NOTICE OF PRIVACY PRACTICES
WILLS EYE HOSPITAL ("Wills")

Revised: September 1, 2020

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.

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 or other personnel may make your personal information available to other 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 healthcare team. Members of your healthcare 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 improve 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 your 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 us for this 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 your 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 also 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 wish to have information disclosed 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 disclosures, however, would only be to someone able to help prevent the threat.

M. Fundraising Activities
We will disclose 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.
RIGHT TO A PAPER COPY OF THIS NOTICE

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 practices effective for health information we create or receive in the future. We will post a copy of WM's current notice at each of our locations. The notice will be kept on the first page, in the top right-hand corner, of this notice. If you request a paper copy of this notice, we will provide you with one, unless we have already provided the notice electronically. In addition, each time you are admitted to or registered at WM 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 WM or the Secretary of the United States Department of Health and Human Services. To file a complaint with WM, contact the person listed in this notice. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

VI. OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to use or disclosure for treatment, payment or our health care activities. You also have the right to request a limit on the health information we use or disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you can ask that we not use or disclose information about a surgery you had. We are required to agree, unless a law requires us to share that information. To request a limit on the use or disclosure of your health information, send a written request to the Privacy Officer of WM. If you ask us to limit our use or disclosure of health information, we will not be required to agree. 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. We will comply with your request except if the information is needed to provide you emergency treatment. If you request us to limit our use or disclosure of health information, we will not be required to agree to 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. We will comply with your request except if the information is needed to provide you emergency treatment. If you request us to limit our use or disclosure of health information, we will not be required to agree to 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. We will comply with your request except if the information is needed to provide you emergency treatment. If you have any questions about this notice, please contact: Privacy Officer, WM Eye Hospital, 840 Walnut Street, Philadelphia, PA 19107, 215-825-9099

******* Last Revised: September 1, 2020

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, and transplantation of organs or tissues as necessary to facilitate organ and 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 to foreign military personnel to the appropriate foreign military authority.

C. Workers’ Compensation

We may release health information about you for workers’ compensation claims or similar programs. These programs provide benefits for workplace injuries or illnesses.

D. Public Health

We may disclose health information about you to public health authorities as required by law. When this disclosure is not required by law, we will obtain your written permission. For example, we may disclose health information about you to the following entities: (1) A corporation, including an HIO called “HealthShare Exchange of Southeastern Pennsylvania, Inc., (“HSX”), which makes it possible for WM to share your Health Information electronically through a secure connected network. WM may share or disclose your Health Information to other HIOs, including HSX. (2) Other health care providers, including physicians, hospitals and other health care facilities, that are also connected to the same HIO network as WM. WM can access your Health Information for treatment, payment and other authorized purposes. You have the right to request that WM 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; or (2) is not part of the information which you would be permitted to inspect and copy, or is accurate and complete. (e) You may request that WM amend 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.

E. Health Oversight Activities

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

F. Lawuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court order or other lawful process by someone else involved in the dispute, but only if your efforts have been made by the party seeking the information. If you ask 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 law enforcement officials in:

1. In response to a court order, subpoena, warrant, summons, or similar process;
2. In response to a request or to locate a suspect, fugitive, material witness, or missing person;
3. About the victim of a crime if, under 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 crimes committed or suspected; and
6. In emergency circumstances to report a crime, the location of the crime or the victim’s, 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 all health information necessary for your health and safety of other individuals.

I. Coroners, Medical Examiners and Funeral Directors

If you are denied access to health information, you may request that the Wills will review your request and the denial. The person conducting the review will not be the person who denied your request. We will complete the review with the outcome of the review.

J. National Security and Intelligence Activities

We may release health information about you to authorized federal officials or intelligence agencies, 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 federal officials, 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-market surveillance to enable product recalls, repair, or replacement.

M. Health Share Exchange

WMs participates with one or more secure health information organization networks (each, an “HIO”), including an HIO called “HealthShare Exchange of Southeastern Pennsylvania, Inc., (“HSX”), which makes it possible for WM to share your Health Information electronically through a secure connected network. WMs may share or disclose your Health Information to other HIOs, including HSX. You have the right to request that WM 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; or (2) is not part of the information which you would be permitted to inspect and copy, or is accurate and complete. (c) You may request that WM amend 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.

N. Right to a Paper Copy of This Notice

You have the right to request 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 person listed in this notice.

O. 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.