

Vincent P. Basilice, M.D., P.C.  
Michael S. Conners, M.D., Ph.D. Alexander Llinas, M.D., Ph.D. Alex Schaffer, O.D.  
8 Technology Drive, Suite 107, East Setauket, N.Y. 11733 P 631-751-2020 F 631-751-0048  
6144 Route 25A, Building A, Suite 6, Wading River, NY 11792 P 631-209-4200 F 631-751-0048  
[www.toceye.com](http://www.toceye.com)



## **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.***

### **The Ophthalmic Center's (TOC Eye) commitment to your privacy**

TOC Eye (also referred to as "we" and "our") as a healthcare provider must maintain the privacy of your Protected Health Information (information we will refer to in this notice as "PHI") yet it is permitted under applicable law to collect, use, and disclose your individually identifiable health information under certain circumstances. We may use or disclose your PHI for the purpose of treatment, payment, business operations, or as required by federal, state or local law for reporting purposes. PHI includes any information that relates to: The past, present, or future physical or mental health of an individual; the provision of healthcare to an individual; and the past, present, or future payment for the provision of healthcare to an individual. In addition, PHI includes genetic information (diseases/disorders) of your family members.

You have certain rights including access to your PHI and in addition, some ability to control who has access to it. TOC Eye agrees to abide by the terms of this notice but reserves the right to change the terms at any time. In the event of a change of terms, you will be notified in writing by our privacy officer. This notice complies with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and creates no legal representations, warranties, obligations or responsibilities beyond HIPAA compliance. This notice applies to all TOC Eye locations.

**This notice will provide you with the following important information:**

- A. How Toc Eye Uses and Discloses your PHI (Protected Health Information)**
- B. Your Rights regarding your PHI**
- C. Your Choices regarding your PHI**
- D. TOC Eye's Duties**

#### **A. How TOC Eye Uses and Discloses Your PHI:**

**Treatment:** Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood, biopsy or cultures) and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. TOC Eye staff, including but not limited to doctors, ophthalmic assistants, techs, and office administrators – may use or disclose your PHI to treat you or assist in your treatment. In addition, we may also disclose your PHI to other healthcare providers for purposes related to your treatment.

**Payment:** TOC Eye may use and disclose your PHI in order to obtain payment or reimbursement for the services and items that you may receive from us. For example, we may contact your health insurer, health plan, or government benefit provider to certify that you are eligible for benefits (and for what range of benefits) and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We may also use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. In addition, we may use your PHI to bill you directly for services and items, and we may disclose your PHI to other healthcare providers and entities to assist in their billing and collection efforts.

**Healthcare Operations:** Toc Eye may use and disclose your PHI in a number of ways to operate our business. For example, your PHI may be used internally for quality of care assessment, to conduct cost-management and business planning activities, or for training technicians and practitioners.

**Appointment Reminders:** Toc Eye may use and disclose your PHI to contact you and remind you of an appointment.

**Treatment Options:** Toc Eye may use your PHI to inform you of potential treatment options or alternatives. For example, suggesting a selective laser trabeculoplasty before a more invasive trabeculectomy is contemplated.

**Health Related Benefits and Services:** Toc Eye may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you. For example, you may qualify to receive certain eye medications at a discount.

**Release of Information to Family/Friends:** Toc Eye may release your PHI to a family member, friend or caregiver in the event of an emergency. For example, you may be accompanied to our office by a nurse's aide or ambulette driver responsible for your care. If you are unable or unavailable to agree or object to these communication(s), our health professionals will use their best judgement in communicating with your family friend or caregiver.

**Disclosures Required by Law:** TOC Eye may use and disclose your PHI to comply with state and federal law(s). For example, a public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability, or to an employer about an employee relating to medical surveillance or work-related illness or injury.

**Health Oversight Activities/Judicial Matters:** TOC Eye may disclose your PHI for audits, investigations, inspections, licensure, certification, the identification of individual(s) involved in a law enforcement investigation or related activities, or to reply to a subpoena or summons.

**Deceased Person/Organ Donation Information or Personal Health and Safety:** TOC Eye may disclose your PHI to coroners, medical examiners and funeral directors; organizations involved in procuring, banking or transplanting organs and tissues; and in order to prevent or lessen a threat to the health and safety of a person or the public.

**Specialized Government Functions or Worker's Compensation:** Toc Eye may disclose your PHI for: military and veterans' activities, national security and intelligence activities and correctional or other law enforcement custodial situations. TOC Eye may also disclose your PHI as necessary to comply with worker's compensation laws.

**Research:** TOC Eye may use and disclose your health information for research, regardless of the source of funding, for research as approved by the appropriate Institutional Review Board (IRB) or any applicable waivers.

**Change of Ownership:** In the event that TOC Eye is sold or divested, your PHI will become the property of the new owner/entity and will be subject to their policies on PHI as well as federal and state laws.

**Incidental Disclosures:** TOC Eye will take reasonable steps to protect the privacy of your PHI; however, certain incidental uses and disclosures of your PHI may occur as a result of permitted uses and disclosures that are otherwise limited in nature and cannot be reasonably prevented. For example, discussions about your PHI may be overheard by another person.

**Emergencies, Disaster Relief:** TOC Eye may use and disclose your PHI to a public or private entity authorized to assist in an emergency or disaster relief effort.

**Deceased Individuals:** TOC Eye may use and disclose a decedent's PHI to family members, other relatives or a close personal friend who were involved in providing and or paying for healthcare received by the decedent and is relevant to such person's involvement in the decedent's healthcare; unless in doing so would be inconsistent with a prior expressed preference made by the decedent to TOC Eye.

## **B. Your Rights Regarding Your PHI:**

**Receive Confidential Communications:** You have the right to request that you receive your PHI through a reasonable alternative means or at an alternative location. For example, you can provide us with your cell phone number as your primary number instead of home phone number or use a P.O. Box instead of home mailing address as your primary address.

**Restrict Use/Disclosure:** You have the right to submit a written request to restrict certain uses and disclosures of your PHI. Although we will attempt to accommodate your request, TOC Eye is not required to agree to or fulfill the restriction requested; except a request to restrict disclosure of your PHI to your health plan/insurance if the disclosure is for payment or healthcare operations and pertains to a healthcare item or service for which out of pocket payment in full has been received at the time the service is provided.

**Inspect and Copy:** You have the right to submit a written, original signed request to inspect or to receive a copy of your PHI. TOC Eye has policies and procedures to provide you proper access to inspect or receive a copy of your PHI. If your PHI is maintained in electronic format you may request an electronic copy of it. If possible, we will attempt to upload your electronic PHI on to the storage format of your choice at your cost. If you request a paper copy of your PHI, we may charge you a reasonable fee for the paper copies and actual costs for photos.

**Amend/Correct Information:** You have the right to submit a written request to amend/correct your PHI. TOC Eye is not required to make the requested change to your PHI. A written response to your request will be provided to you and if your request is denied the response will include the reason for the denial and information about how you can appeal the denial.

**Receive an Accounting of Disclosures:** You have the right to submit a written request to receive an accounting of disclosures of your PHI made by TOC Eye. We do not have to account for all disclosures of your PHI. For example, an accounting of disclosures is not required for disclosures related to treatment, payment, healthcare operations, information that was provided to you, information that was disclosed with your written authorization/permission and disclosures required by state or federal law.

**Detailed Explanation of Rights:** You have the right to receive a paper copy of TOC Eye's Notice of Privacy Practices. If you would like a more detailed explanation of these rights or if you would like to exercise one or more of your rights, contact the Privacy Officer at (631) 751-2020

### **C. Your Choices Regarding Your PHI:**

**Marketing, Fundraising and the Sale of PHI:** TOC Eye may contact you to give information about other treatment or health-related benefits and services that may be of interest to you. Additionally, TOC Eye may contact you to participate in marketing or fundraising activities. You have the choice of opting out of receiving marketing and fundraising information. Without authorization, TOC Eye will not sell your PHI to a third party for the purposes of marketing or fundraising or accept payment from a third party to use your PHI to market a product or service or for fundraising activities. To opt out of fundraising or marketing you may either call the Privacy Officer at (631) 751-2020.

**Psychotherapy Notes:** Any use and disclosure of psychotherapy notes other than to provide treatment, obtain payment and perform healthcare operations requires your authorization.

**Consent:** In New York State your general consent is required for treatment and payment. Once you sign the general consent, it will be in effect until you withdraw your general consent. To withdraw your general consent at any time, you must submit your request in writing to the Privacy Officer. You can call the Privacy Officer at (631) 751-2020 for instructions for submitting your written request to withdraw your consent. Once you withdraw your consent, TOC Eye will no longer be able to provide you treatment, and use or disclose your health information, except to the extent that TOC Eye has already relied on your consent.

**Additional Uses and Disclosures:** Additional uses and disclosures which are not described in this NPP (Notice of Privacy Practices) will be made only with the individual's written authorization.

### **D. TOC Eye's Duties:**

**Breach Notification:** TOC Eye will notify you, as required by law, following a breach of your unsecured PHI.

### **Complaints:**

Complaints about this Notice of Privacy Practices or how TOC Eye handles your PHI should be directed to the Privacy Officer at (631) 751-2020. No one will retaliate or act against you for filing a complaint.

You also have the right to file a complaint with the Secretary of the Department of Health and Human Services, Office for Civil Rights at: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/> or by calling (800) 368-1019.

### **Changes to This Notice of Privacy Practices:**

TOC Eye is required by law to comply with this Notice of Privacy Practices. This notice can be revised and will be made available upon verbal or written request by contacting the Privacy Officer at (631) 751-2020, or you can access it online at: [www.toceye.com](http://www.toceye.com)

*Effective date of Original Notice: April 14, 2003*

*Effective date of Amended Notice: November 12, 2018*