



NOTICE OF PRIVACY PRACTICES: ROBERT M. STERN, M.D., INC.

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.

Robert M. Stern M.D., Inc. is required to maintain the privacy of your health information and to provide you with this Notice about our privacy practices, legal duties and your rights concerning your protected health information (“PHI”). If you have questions about any part of this Notice or if you want more information about the privacy practices at Robert M. Stern M.D., Inc. please contact:

Robert M. Stern M.D., Inc. 29101 Health Campus Drive Ste. 340 Westlake, Ohio 44145
Privacy Officer (440) 835-6255 or our website @ www.sterneyes.com

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION (“PHI”).

Robert M. Stern M.D., Inc. collects protected health information (“PHI”) from you and stores it in one or more ways including, but not limited to, paper charts and files, electronic media, and computer storage. This is your medical record. The medical record is the property of Robert M. Stern M.D., Inc., but the PHI in the medical record belongs to you. Robert M. Stern M.D., Inc. protects the privacy of your PHI. Robert M. Stern M.D., Inc. is legally permitted to use or disclose your PHI for the following purposes:

Treatment. Robert M. Stern M.D., Inc. may use and disclose your PHI to provide, coordinate or manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. For example, we may use and disclose your PHI when you need a prescription, lab work, x-ray, or other health care service. In addition, we may use and disclose your PHI about you when referring you to another health care provider. For example, we may send a report about your care from us to a physician to whom we are referring you to so that the other physician may treat you.

Payment. Robert M. Stern M.D., Inc. may use and disclose your PHI so that we can bill and collect payment for the treatment and services provided to you. Before providing treatment or services, we may share details with your health plan concerning the services you are scheduled to receive. For example, we may ask for payment approval from your health plan before we provide care or services. We may use and disclose your PHI to find out if your health plan will cover the cost of care and services we provide. We may use and disclose your PHI for billing, claims management, and collection activities. We may disclose limited parts of your PHI to consumer reporting agencies relating to collection of payments owed to us.

Robert M. Stern M.D., Inc. may also disclose your PHI to another health care provider or to a company or health plan required to comply with the HIPAA Privacy Rule for the payment activities of that health care provider, company or health plan.

Health Care Operations. Robert M. Stern M.D., Inc. may use your PHI in connection with our health care operations. Health care operations include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing and credentialing activities.

Appointment Reminders, Test Results and Treatment Information.

Robert M. Stern M.D., Inc. may contact you to provide appointment reminders, test results or to give you information about other treatments or health-related services that may be of interest to you. This may include voice mail messages, postcards, letters, newsletters, e-mail and other forms of communications. You may request to receive such reminders in a certain manner or at a certain location. We will try to honor all reasonable requests.

Your Authorization. In addition to Robert M. Stern M.D., Inc.’s use of your PHI for treatment, payment and health care operations, you may give us written authorization to use or disclose your PHI to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure of your PHI permitted while the authorization was in effect. Unless you give us a written authorization, we cannot use or disclose your PHI except as set forth in this Notice.

Disclosures to you, your family and friends. Robert M. Stern M.D., Inc. will disclose your PHI to you as described in the Patient Rights section of this Notice. We may disclose your PHI to a family member, friend or other person to the extent necessary to help with your health care, but only if you agree that we may do so.

Notification and communication with family. Robert M. Stern M.D., Inc. may disclose your PHI to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

Required by law. Robert M. Stern M.D., Inc. may use and disclose your PHI information when required to do so by law.

Public health. Robert M. Stern M.D., Inc. may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

Health oversight activities. Robert M. Stern M.D., Inc. may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

Law enforcement. Robert M. Stern M.D., Inc. may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

Lawsuits and Disputes. If you are involved in a lawsuit or dispute, Robert M. Stern M.D., Inc. may disclose Medical Information in response to court or administrative order.

Deceased person information. Robert M. Stern M.D., Inc. may disclose your health information to coroners, medical examiners and funeral directors.

Organ donation. Robert M. Stern M.D., Inc. may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

Public safety. Robert M. Stern M.D., Inc. may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

Worker's compensation. Robert M. Stern M.D., Inc. may disclose your health information as necessary to comply with worker's compensation or similar programs that provide benefits for work-related injuries or illness.

Business Associates. We may disclose Medical Information to third parties so that they can perform a job we asked them to do. All of these third parties are required to protect the privacy and security of your Medical Information.

WHEN ROBERT M. STERN M.D., INC. MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION. Except as described in this Notice of Privacy Practices, Robert M. Stern M.D., Inc. will not use or disclose your health information without your written authorization. If you do authorize Robert M. Stern M.D., Inc. to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

HEALTH INFORMATION RIGHTS. You have the right to request restrictions on certain uses and disclosures of your health information. Robert M. Stern M.D., Inc. is not required to agree to the restriction that you requested.

You have the right to receive your health information through reasonable alternative means or at an alternative location.

Right to Inspect and Copy. You have the right to inspect and obtain a copy of your health information. Robert M. Stern M.D., Inc. has a right charge for paper or electronic copying expenses as established by professional, state, or federal guidelines.

Right to Request Amendments. You have a right to request that Robert M. Stern M.D., Inc. amend your health information that is incorrect or incomplete. Robert M. Stern M.D., Inc. is not required to change your health information. To request an amendment, please submit your written request, along with a reason that supports it, to Robert M. Stern M.D., Inc. Privacy Officer. If we accept your request, we will amend your records and notify you. If we deny your request, you may submit a statement of disagreement to Robert M. Stern M.D., Inc.

Right to an Accounting of Disclosures. You have a right to receive an accounting of disclosures of your health information made by Robert M. Stern M.D., Inc., except that Robert M. Stern M.D., Inc. does not have to account for the disclosures for treatment, payment, health care operations, information provided to you, certain government functions described above.

Right to Obtain a Paper Copy. You have a right to a paper copy of this Notice of Privacy Practices. You are entitled to receive this notice even if you have agreed to receive this Notice electronically.

Right to Notice of a Breach of Certain Health Information. We are required to notify you of a breach of your Medical Information. A breach is an unauthorized access, acquisition, use or disclosure that compromises the security or privacy of this Medical Information.

CHANGES TO THIS NOTICE OF PRIVACY PRACTICES.

Robert M. Stern M.D., Inc., reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, Robert M. Stern M.D., Inc. is required by law to comply with this Notice.

COMPLAINTS. Complaints about this Notice of Privacy Practices or how Robert M. Stern M.D., Inc. handles your health information should be directed to:

Robert M. Stern M.D., Inc. 29101 Health Campus Drive Ste. 340 Westlake, Ohio 44145

Privacy Officer (440) 835-6255

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services

Office of Civil Rights

Hubert H. Humphrey Bldg.

200 Independence Avenue, S.W. Room 509F HHH Building Washington, DC 20201

Effective Date of This Notice: September 23, 2013