

Notice of Privacy Practices

We understand that your health information is personal to you and we are committed to protecting the information about you. This Notice of Privacy Practices (or "Notice") describes how we will use and disclose "Protected Health Information" (PHI) and data that we receive or create related to your health care. This notice applies to the practices of doctors and staff and to each of RVC's practice locations (offices).

Information collected about you: In the ordinary course of receiving care from us you will be providing us the personal information such as but not limited to 1) your name, address, and phone number; 2) information relating to your medical history; 3) your insurance information and coverage; and 4) information concerning others who have been or are providing you with care. 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 other doctors, your health plan and family members.

Our duties: We are required by law to maintain the privacy of your health information, and to give you this Notice describing our legal duties and privacy practices. We are also required to follow the terms of the Notice currently in effect.

How We May Use and Disclose Health Information About You

We will use and/or disclose your health information to those persons or companies for which you give us written permission to do so. If you authorize us to use or disclose your information, you must complete our Release of Health Information Form. We will not use or disclose your health information without your authorization, except in the following situations:

Treatment: We will use and disclose your health information while providing, coordinating, or managing your health care. For example, information obtained by a member of your healthcare team at RVC will be recorded in your record and used to determine the course of treatment that should work best for you. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We may also provide other healthcare providers with your information to assist him or her in treating you.

Payment: We will use and disclose your medical information to obtain or provide compensation or reimbursement for providing your health care. For example, we may send a bill to you or your health plan or Medicare, etc. The information on or accompanying the bill may identify you, as well as your diagnosis, procedures and supplies used. As another example, we may disclose information about you to your health plan so that the health plan may determine your eligibility for payment for certain benefits.

Health Care Operations: We will use and disclose your health information to deal with certain administrative aspects of your health care and to manage our business more efficiently. For example, members of our medical staff may use information in your health record to assess the quality of care and outcomes in your case and others like it. This information will then be used, in an effort, to improve the quality and effectiveness of the healthcare and services we provide.

Business Associates: There are some services provided in our organization through contracts with business associates such as billing companies. We may disclose your health information to our business associates so they can perform the job we have asked them to do. However, we require our business associates to take appropriate precautions to protect the privacy of your health information.

Notification of family: We may use or disclose information to notify a family member, personal representative, or other person responsible for your care, of your location and general condition.

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Communication with family: We may, in our best judgement, disclose to a family member, other relative, or any other person you identify, health information relevant to that person's involvement in your care.

Research: Consistent with applicable law we may disclose information to researchers when their research has been approved by an institutional review board (IRB) that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Research, Funeral Director, Coroner, Medical Examiner, Organ, Eye and / or tissue organization: When a research project and its privacy protections have been approved by an Institutional Review Board or privacy board, we may release medical information to researchers for research purposes. Consistent with applicable law we may disclose health information to funeral directors, coroners, and medical examiners to assist them in their duties.

Organ Procurement Organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Fundraising: Unless you notify us (e.g., when registering) that you object, we may use certain information for purposes of raising funds.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to products with they regulate. Such notification includes adverse events, product defects, or post marketing surveillance information needed to evaluate products, enable recalls, repairs, or replacement.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Victims of Abuse, Neglect or Domestic Violence: We may disclose your health information to appropriate governmental agencies if we, in our best judgment, suspect adult, elder or child abuse, neglect, or domestic violence.

Health Oversight: In order to oversee the health care system, government benefits programs, entities subject to governmental regulation and civil rights laws for which health information is necessary to determine compliance, we may disclose your health information for those oversight activities authorized by law, such as audits and civil, administrative, or criminal investigations.

Court Proceeding: We may disclose your health information in response to requests made during judicial and administrative proceedings, such as court orders or subpoenas.

Law Enforcement: Under certain circumstances, we may disclose your health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of law enforcement officials, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death and crimes on our premises, and crimes in emergencies.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement officials. This would be necessary for the institution to provide you with health care and to protect your health and safety or the health and safety of others including the correctional institution.

Threats to Public Health or Safety: We may disclose or use health information when it is our good faith belief, consistent with ethical and legal standards, that it is necessary to prevent or lessen a serious and imminent threat or is necessary to identify or apprehend an individual.

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Specialized Government Functions: Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determination for the Department of State, and for government programs providing public benefits.

Workers Compensation: We may disclose health information when authorized and necessary to comply with laws relating to workers compensation or other similar programs.

Other Uses: We may also use and disclose your personal health information for the following reasons:

- To contact you to remind you of an appointment for care.
- To describe or recommend treatment alternatives to you.
- To furnish information about health-related benefits and services that may be of interest to you; or
- For certain charitable fundraising purposes unless you notify us of your objection to such efforts.

Prohibition on Other Uses or Disclosures: We may not make any other use or disclosure of your personal health information without your written authorization. Once given you may revoke the authorization by writing to the contact person listed below. Understandably, we are unable to take back any disclosure we have already made with your permission.

Individual Rights: Your medical records are the property of Retinal Vitreal Consultants, Ltd., however the information within your medical records belongs to you. You have many rights concerning the confidentiality of your health information. You have the right:

To request restrictions on the health information we may use and disclose for treatment, payment, and health care operations. We will consider all such requests, but we are not required to agree to these requests. To request restrictions, please send a written request to the address below.

To receive confidential communications of health information about you in a certain manner or at a certain location. For instance, you may request we not provide information to relatives assisting in your care or that we only contact you at work or only by mail. Such a request must be reasonable and in writing and sent to us at the address below and tell us how or where you wish to be contacted.

To inspect or copy your health information. You must submit your request in writing to the address below. If you request a copy of your health information, we may charge you a fee for the cost of copying, mailing or other supplies. In certain circumstances we may deny your request to inspect or copy your health information. If you are denied access to your health information, you may request that the denial be reviewed. A licensed health care professional who was not involved in the original decision will then review your request and the denial. We will comply with the outcome of the review.

To amend health information. If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You must make such a request in writing and send it to us at the address below. You must also give us a reason to support your request. We may deny your request to amend your health information if:

- The information was not created by us, and the originator remains available.
- The information is not part of the health information kept by or for us.
- Is not part of the information you would be permitted to inspect or copy, or
- Is accurate and complete.

To receive an accounting of disclosures of your health information, you must submit a request in writing to the address below. Not all health information is subject to this request. Your request must state a time period, no longer than 6 years and may not include dates before June 1, 2021. Your request must

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state how you would like to receive the report (e.g., paper, electronically). The first accounting you request within a 12-month period is free. For additional accountings, we may charge you the cost of providing the accounting. We will notify you of this cost and you may choose to withdraw or modify your request before charges are incurred.

You may also obtain a copy of this notice at our office: 2600 S. Michigan Ave, Suite 212, Chicago, IL 60616. To obtain an additional paper copy of this notice you must submit a written request to the contact address below.

All request to restrict use of your health information for treatment, payment, health care operations or to inspect and copy health information, to amend your health information or to receive an accounting of disclosures of health information must be made in writing to the contact person listed below.

Complaints If you believe that your privacy rights have been violated, a complaint may be made to the privacy coordinator at our office and/or our privacy officer at (312) 567-2795 or the address listed below. You may also submit a complaint to the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint.

Contact Person For all questions, requests or for further information related to the privacy of your health information please contact:

ATTN: Privacy Officer
Retinal Vitreal Consultants, Ltd
2600 S. Michigan Ave
Suite 212
Chicago, IL 60616-2859

Changes to This Notice We reserve the right to change our privacy practices and to apply the revised practices to health information about you that we already have. Any revision to our privacy practices will be described in a revised Notice that will be posted prominently in our offices and will be available upon request.

Notice Effective Date: June 1, 2021