
OUR THOUGHTS ABOUT YOUR PROTECTED HEALTH INFORMATION

We understand that your medical information is personal to you, and at Kunesh Eye Center, Inc. we are committed to protecting this information about you. We create paper and electronic medical records about your health, our care for you, and the services and/or items we provide to you as our patient. We need this record to provide for your care and to comply with certain legal requirements.

Kunesh Eye Center, Inc. provides this Notice to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the new expanded Privacy Regulations mandated by the Health Information Technology for Economic and Clinical Health Act ("HITECH"), passed as part of the American Recovery and Reinvestment Act of 2009 ("ARRA") (Pub. L. 111-5). Under these Privacy Regulations Kunesh Eye Center, Inc. and all similar health care providers, health plans, and clearinghouses are required by Federal Law to maintain the privacy of your protected health information.

This is a summary of how your health information is handled in our office.

KUNESH EYE CENTER, INC.

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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.

THIS NOTICE APPLIES TO ALL OF THE RECORDS OF YOUR CARE GENERATED BY THE PRACTICE, WHETHER MADE BY THE PRACTICE OR AN ASSOCIATED FACILITY.

If you have any questions about this notice, please contact our Compliance Officer, Ms. Jennifer S. Roy.

This notice describes Kunesh Eye Center, Inc.'s policies, which extend to:

- Any health care professional authorized to enter information into your medical record (including physicians, optometrists, opticians, nurses, Certified Ophthalmic Assistants, scribes, etc.)
- All areas of the Practice (front desk, clinical, optical, administration, pre-op, billing and collection, etc.)
- All employees, staff and other personnel that work for or with our Practice
- Our business associates

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. Kunesh Eye Center, Inc. is required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI.

Kunesh Eye Center, Inc. reserves the right to change the terms of our notice at any time. We will promptly revise and distribute a new notice whenever there is a material change to the uses or disclosures, the individual's rights, the center's legal duties, or other privacy practices stated in this notice. The new notice will be effective for all protected health information that we maintain both before and after the change. Upon your request, we will provide you with a paper copy of this notice and any revised Notice of Privacy Practices. In addition, our notice is posted in our waiting room and on our website.

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information

You will be asked to sign an acknowledgement of receipt of this Notice of Privacy Practices. Kunesh Eye Center, Inc. will make a good faith effort to obtain a written acknowledgement that you received this Notice of Privacy Practices for Protected Health Information the first time we provide services to you on or after August 24, 2019 or as soon as reasonably practicable under the circumstances. Your protected health information may be used and disclosed by your physician, our staff and others outside of our center that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to obtain payment for your health care services and to support the operation of the physician's practice.

Following are examples of the types of uses and disclosures of your protected health care information that Kunesh Eye Center, Inc. is permitted to make for treatment, payment and health care operations. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Medical Treatment. We will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party that may need access to your protected health information. For example, we will disclose your protected health information, as necessary, to a home health agency or nursing home to assist them in caring for you. We will also disclose protected health information to other physicians who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred (e.g., a specialist) to ensure that the physician has the necessary information to diagnose your condition and treat you. Another example might be sending a letter to your primary care physician after your visit in our office so that

he or she may be aware of any eye conditions that you may have developed or medications you may have started.

In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

Payment. Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for your health care services such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity and undertaking utilization review activities. For example, obtaining prior approval for an elective surgical procedure may require that your relevant protected health information be disclosed to the health plan to obtain approval or to determine if your plan will cover such a procedure.

Health Care Operations. We may use or disclose, as necessary, your protected health information in order to support the business activities of our Practice and ensure that all our patients receive quality care. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities.

For example, we may disclose your protected health information to doctors, nurses, technicians, medical school students, and other personnel for review and learning purposes. In addition, we may use a sign-in sheet at the receptionists' desk where you will be asked to sign your name. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment, or that you are due to receive periodic care from your physician. This contact may be by phone, in writing, e-mail, or otherwise. This may involve leaving a message on an answering machine, sending a letter or an e-mail, all of which could (potentially) be received or intercepted by others. We may also use or disclose your protected health information when utilizing the services of an interpreter either in person during an office visit or on the phone (using Ohio Relay Services). We may also combine the medical information we have with the medical information from other practices to compare how we are doing (benchmarking) and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, your name and address may be used to send you a newsletter about our Practice and the services we offer.

Under certain circumstances, we may use and disclose medical information about you for research purposes regarding medications, efficiency of treatment protocols, and the like.

All research projects are subject to an approval process, which evaluates a proposed research project and its use of medical information. We will obtain an authorization from you before using or disclosing your individually identifiable health information for such purpose. If possible, we will make the information non-identifiable to a specific patient. If the information has been sufficiently de-identified, an authorization for the use or disclosure is not required.

We will share your protected health information with third party "business associates" that perform various services (e.g., billing, transcription services) for Kunesh Eye Center, Inc. When we utilize these services, it may be necessary to disclose your health information to the business associates so that they can perform the function(s) that we have contracted with them to do. To protect your health information, we require the business associates to appropriately safeguard your information. After February 17, 2010, business associates must comply with the same federal privacy and security rules as we do.

Health Information Exchange (HIE) Notice

We participate in one or more Health Information Exchanges. Your healthcare providers can use this electronic network to securely provide access to your health records for a better picture of your health needs. We, and other healthcare providers, may allow access to your health information through the Health Information Exchange for treatment, payment or other healthcare operations. This is a voluntary agreement. You may opt-out at any time by notifying our Compliance Officer, Ms. Jennifer S. Roy, in writing at 2601 Far Hills Ave., Dayton, OH 45419.

Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may request an authorization form from our Compliance Officer, Ms. Jennifer S. Roy. A written authorization is required in order for Kunesh Eye Center, Inc. to use and disclose your PHI for marketing and sales purposes. You may revoke an authorization, at any time, in writing, except to the extent that your physician or Kunesh Eye Center, Inc. has taken an action in reliance on the use or disclosure indicated in the authorization.

Permitted and Required Uses and Disclosures that may be made without Your Authorization or Opportunity to Object

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then using our professional judgment, we may determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

Facility Inquiries. Unless you object, we will use and disclose in our facility your name, the location at which you are receiving care, and your condition (in general terms). All of this information will be disclosed only to people that ask for you by name. For example, frequently we have a patient's ride or driver approach the front desk inquiring about how much longer it will be until the patient is finished. If the driver asks about you by name, we will check on you and inform the driver that you are fine, but still being seen by the doctor and approximately how much longer it will be until you are ready.

Others Involved in Your Health care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. You may obtain a form from the receptionist to identify those individuals to whom we may disclose your protected health information. If you are unable to agree or object to such a disclosure, we may disclose such information, as necessary, if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies. We may use or disclose your protected health information in an emergency treatment situation. If this happens, we will try to obtain your acknowledgement of our Privacy Practices as soon as reasonably practicable after the delivery of treatment. If we attempted, but were unable to receive your acknowledgment, due to the emergent nature of the services, we may still use or disclose your protected health information for treatment, payment, and health care operations.

Communication Barriers. We may use and disclose your protected health information if your physician or another physician of Kunesh Eye Center, Inc. attempts to obtain an acknowledgement of our Privacy Practices from you, but is unable to do so due to substantial communication barriers and the staff of Kunesh Eye Center, Inc. determines consent is inferred. For example, if you are deaf, or speak a language not known to anyone in the center, but your actions and gestures infer consent.

Other Permitted and Required Uses and Disclosures that may be made without Your Consent, Authorization or Opportunity to Object

We may use or disclose your protected health information in the following situations without your acknowledgement or authorization. These situations include:

Required By Law. We may use or disclose your protected health information to the extent that the use or disclosure is required by law.

Public Health. We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Disease. We may disclose your protected health information, if authorized by law.

Health Oversight. We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and compliance with civil rights laws.

Abuse or Neglect. We may disclose your protected health information to a governmental entity or agency authorized by law to receive reports of abuse or neglect. All such disclosures will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration. We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, or biologic product deviations; to track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.

Legal Proceedings. We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement. We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes.

Coroners, Medical Examiners, and Funeral Directors. We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his/her duties. We may disclose such information in reasonable anticipation of death.

Organ and Tissue Donation. If you are an organ donor, we may release protected health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Research. We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Criminal Activity. Consistent with applicable federal and state laws, we may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security. When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or (3) to a foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation. Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

Correctional Institution. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your protected health information (which the physician created or received in the course of providing care to you) to the correctional institution or law enforcement official. This release would be necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Required Uses and Disclosures. Under the law, we must make disclosures about you when required by the Secretary of Health and Human Services to investigate or determine our compliance with the requirements of federal regulations that protect the privacy of your protected health information.

Fundraising Communications. We do not conduct fundraising activities, and therefore will not use and/or disclose your PHI for such.

2. Your Rights under the Federal Privacy Standard

Your health record is a legal document that is the physical property of the Kunesh Eye Center, Inc. The following is a statement of your rights with respect to your protected health information contained in your record and a brief description of how you may exercise these rights.

You have the right to access, inspect and copy your protected health information. This means you may have access to, inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your physician and Kunesh Eye Center, Inc. may use for making decisions about you. All requests to inspect and copy your protected health information must be submitted, in writing, to our Compliance Officer, Ms. Jennifer S. Roy. A request form for this purpose is available from a receptionist or Ms. Roy.

Under federal law, however; you may not access, inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; protected health information that is subject to Clinical Laboratory Improvement Amendments of 1988 ("CLIA"), 42 U.S.C. § 263a, to the extent that giving you access would be prohibited by law; and information that was obtained from someone other than a health care provider under a promise of confidentiality and the requested access would be reasonably likely to reveal the source of the information. In other situations, we may deny you access, but if we do, we must explain why and what your rights are, including how to seek review. If a review is requested we must provide you a review of our decision denying access within 60 days. This review will be performed by a different licensed professional than the one who made the original decision. These reviewable grounds for denial include: A licensed health care professional, such as your attending physician, has determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of yourself or another person; the protected health information makes reference to another person (other than a health care provider) and it is determined, in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to such other person; and the request is made by your personal representative and it is determined, in the exercise of professional judgment, that giving access is reasonably likely to cause substantial harm to you or another person.

If we grant access, we will tell you what, if anything, you have to do to get access. We reserve the right to charge a reasonable, cost-based fee for making copies.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. All requests to restrict your protected health information must be submitted, in writing, to our Compliance Officer, Ms. Jennifer S. Roy. A request form for this purpose is available from Ms. Roy.

The right to request restriction does not extend to uses or disclosures permitted or required under the following sections of the federal privacy regulations: § 164.502(a)(2)(i) (disclosures to you), § 164.510(a) (for facility directories, but note that you have the right to object to such uses), or § 164.512 (uses and disclosures not requiring a consent or an authorization).

Kunesh Eye Center, Inc. is not required to agree to a restriction that you may request, except in the following situation. If you have paid for services "out of pocket," in full, and you request that we not disclose PHI related solely to those services to a health plan, we will accommodate your request, except where we are required by law to make a disclosure.

Kunesh Eye Center, Inc. may terminate its agreement to a restriction if: you agree to or request the termination in writing; you orally agree to the termination and the oral agreement is documented; or Kunesh Eye Center, Inc. gives you advance notice that it is terminating its agreement to a restriction, except that such termination is only effective with respect to protected health information created or received after you have been informed.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. For example, you might request that Kunesh Eye Center, Inc. not call you at home, but at work instead; or you might request that all correspondence be mailed to your P.O.A. rather than to you at your assisted living facility. We must accommodate reasonable requests.

You have the right to request amendment/correction of your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. This request to amend (change) your protected health information must be in writing. Kunesh Eye Center, Inc. does not have to grant the request if any of the following conditions exist: we did not create the record, as in the case of a consultation report from another provider, as we cannot know whether it is accurate or not. You must seek amendment/correction from the party who created the record. If the party amends or corrects the record, we will amend our records; the records are not available to you; or the record is accurate and complete. Kunesh Eye Center, Inc. must act upon your request (either to grant or deny) within 60 days of your written request. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, we must explain, in writing, why it was denied. You have the right to submit a written statement of disagreement to us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Both the statement of disagreement and any rebuttal will become a part of your record. Please contact our Compliance Officer, Ms. Jennifer S. Roy if you have questions about amending your medical record. A request form for this purpose is available from Ms. Roy.

If we grant the request, we will make the correction and distribute the correction to those who need it and those whom you identify to us that you want to receive the corrected information.

You have the right to receive an accounting of disclosures of your protected health information.

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you, to others. To request this list, you must submit your request in writing. Your request must state a time period not longer than six (6) years back.

3. Our Responsibilities under the Federal Privacy Standard

Kunesh Eye Center, Inc. has the responsibility to maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect your information. We provide you with this notice as to our legal duties and privacy practices with respect to individually identifiable health information that we collect and maintain about you. Kunesh Eye Center, Inc. will abide by the terms of this notice. In addition we have the responsibility to train our personnel concerning privacy and confidentiality. We have implemented a sanction policy to discipline those who breach the privacy and confidentiality of your protected health information. You have the right to be advised if your protected PHI is intentionally or unintentionally

disclosed. Be assured that we will mitigate (lessen the harm of) any breach of your protected health information.

4. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Compliance Officer. We will not retaliate against you in any way for filing a complaint.

You may contact our Compliance Officer, Ms. Jennifer S. Roy, at 937-298-1703; or in writing at Kunesh Eye Center, Inc., 2601 Far Hills Ave., Dayton, OH 45419 for further information about the complaint process or if you have any questions or need additional information about anything contained in this notice.

You may contact the Secretary of Health and Human Services at 202-690-7000 or 200 Independence Avenue SW, Washington, D.C. 20201 or through the website www.hhs.gov.

This notice was published and becomes effective on August 24, 2019.