

***Ophthalmic Consultants of Boston***  
**Notice of Privacy Practices**  
**Your Information. Your Rights. Our Responsibilities.**

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This notice describes how your medical information may be used and disclosed and how you can get access to this information. **Please review it carefully.**

### **Your Rights**

**When it comes to your health information, you have certain rights. You have the right to:**

- **Get a copy of your paper or electronic medical record**
  - You may also view portions of your medical record electronically through our secure online portal, Patient Gateway.
  - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- **Choose someone to act for you**
  - If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
  - We will make sure the person has this authority and can act for you before we take any action.
- **Tell us to share information with your family, close friends, or others involved in your care or payment for your care**
  - If you cannot tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- **Request a correction to your medical record**
  - You can request an amendment or submit corrections to your medical information, as long as we created the information, and changes would not make the medical record inaccurate or incomplete. You will receive a response in writing within 60 days.
- **Request confidential communication**
  - You can ask us to contact you in a specific way (for example, home, office, or cell phone) or to send mail to a different address.
- **Ask us to limit the information we share**
  - If you pay for a service or health care item out of pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- **Get a list of those with whom we’ve shared your information**
  - You can ask for a list of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.

- We will include all the disclosures *except* for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **Get a copy of this privacy notice**
  - You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- **File a complaint if you believe your privacy rights have been violated**
  - We will not retaliate against you for filing a complaint.
  - You can complain if you feel we have violated your rights by contacting the Privacy Officer by emailing [\\_Compliance@eyeboston.com](mailto:_Compliance@eyeboston.com) or calling 800-635-0489.
  - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- **Highly Confidential Information.** Federal and state law require special privacy protections for certain highly confidential information about you, including: (1) your HIV/AIDS status; (2) substance abuse (alcohol or drug) treatment or rehabilitation information; (3) treatment or diagnosis of emancipated minors; and (4) research involving controlled substances. For us to disclose your Highly Confidential Information, we must obtain your separate, specific written consent and/or authorization unless we are otherwise permitted by law to make such disclosure.
- We never share your information unless you give us written permission for the following:
  - Marketing purposes
  - Sale of your information
  - Most sharing of psychotherapy notes
- In the case of fundraising:
  - We may contact you for fundraising efforts, but you can tell us not to contact you again.

- If we have your substance use disorder patient records, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

### **We typically use or share your health information to:**

- **Treat you**
  - We can use your health information and share it with other professionals who are treating you.
  - Example: A doctor treating you for an injury asks another doctor about your overall health condition.
- **Run our organization**
  - We can use and share your health information to run our practice, improve your care, and contact you when necessary.
  - Example: We use health information about you to manage your treatment and services.
- **Bill for your services**
  - We can use and share your health information to bill and get payment from health plans or other entities.
  - Example: We give information about you to your health insurance plan so it will pay for your services.

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. In all cases, including those listed below, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

- **Help with public health and safety issues**
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety
  - Share information with a public health authority in a disaster relief situation
- **Do research**
  - We can use or share your information for health research.
- **Comply with the law**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- **Respond to organ and tissue donation requests**
  - We can share health information about you with organ procurement organizations.
- **Work with a medical examiner or funeral director**
  - We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- **Address workers' compensation, law enforcement, and other government requests**
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services
- **Respond to lawsuits and legal actions**
  - We can share health information about you in response to a court or administrative order, or in response to a subpoena.
  - To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.
  - Massachusetts requires your specific written consent for mental health records, HIV testing and results, genetic testing information, psychotherapy notes and certain mental health information. Additionally, we may not release legally protected reproductive or gender-affirming healthcare information in response to out-of-state legal requests—unless specific federal exceptions apply.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**If you have questions, please write to our Privacy Officer at:**

**Ophthalmic Consultants of Boston \_Compliance@eyeboston.com or call 1-800-635-0489**

**Changes to the Terms of this Notice:** We can change the terms of this notice, and the changes will apply to all the information we have about you. The new notice will be available upon request, in our office, and on our website.

**Effective date:**

This revised notice is effective as of 2/16/2026

The original notice was adopted as of 4/14/2003.