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 examples 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 friends, family, and 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 give your insurance company 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 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 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.
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 transplantation of organs or tissue as necessary to facilitate organ or tissue donation and transplantation.

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
We may disclose health information for public health 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. In addition, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

II. YOUR RIGHTS REGARDING HEALTH INFORMATION

A. Right to Inspect and Copy
You have the right to inspect and copy health information that may be used to make decisions about you. Usually, this includes medical and billing records and any other communications between you and Wills Eye Hospital. 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. Your request must state a reasonable time frame, 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 therapy, case management, or other care you would have to pay for out-of-pocket if you claim. 

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 shall 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 regular 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 authorization. We may disclose health information about you 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. We will only share your health information with your written permission. To request additional protections with respect to health information that may be 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 540 Walnut Street Philadelphia, PA 19107 215-840-6009

Contact person: [Name]

Address: [Address]

Telephone: [Phone number]

Fax: [Fax number]

E-mail: [Email address]

[Signature]

[Title]

[Name of organization]