

## Acknowledgement of Receipt of Facility Information and Policies

Patient has been provided the following Information:

1. Certification of Receipt - Disclosure of Physician Ownership:
  - Eye Surgery Center of Morristown, LLC is a for-profit facility.
  - The following list of physicians have financial interest or ownership in this facility:
    - Thomas A. Browning, MD
    - Matthew D. Lowrance, DO
2. Certification of Receipt - Copy of Patient Rights and Responsibilities
3. Certification of Receipt - Copy of Advanced Directive Policy

Eye Surgery Center of Morristown, LLC, notified me in advance of their Advance Directive Policy, and furthermore:

  - I Do Not have an Advanced Directive.
  - I Do have an Advanced Directive and have provided a copy to the Eye Surgery Center of Morristown, LLC.
  - I Do have an Advanced Directive but have not provided a copy to the Eye Surgery Center Morristown, LLC.
4. Certification of Receipt - Notice of Privacy Practices for Protected Health Information (PHI)
  - I have received a copy of the Notice of Privacy Practice (PHI)
  - I understand the Notice of Privacy Practices (PHI) is subject to change and that a revised copy may be obtained upon request

By signing this form, patient acknowledges the receipt of the information as noted above.

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Signature

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Date

## Patient Rights and Responsibilities

**Patient Rights:** Eye Surgery Center of Morristown, LLC and its medical staff have adopted the following statement of patient rights. This list shall include but not be limited to:

- Patients are treated with respect, consideration and dignity in a safe environment, free from all forms of abuse or harassment.
- Patients are provided appropriate privacy. Patients have the right to every consideration of his/her privacy concerning his/her medical care program.
- Patients are provided, to the degree known, complete information concerning their diagnosis, evaluation, treatment and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
- Patients are given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.
- Patients have the right to pay for their services without utilization or billing of their private insurance.
- Patients are informed of their right to change their provider if other qualified providers are available.
- Marketing or advertising regarding the competence and capabilities of the organization is not misleading to patients.
- Patients are provided with appropriate information regarding the presence or absence of malpractice insurance coverage. This facility and the medical staff maintain malpractice insurance at all times.
- Patients are informed about procedures for expressing suggestions, complaints, and grievances, including those required by state and federal regulations.
- Information is available to patients and staff concerning: patient rights, patient conduct and responsibilities, services available at the organization, provisions for after-hours and emergency care, fees for services, payment policies, patient's right to refuse to participate in experimental research, advance directives as required by state or federal law, credentials of health care professionals.
- Lodge a concern regarding the quality of your care whether or not you have used the organization's resolution process.

**All facility personnel, medical staff members and contracted agency personnel performing patient care activities shall observe these patient rights.**

**Patient Responsibilities:** Prior to receiving care, patients are informed of patient responsibilities in the spirit of mutual trust and respect. These responsibilities require the patient to:

- Provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
- Follow the treatment plan prescribed by his/her provider.
- Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by his/her provider.
- Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.
- Accept personal financial responsibility for any charges not covered by his/her insurance.
- Be respectful of all the health care providers and staff, as well as other patients.
- Fully participate in decisions involving his/her own health care and to accept the consequences of these decisions if complications occur.
- Patient agrees to comply with the COVID-19 regulatory policies established by the facility.

**Regarding problem resolution, you have the right to:**

Express your concerns about patient care and safety to facility personnel and/or management without being subject to coercion, discrimination, reprisal or unreasonable interruption of care; and to be informed of the resolution process for our concerns.

**Grievances or concerns should be addressed to:**

Eye Surgery Center of Morristown, LLC  
Attn: Administrator  
1639 West Morris Blvd  
Morristown, TN 37813  
Phone: (423) 690-2600

Tennessee Department of Health  
425 5<sup>th</sup> Avenue North  
Cordell Hull Building, 3<sup>rd</sup> Floor  
Nashville, TN 37243  
Phone: 615-741-3111

**If you have a Medicare complaint you may contact:**

Division of Healthcare Facilities  
Centralized Complaint Intake Unit  
227 French Landing, Suite 501  
Heritage Place Metrocenter  
Nashville, TN 37243  
Phone: 877-287-0010

Medicare: <https://www.medicare.gov> or call 1-800-633-4227

Office of the Inspection General: <https://oig.hhs.gov>

## Privacy Practices

As Required for the Privacy Regulations as a Result of the Health Insurance Portability Act of 1996 (HIPAA), Health Technology for Economic and Clinical Health Act (HITECH Act) and associated regulations and amendments.

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this notice, or if you need more information, please contact:

Eye Surgery Center of Morristown, LLC  
Attn: Privacy Officer  
1639 West Morris Blvd  
Morristown, TN 37813  
Phone: (423) 690-2600

### **ABOUT THIS NOTICE**

We understand that health information about you is personal and we are committed to protecting your information. We create a record of the care and services you receive at all divisions of Eye Surgery Center of Morristown, LLC. We need this record to provide care (treatment), for payment of care provided, for health care operations, and to comply with certain legal requirements. This Notice will tell you about the ways in which we may use and disclose health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of health information. We are required by law to follow the terms of this Notice that are currently in effect.

### **WHAT IS PROTECTED HEALTH INFORMATION (PHI)?**

PHI is information that individually identifies your. We create a record or get from you or from another health care provider, health plan, your employer, or a healthcare clearinghouse that relates to:

- Your past, present, or future physical or mental health or conditions
- The provision of health to you, or
- The past, present, or future payment for your health care.

## HOW WE MAY USE AND DISCLOSE YOUR PHI

We may use and disclose your PHI in the following circumstances:

- **Treatment:** We may use and disclose your PHI to give you medical treatment or services and to manage and coordinate your medical care. For example, your PHI may be provided to a physician or other health care provider (e.g., a specialist or laboratory) to whom you have been referred to ensure that the physician or other health care provider has the necessary information to diagnose or treat you or provide you with a service.
- **Payment:** We may use and disclose your PHI so that we can bill for the treatment and services you receive from us and can collect payment from you, a health plan, or a third party. This use and disclosure may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, we may need to give your health plan information about your treatment in order for your health plan to agree to pay for that treatment.
- **Healthcare Operations:** We may use and disclose your PHI for our health care operations. For example, we may use your PHI to internally review the quality of the treatment and services you receive and to evaluate the performance of our team members in caring for you. We may also disclose information to physicians, nurses, medical technicians, medical students, and other authorized personnel for educational and learning purposes.
- **Appointment Reminders/Treatment Alternatives/ Health-Related Benefits and Services:** We may use and disclose your PHI to contact you to remind you that you have an appointment for medical care, or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.
- **Minors:** We may use and disclose the PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.
- **Research:** We may use and disclose your PHI for research purposes, but we will only do that if the research has been specifically approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your PHI. Even without that special approval, we may permit researchers to look at PHI to help them prepare for research, for example, to allow them to identify patients who may be included in their research project, as long as they do not remove or take a copy of any PHI. We may disclose PHI to be used in collaborative research initiatives amongst Eye Surgery Center of Morristown, LLC providers. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. However, we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree

to (1) use the data set only for the purposes for which it was provided, (2) ensure the confidentiality and security of the data, and (3) not identify the information or use it to contact any individual.

- **As Required by Law:** We will disclose PHI about you when required to do so by international, federal, state, or local law.
- **To avert a Serious Threat to Health or Safety:** We may use and disclose PHI when necessary to prevent a serious threat to your health or safety or to the health or safety of others, however we will only disclose the information to someone who may be able to help prevent the threat.
- **Business Associates:** We may disclose PHI to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. For example, we may use another company to do our billing, or to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your PHI.
- **Organ and Tissue Donation:** If you are an organ or tissue donor, we may use or disclose your PHI to organizations that handle organ procurement for transplantation—such as an organ donation band—as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans:** If you are a member of the armed forces, we may disclose PHI as required by military command authorities. We also may disclose PHI to the appropriate foreign military.
- **Worker's Compensation:** We may disclose PHI for public health activities. This includes disclosure to (1) a person subject to the jurisdiction of the Food and Drug Administration (FDA) for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity; (2) prevent or control disease, injury or disability; (3) report births and deaths; (4) report child abuse or neglect; (5) report reactions to medications or problems with products (6) notify people of recalls of products they may be using; and (7) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- **Abuse, Neglect, or Domestic Violence:** We may disclose PHI to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure.
- **Health Oversight Activities:** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.
- **Data Breach Notification Purposes:** We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose

PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested. We may also use or disclose your PHI to defend ourselves in the event of a lawsuit.

- **Law Enforcement:** We may disclose PHI so long as applicable legal requirements are met for law enforcement purposes.
- **Military Activity and National Security:** If you are involved with the military, national security or intelligence activities or if you are in law enforcement custody, we may disclose your PHI to authorized officials so they may carry out their legal duties under the law.
- **Coroners, Medical Examiners, Funeral Directors:** We may disclose PHI to a coroner, medical examiner, or funeral director so that they can carry out their duties.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of law enforcement official, we may disclose PHI to the correctional institution or law enforcement official if the disclosure is necessary (1) for the institution to provide you with health care (2) to protect your health and safety or the health and safety of others or (3) the safety and security of the correctional institution.

#### **Uses and Disclosures That Require Us to Give You an Opportunity to Object and Opt Out:**

- **Individuals Involved in Your Care:** Unless you object in writing, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.
- **Payment for your care:** Unless you object in writing, you can exercise your rights under HIPAA that your healthcare provider not disclose information about services received when you pay in full out of pocket for the service and refuse to file a claim with your health plan.
- **Disaster Relief:** We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever practical.
- **Fundraising Activities:** We may use or disclose your PHI, as necessary, in order to contact you for fundraising activities. You have the right to opt out of fundraising communications.

#### **YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES**

The following uses and disclosures of your PHI will be made only with your written authorization:

- Most uses and disclosures of psychotherapy notes;

- Uses and disclosures of PHI for marketing purposes; and
- Disclosures that constitute a sale of your PHI.

Other uses and disclosures of your PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose PHI under the authorization, however, disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

### **Your Rights Regarding your PHI**

You have the following rights, subject to certain limitations, regarding your PHI:

- **Inspect and Copy:** You have the right to inspect, receive, and copy PHI that may be used to make decisions about your care or payment for your care. We have up to 30 days to make your PHI available to you and we may charge you a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. You can only direct us in writing to submit your PHI to a third party not covered by this notice. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.
- **Summary or Explanation:** We can also provide you with a summary of your PHI, rather than the entire record, or we can provide you with an explanation of the PHI which has been provided to you, so long as you agree to this alternative form and pay the associated fees.
- **Electronic Copy of Electronic Medical Records:** If your PHI is maintained in an electronic format (known as electronic medical record or electronic health record), you have the right to request that an electronic copy of your record be given to you or transmittal to another individual or entity. If the PHI is not readily producible in the form or format you request your record will be provided in a readable hard copy form.
- **Receive Notice of a Breach:** You have the right to be notified upon a breach of any of your unsecured PHI.
- **Request Amendments:** If you feel that the PHI we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. A request for amendment must be made in writing to the Privacy Officer at the address provided at the beginning of the Notice and it must tell us the reason for your request. In certain cases, we may deny your request for amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
- **Accounting of Disclosures:** You have the right to ask for an “accounting of



disclosures,” which is a list of the disclosures we made of your PHI. To request this list or accounting of disclosures, you must submit a request in writing to the Privacy Officer. The first accounting of disclosures you request within any 12-month period will be free. For additional requests within the same period, we may charge you for the reasonable cost of providing the list. We will tell you what the costs are, and you may choose to withdraw or modify your request before the costs are incurred.

- **Request Restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or health care operations. We are not required by federal regulation to agree to your request, however, we will comply unless the information is needed to provide emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer. Your request must state the specific restriction requested, whether you want to limit our use and/or disclosure; and to whom you want the restriction to apply.
- **Request Confidential Communications:** You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you only at your work number. You must make any such request in writing and you must specify how or where we are to contact you.
- **Paper Copy of This Notice:** You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may obtain a copy of this Notice by contacting our office.
- **Changes to this Notice:** We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for PHI we already have as well as for any PHI we create or receive in the future. A copy of our current Notice is posted in our office.
- **Complaints:** If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at the address previously listed or with:

U.S. Department of Health and Human Services

200 Independence Avenue SW

Washington, D.C. 20201

Phone: (201) 619-0257 or toll free (877) 696-6775

Website for the Office for Civil Rights: <https://www.hhs.gov/civil-rights/index.html>

**This Notice is Effective 10/01/2022**

## Advanced Directive Policy

### **Your Right to Make Your Own Decisions Regarding Your Medical Care**

Formal advance directives are documents that state your choices for health care. Advance directives allow you to make known your wishes regarding the medical care you do or do not want to receive if you become too sick to speak for yourself.

Eye Surgery Center of Morristown, LLC respects your right to make decisions regarding your medical care. If you present an advance directive at the time of your admission, a copy will be made and become a part of your medical record.

Our policy states your directive will be followed ***unless an event occurs during the SURGERY procedure that could require life-sustaining treatment.*** Due to the fact that anesthesia drugs can alter the chemistry of the body and cause cardiac arrhythmias, Do Not Resuscitate Orders are suspended in the operating room.

## Disclosure of Physician Ownership

**Eye Surgery Center of Morristown, LLC is a for-profit facility.**

**The following list of physicians have financial interest or ownership in this facility:**

- **Thomas A Browning, M.D.**
- **Matthew D. Lowrance, D.O.**