

written request to our office. If you revoke your permission, we will no longer use or disclose your personal health information for the reasons stated in your authorization, except to the extent that we have already acted in reliance to the authorization.

DISCLOSURE TO CAREGIVERS

Unless you object, we may use or disclose relevant personal health information to a family member, your personal representative or another person involved in your care to the extent necessary to help with your care or with payment for your care. For example, we may allow a person to pick up your eyeglasses, contact lenses, medical supplies or copy of your prescription or health records.

APPOINTMENT AND RECALL REMINDERS

Our office may contact you, either directly or through a business associate, to remind you to schedule an appointment with us. The appointment reminder contact may include marketing materials from various manufacturers or suppliers for products or services that are of interest to you. In addition, our office may contact you, either directly or through a business associate, to provide information about treatment alternatives or other health related benefits or services that may be of interest to you. Unless you tell us otherwise, we will mail you an appointment reminder and/or leave you a reminder message on your home answering machine or with someone who answers your phone if you are not at home.

YOUR RIGHTS REGARDING PERSONAL HEALTH INFORMATION

Your rights regarding your personal health information are:

- **Right to Inspect and Copy.** You have the right to inspect and copy your personal health information that we maintain. If you request a copy of the information, we will charge you an administrative fee for the costs of copying, mailing or other supplies and fees associated with your request.
- **Right to Amend.** You have the right to amend your personal health information if you feel that we have incorrect or incomplete information. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request, the current information is accurate and complete or if we did not create the information. If we deny your request, you may send us a written notice of disagreement with our denial.
- **Right to an Accounting of Disclosures.** You have the right to request a list of our disclosures for purposes other than treatment, payment or healthcare operations or disclosures made to you or your representatives, authorize by you, or made to law enforcement personnel. Your request must state a time period and may not include dates before April 14, 2003. If you request more than one list in a year, we will charge you for the costs of providing a list. We will notify you of the costs involved and you may change your request at that time before any costs are incurred.
- **Right to Request Restrictions.** You have the right to request that we restrict the way we use or disclose your personal health information regarding treatment (except emergency treatment), payment or healthcare operations. You also have the right to request that we restrict the personal health information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. Restrictions must be a written request to the office. We are not required to agree to your request.
- **Right to Request Confidential Communication.** You have the right to make a reasonable request that we communicate personal health information to you in a certain way or at a certain address. Your request must specify how or where you wish to be contacted. We will comply with reasonable requests and with any additional costs billed to you.
- **Right to a Paper Copy.** You have the right to receive this notice in written form and you may request from us additional paper copy of this notice at any time.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice of Privacy Practices at any time as allowed by law. If we make any such changes, the new terms and policies will apply to all personal health information that we currently have and receive in the future. If we change this notice, we will post the new Notice of Privacy Practices in our office and have copies available in our office.

COMPLAINTS

If you believe your privacy rights have been violated, you have the right to file a complaint with Eye and Ear Sales & Services. Complaints can be submitted in writing to:

Gateway Eye Associates
603 Stanwix St, Suite 150
Pittsburgh, PA 15222
Attention: Privacy Officer.

You must include your name, address, telephone number and a detailed description of the complaint. We will conduct a reasonable and logical investigation of the violation. If you prefer, you can discuss your complaint in person or by phone. You may also contact the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights, with your complaint.

FOR MORE INFORMATION

For more information about our privacy practices, call or visit the office contact person at the address or phone number shown at the beginning of this Notice.