these independent people and businesses to appropriately safeguard your information.

E. Appointment Reminders

We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or care.

F. Treatment Alternatives

We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

G. Health-Related Benefits and Services

We may use and disclose health information to tell you about health-related benefits or services that we provide that may be of interest to you, or for your case management or care coordination, or to direct or

recommend alternative treatments, therapies, health care providers, or settings of care.

H. Directory

We may include certain limited information about you in a directory while you are a patient at Wills. Unless you notify us that you object, we may use your name, location, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. This is so your family, friends, and clergy can visit you when you are a patient at Wills and generally know how you are doing.

I. Other Individuals Involved in Your Care or Payment for Your Care

Unless you object, we may use or disclose information to notify or assist in notifying a family member, other relative, close personal friend, or personal representative, or another person who is involved in your care about your location and general condition. If you do not have an opportunity to object because of your condition or an emergency, health professionals, using their professional judgment, may nevertheless disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. In addition, we may disclose health information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

J. Research

We may disclose information to researchers when their research, such as retrospective chart reviews, has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information. Before we use or disclose health information for research, the project will have been approved through this research approval process, but we may, however, disclose health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the health information they review does not leave Wills. We will almost always ask for your specific permission if a researcher will have access to your health information as part of research that includes your direct, personal involvement (such as a new drug study).

K. As Required By Law

We will disclose health information about you when required to do so by federal, state, or local law.

L. To Avert a Serious Threat to Health or Safety

We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any such disclosure, however, would only be to someone able to help prevent the threat.

M. Fundraising Activities

We may use health information about you to contact you in an effort to raise money for Wills and its operations. We may disclose health information to a foundation related to Wills, so that the foundation may contact you in raising money for Wills. We would only release contact information, such as your name, address, and phone number and the dates you received treatment or services at Wills. You can tell us not to contact you for this purpose. If you do not want to be contacted for fundraising efforts, you must notify the contact person listed in this notice.



WillsEye Hospital

America's First World's Best

840 Walnut Street • Philadelphia, PA 19107
Phone 1-877-AT-WILLS • Web www.willseye.org

III. SPECIAL SITUATIONS

A. Organ and Tissue Donation

Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transportation of organs or tissue as necessary to facilitate organ or tissue donation and transportation.

B. Military and Veterans

If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

C. Workers' Compensation

We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

D. Public Health Risks

As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

E. Health Oversight Activities

We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

F. Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose health information about you in a response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made by the party seeking the information to tell you about the request or if the party seeking the information has obtained a qualified protective order protecting the information requested.

G. Law Enforcement

We may release health information if asked to do so by a law enforcement official:

1. In response to a court order, subpoena, warrant, summons, or similar process;
2. To identify or locate a suspect, fugitive, material witness, or missing person;
3. About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
4. About a death we believe may be the result of a crime;
5. About criminal conduct at Wills; and
6. In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

H. Inmates

Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

I. Coroners, Medical Examiners and Funeral Directors

We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release health information to funeral directors as necessary to carry out their duties.

J. National Security and Intelligence Activities

We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

K. Protective Services for the President and Others

We may disclose health information about you to authorized federal officials, so that they may provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations.

L. Food and Drug Administration (FDA)

We may disclose to the FDA health information relative to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

IV. YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

Although your health record is the physical property of Wills, the information belongs to you. You have the following rights regarding health information we maintain about you:

A. Right to Inspect and Copy

You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes (i.e., notes from a private, group, joint, or family counseling session recorded by a mental health professional such as a psychiatrist, clinical psychologist, or clinical social worker).

To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer of Wills. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by Wills will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

B. Right to Amend

If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Wills.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer of Wills. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny

your request if you ask us to amend information that:

1. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
2. Is not part of the health information kept by or for Wills;
3. Is not part of the information which you would be permitted to inspect and copy; or
4. Is accurate and complete.

C. Right to an Accounting of Disclosures

You have the right to request an accounting of certain disclosures. This is a list of the disclosures we made of health information about you. However, Wills is not required to, and does not, track routine disclosures for purpose of treatment, payment, and our health care activities. Therefore, an accounting requested by you will not contain those routine disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer of Wills. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

D. Right to Request Restrictions

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or our health care activities. 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, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. If you pay for a health care item or service out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your insurance company. We are required to agree, unless a law requires us to share that information.

To request restrictions, you must make your request in writing to the Privacy Officer of Wills. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse).

E. Right to Request Confidential Communications

You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we contact you at work or by mail.

To request confidential communications, you must make your request in writing to the contact person listed in this notice. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

F. 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.

To obtain a paper copy of this notice, please contact the contact person listed in this notice.

G. Right to be Notified of a Breach

You have the right to receive notifications from us in the event of a breach of your unsecured health information.

V. CHANGES TO THIS NOTICE

We reserve the right to change our privacy practices and this notice at any time. We reserve the right to make the revised or changed privacy practice and this notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of Wills' current notice at each of our locations. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you are admitted to or register at Wills for treatment or health care services as a patient we will offer you a copy of the current notice in effect.

VI. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Wills or with the Secretary of the United States Department of Health and Human Services. To file a complaint with Wills, contact the contact person listed in this notice. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

VII. OTHER USES OF HEALTH INFORMATION

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 written permission. For example, we will only share your health information for marketing purposes or sell your health information with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you. Uses and disclosures of health information are subject to additional restrictions under federal and state laws and regulations, such as those that apply to substance abuse treatment, HIV/AIDS testing and treatment, and mental health treatment.

VIII. CONTACT

If you have any questions about this notice, please contact:

Privacy Officer
Wills Eye Hospital
840 Walnut Street
Philadelphia, PA 19107
215-825-9099
