



## 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 IT CAREFULLY.

Our goal at The Eye MDs is to take appropriate steps to attempt to safeguard any medical or other personal information that is provided to us. The Privacy Rule under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires us to: (i) maintain the privacy and security of medical information provided to us; (ii) provide notice of our legal duties and privacy practices; and (iii) abide by the terms of our Notice of Privacy Practices currently in effect. In addition, the final rule under the Health Information Technology for Economic and Clinical Health Act (HITECH) requires us to recognize and respond to: (i) the patient's right to an electronic copy of their medical record; (ii) the patient's right to restrict disclosure to their health insurer for out-of-pocket payments made in full; and (iii) the requirement for written authorization needed for marketing and sale of protected health information (PHI).

### WHO WILL FOLLOW THIS NOTICE?

This notice describes the practices of our employees and physicians at all of our businesses: Ohio Valley Eye Physicians and Surgeons, PLLC d/b/a "The Eye MDs, George, Strickler, & Lazer" or simply "The Eye MDs" (TEMDS) and Physicians Outpatient Surgery Center, Ltd. This notice applies to each of these individuals, entities, sites, and all office locations. In addition, these individuals, entities, sites, and locations may share medical information with each other for treatment, payment and health care operation purposes described in this notice.

### INFORMATION COLLECTED ABOUT YOU

In the ordinary course of receiving treatment and health care services from us, you will be providing us with personal information such as:

- Your name, address, and phone number.
- Information relating to your medical history.
- Your insurance information and coverage.
- Information concerning your doctor, nurse or other medical providers.

In addition, we will gather certain medical information about you and will create a record of the care provided to you. Some information also may be provided to us by other individuals or organizations that are part of your "circle of care"- such as the referring physician, your other doctors, your health plan, and close friends or family members. This information is often referred to as Protected Health Information or PHI.

## HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU

We may use and disclose personal and identifiable health information or PHI about you for a variety of purposes. All of the types of uses and disclosures of information are described below, but not every use or disclosure in a category is listed.

Required Disclosures. We are required to disclose health information about you to the Secretary of Health and Human Services, upon request, to determine our compliance with HIPAA/HITECH and to you, in accordance with your right to access and right to receive an accounting of disclosures, as described below.

For Treatment. We may use health information about you to manage your treatment and services. For example, we may use your medical history, such as any presence or absence of diabetes, to assess the health of your eyes. We may need to communicate with other healthcare professionals about you, such as if a physician has referred you to our practice or we may need to share information with other professionals that are treating you. In communicating with other healthcare professionals, we use regular mail (snail mail), facsimile after we have confirmed that the facsimile machine is located in a non-public area, or your PHI may be downloaded to a CD. With respect to your medical prescriptions, data may be transmitted to our office, to our own dispensary or to outside pharmacies; this PHI will be transmitted electronically via a secure online portal. The physician may choose to use a secure online portal that is an implant calculator (most provided by implant manufactures or ophthalmology associations) to help determine the best lens power for cataract surgery in those cases that require advanced technology lenses. Online calculation portals are also used for patients that have had prior refractive surgery to assist in choosing the best implant and those that have laser vision correction to determine the amount of astigmatism reduction needed for each patient.

For Payment. We may use and disclose health information about you to bill for our services and to collect payment from you or your insurance company. For example, we may need to give a payer information about your current medical condition so that it will pay us for the eye examinations or other services that we have furnished you. We may also need to inform your payer of the treatment you are going to receive in order to obtain prior approval or to determine whether the service is covered. Please note that there may be times when your personal health information or PHI is sent to your insurance carrier for payment purposes electronically via a secure transmission.

For Health Care Operations. We may use and disclose information about you for the general operation of our business. For example, we sometimes arrange for auditors or other consultants to review our practices, evaluate our operations, and tell us how to improve our services. Or, for example, we may use and disclose your health information to review the quality of services provided to you. Please note that our server for our billing and our electronic medical records (EMR) is offsite and the data transmission is secure and encrypted. We chose to store PHI offsite in order to protect PHI from loss or damage. The server host was selected based on their ability to provide frequent backups and a secure storage site.

Public Policy Uses and Disclosures. There are a number of public policy reasons why we may disclose information about you which are described below.

We have to meet many conditions in the law before we share your information for these purposes. For more information, you can go to: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

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

We may disclose protected health information about you in connection with certain public health reporting activities.

We may disclose protected health information or PHI about you in connection with certain public health reporting activities. For instance, we may disclose such information to a public health authority authorized to collect or receive PHI for the purpose of preventing or controlling disease, injury or disability, or at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority.

Public health authorities include state health departments, the Center for Disease Control, the Food and Drug Administration, the Occupational Safety and Health Administration and the Environmental Protection Agency, to name a few.

We are also permitted to disclose protected health information or PHI to a public health authority or other government authority authorized by law to receive reports of child abuse or neglect.

Additionally, we may disclose protected health information or PHI to a person subject to the Food and Drug Administration's power for the following activities: to report adverse events, product defects or problems, or biological product deviations; to track products; to enable product recalls, repairs or replacements; or to conduct post marketing surveillance. We may also disclose a patient's health information to a person who may have been exposed to a communicable disease or to an employer to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether an individual has a work-related illness or injury.

We may disclose a patient's health information where we reasonably believe a patient is a victim of abuse, neglect or domestic violence and the patient authorizes the disclosure or it is required or authorized by law.

We may disclose health information about you in connection with certain health oversight activities of licensing and other health oversight agencies which are authorized by law. Health oversight activities include audit, investigation, inspection, licensure or disciplinary actions, and civil, criminal, administrative proceedings or actions or any other activity necessary for the oversight of 1) the health care system, 2) governmental benefit programs for which health information is relevant to determining beneficiary eligibility, 3) entities subject to governmental regulatory programs for which health information is necessary for determining compliance with program standards, or 4) entities subject to civil rights laws for which health information is necessary for determining compliance.

We may disclose your health information as required by law, including in response to a warrant, subpoena, or other order of a court or administrative hearing body or to assist law enforcement identify or locate a suspect, fugitive, material witness or missing person.

Disclosures for law enforcement purposes also permit us to make disclosures about victims of crimes and the death of an individual, among others.

We may release a patient's health information (1) to a coroner or medical examiner to identify a deceased person or determine the cause of death and (2) to funeral directors. We also may release your health information to organ procurement organizations, transplant centers, and eye or tissue banks, if you are an organ donor.

We may release your health information to workers' compensation or similar programs, which provide benefits for work-related injuries or illnesses without regard to fault.

Health information about you also may be disclosed when necessary to prevent a serious threat to your health and safety or the health and safety of others.

We may use or disclose certain health information about your condition and treatment for research purposes where an Institutional Review Board or a similar body referred to as a Privacy Board determines that your privacy interests will be adequately protected in the study. We may also use and disclose your health information to prepare or analyze a research protocol and for other research purposes.

If you are a member of the Armed Forces, we may release health information about you for activities deemed necessary by military command authorities. We also may release health information about foreign military personnel to their appropriate foreign military authority.

We may disclose your protected health information or PHI for legal or administrative proceedings that involve you. We may release such information upon order of a court or administrative tribunal. We may also release protected health information in the absence of such an order and in response to a discovery or other lawful request, if efforts have been made to notify you or secure a protective order.

If you are an inmate, we may release protected health information or PHI about you to a correctional institution where you are incarcerated or to law enforcement officials in certain situations such as where the information is necessary for your treatment, health or safety, or the health or safety of others.

Finally, we may disclose protected health information or PHI for national security and intelligence activities and for the provision of protective services to the President of the United States and other officials or foreign heads of state.

Our Business Associates. We sometimes work with outside individuals and businesses that help us operate our business successfully. We may disclose your health information to these business associates so that they can perform the tasks that we hired them to do. Our business associates must promise that they will respect the confidentiality of your personal and identifiable health information and comply with the laws and rules of HIPAA/HITECH.

Disclosures to Persons Assisting in Your Care or Payment for Your Care. We may disclose information to individuals involved in your care or in the payment for your care. This includes people and organizations that are part of your "circle of care" -- such as your spouse, your other doctors, or an aide who may be providing services to you. We may also use and disclose health information about a patient for disaster relief efforts and to notify persons responsible for a patient's care about a patient's location, general condition or death. Generally, we will obtain your verbal agreement before using or disclosing health information in this way. However, under certain circumstances, such as in an emergency, we may make these uses and disclosures without your agreement.

Appointment Reminders. We may contact you as a reminder that you have an appointment or that you

should schedule an appointment. This appointment reminder may include general information regarding preparatory instructions for the appointment. The appointment reminder and preparation information may be provided in a postcard, a letter, a text, a phone call or an automated (computer generated) phone call from us directly or from a business associate that provides these services via secure communication. With regards to phone calls (both by person and computer generated), we may leave these appointment reminders on your answering machine or in your voice mailbox unless you have expressly requested that we refrain from doing so.

Treatment Alternatives. We may use and disclose your personal health information in order to tell you about or recommend possible treatment options, alternatives or health-related services that may be of interest to you.

Follow-up contacts. We may contact you after surgery, or after an office visit, to discuss your progress, discuss test results, answer questions or ask you to rate our services. We may also contact patients periodically for internal quality assurance programs. Contacts may be by mail, phone, or text message. However, if we are unable to reach you on the phone, we will only leave a message that we called and/or request that you contact us. We will not leave a message containing personal health information about you. Texts may be sent that refer you to sites where you may rate the quality of our services.

## OTHER USES AND DISCLOSURES OF PERSONAL INFORMATION

We are required to obtain written authorization from you for any other uses and disclosures of medical information other than those described above. If you provide us with such permission, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose personal information about you for the reasons covered by your written authorization, except to the extent we have already relied on your original permission. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your personal and protected health information or PHI. And please note that it is our practice's policy to never market or sell personal health information.

## Special Privacy Protections for Substance Use Disorder Records

Certain records related to substance use disorder diagnosis, treatment, or referral for treatment are protected by 42 CFR Part 2, a federal law that provides additional privacy protections beyond HIPAA. Federal law prohibits unauthorized disclosure of substance use disorder records. Disclosure of these records is permitted only with your written consent or a otherwise permitted by 42 CFR Part 2. WE may use and share your information without your consent as we help with medical emergencies, help with public health, report crimes (threats of crimes) on our premises and suspected child abuse and neglect, assist cause of death inquiries or respond to court orders.

## INDIVIDUAL RIGHTS

When it comes to your health information, you have certain rights. You have the right to ask for restrictions on the ways we use and disclose your health information for treatment, payment and health care operation purposes. You may also request that we limit our disclosures to persons assisting your care or payment for your care.

You have the right to request that you receive communications containing your protected health information from us by alternative means or at alternative locations. For example, you may ask that we only contact you at home, at your office, or by mail at a specified address. We will say "yes" to all reasonable requests.

You have the right to inspect and receive a copy of your medical, billing and other records that we

have about you. If you ask for copies of this information, we will attempt to get the information to you within thirty (30) days and we may charge you a reasonable fee for copying and mailing. We now offer our patients the ability, if they so desire, to access their personal health information through connection to a secure online portal at TEMDs.

If you believe that information in your records is incorrect or incomplete, you have the right to ask us to correct the existing information or add missing information. Under certain circumstances, we may deny your request, but we will tell you in writing within 60 days why we are denying your request, such as when the information is accurate and complete.

You have the right to ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. However, if you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purposes of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

You have a right to receive a list (accounting) of certain instances when we have used or disclosed your medical information for six (6) years prior to the date you ask. We will include all disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures such as any that you asked us to make. If you ask for this information, we will provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

You have the right to request a copy of this notice in paper form. You may ask us for a copy at any time, and we will promptly provide it to you.

**You may also obtain a copy of this form at our web site at [www.TheEyeMDs.com](http://www.TheEyeMDs.com) or [www.PhysiciansOutpatient.com](http://www.PhysiciansOutpatient.com)**

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure that the person has legal authority and can act for you before we take any action.

To exercise any of your rights, please contact us in writing at:

David S. George, MD HIPAA Compliance Officer  
The Eye MDs  
418 Grand Park Drive, Suite 315  
Parkersburg, WV 26101 Or

David S. George, MD HIPAA Compliance Officer  
Physicians Outpatient Surgery Center, Ltd.  
1933 Washington Blvd.  
Belpre, Ohio 45714

When making a request for amendment, you must state a reason for making the request.

### CHANGES TO THIS NOTICE

We reserve the right to make changes to this notice at any time. We reserve the right to make the revised notice effective for personal health information we have about you as well as any information we receive in the future. In the event there is a material change to this notice, the revised notice will be posted at our office locations and on the web site. In addition, you may request a copy of the revised notice at any time

and we will promptly provide it to you.

### COMPLAINTS/COMMENTS

If you have any complaints concerning our privacy practices, you may contact the Secretary of the Department of Health and Human Services, Office of Civil Rights, at 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201 (e-mail: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)). You can also call 1-877-696-6775. You also may contact us at:

David S. George, MD HIPAA Compliance Officer  
418 Grand Park Drive, Suite 315  
Parkersburg, WV 26101  
1-800-758-3937 or fax at 304-422-7900

**YOU WILL NOT BE RETALIATED AGAINST OR PENALIZED BY US FOR FILING A COMPLAINT.**

To obtain more information concerning this notice, you may contact our Privacy Officer David S. George, MD at:

David S. George, MD HIPAA Compliance Officer  
418 Grand Park Drive, Suite 315  
Parkersburg, WV 26101  
1-800-758-3937 or fax at 304-422-7900

You can also visit: [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).

This notice was originally effective 2/1/2003, updated 8/22/12012, updated in 9/23/2013 (in order to comply with the final rule under HITECH), updated 2/21/2015, 2/1/018,3/27/2023 and this current revision updated 2/16/2026.