



NOTICE OF PRIVACY PRACTICES

Effective Date: January 1, 2025 | This notice describes how medical information about you may be used and disclosed.

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.

We are required by law to maintain the privacy of your protected health information (PHI), to provide you with notice of our legal duties and privacy practices, and to abide by the terms of this notice. We will notify you of any breach that may have compromised the privacy or security of your information.

What Is Protected Health Information (PHI)?

Protected Health Information (PHI) is information about you — including demographic data — that may identify you and that relates to your past, present, or future physical or mental health, the provision of health care to you, or payment for that health care.

How We May Use and Disclose Your PHI

Treatment

We may use and disclose your PHI to provide, coordinate, or manage your health care and related services. For example, your health information may be shared with other health care professionals who are involved in your care, such as specialists, laboratories, or hospitals.

Payment

We may use and disclose your PHI to obtain payment for services we provide to you. For example, we may share your health information with your health insurance plan so that it can pay for your care. If you pay for a service or health care item out-of-pocket in full, you may request that we not share that information with your insurer for payment or operations purposes.

Health Care Operations

We may use and disclose your PHI for our internal health care operations, including quality assessment and improvement activities, employee training, licensing, and business management. We may share your PHI with third-party 'business associates' (such as billing companies or transcription services) under written agreements that require them to protect the privacy of your information.

Other Permitted Uses and Disclosures Without Your Authorization

We may use or disclose your PHI without your written authorization in the following circumstances, as required or permitted by law:

- **Required by Law:** To comply with applicable federal, state, or local law.
- **Public Health Activities:** To public health authorities to prevent or control disease, injury, or disability.
- **Communicable Diseases:** To persons who may have been exposed to a communicable disease, if authorized by law.
- **Health Oversight Activities:** To government agencies for audits, investigations, and inspections.
- **Abuse or Neglect:** To authorities authorized to receive reports of child or adult abuse, neglect, or domestic violence.
- **Food and Drug Administration (FDA):** For reporting adverse events, product defects, recalls, or other FDA-regulated activities.
- **Legal Proceedings:** In the course of judicial or administrative proceedings, in response to a court order, subpoena, or other lawful process.



- Law Enforcement: To law enforcement officials for lawful purposes, including identifying or locating suspects or victims of a crime.
- Coroners, Medical Examiners & Funeral Directors: As necessary to carry out their lawful duties.
- Organ Donation: For cadaveric organ, eye, or tissue donation purposes.
- Serious Threats to Health or Safety: To prevent or lessen a serious and imminent threat to a person or the public.
- Military & National Security: For activities deemed necessary by authorized military command or federal intelligence authorities.
- Workers' Compensation: To comply with workers' compensation laws and similar programs.
- Inmates: If you are an inmate of a correctional facility, to the facility as needed for your care and safety.

Uses and Disclosures Requiring Your Written Authorization

All other uses and disclosures of your PHI not covered by this notice — or not otherwise permitted or required by law — will be made only with your written authorization. You may revoke your authorization at any time in writing. Revocation does not apply to disclosures already made in reliance on your prior authorization.

The following require your written authorization:

- Uses and disclosures of PHI for marketing purposes
- Sale of your PHI
- Most uses and disclosures of psychotherapy notes

Your Rights Regarding Your PHI

You have the following rights with respect to your protected health information:

Right to Request Restrictions

You may request restrictions on how we use or disclose your PHI for treatment, payment, or health care operations. We are not required to agree to most restrictions, but if we agree, we are bound by that agreement. However, we must agree to restrict disclosure to a health plan for services you paid for entirely out of pocket.

Right to Confidential Communications

You may request that we communicate with you about your PHI in a specific way or at a specific location (for example, by phone only, or at a different address). We will accommodate reasonable requests.

Right to Access and Copy Your PHI

You have the right to inspect and obtain a copy of your PHI that we maintain. We may charge a reasonable, cost-based fee. Some types of records may be restricted under state or federal law. Please contact our Privacy Officer for details.

Right to Amend Your PHI

If you believe your PHI is incorrect or incomplete, you may request that we amend it. We may deny your request under certain circumstances.

Right to an Accounting of Disclosures

You may request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, health care operations, or disclosures you authorized.

Right to a Paper Copy of This Notice

You may request a paper copy of this notice at any time, even if you have agreed to receive it electronically.

Our Duties

We are required by law to maintain the privacy of your PHI, to provide you with this notice of our privacy practices, and to abide by the terms of this notice currently in effect.



Right to Revise This Notice

We reserve the right to change this notice and to make the revised notice effective for PHI we already have as well as any information we receive in the future. We will post the current notice in our office and on our website. You may request a copy of the current notice at any time.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

To file a complaint with us, contact our Privacy Officer:

Privacy Officer Contact

Canyon Eye Associates, Inc.

Attn: Privacy Officer
245 Taylor Station Road
Columbus, OH 43213
Phone: (614)866-9134



ACKNOWLEDGEMENT OF RECEIPT — PLEASE SIGN AND RETURN THIS PAGE

Patient Name:

*Patient Name (Print)**Date Of Birth*

*Date***Please select one of the following:**

- I acknowledge that I have received a copy of [Practice Name]'s Notice of Privacy Practices.
- I acknowledge that I was offered a copy of [Practice Name]'s Notice of Privacy Practices but declined to receive it.

*Patient or Authorized Representative Signature**Date*

*Relationship to Patient (if Representative)**Date*

For Office Use Only

The patient: Accepted Declined the Notice and refused to sign.

Reason (if declined): _____

*Practice Representative Signature / Name**Date*