



*Diseases and Surgery
of the Retina and Vitreous*

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NOTICE OF PRIVACY PRACTICES

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This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read it carefully. If you have any questions about this Notice, please write or call our Privacy Contact, Jenna, at 801-312-2029 at our Salt Lake Office.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information (address, telephone number, etc.), that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to make changes to the terms of our notice at any time. This notice will be effective beginning April 14, 2003, for all protected health information that we maintain at the time of writing and includes all future records as applicable.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Uses and Disclosures of Protected Health Information Based Upon Your Written Consent:

You will be asked by Retina Associates of Utah, PLLC, to sign an acknowledgment form that you have received a copy of this Notice of Privacy Practices. Once you have consented the use and disclosure of your protected health information carry out treatment, payment, or health care operations, your Retina Associates of Utah physician ("your physician"), his/her staff and associates will use or disclose your protected health information as described in this Notice. The physician's associates include those who are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to assist in getting reimbursement for your health care charges and to support the operation of our practice.

Following are explanations of the types of uses and disclosures of your protected health Information that Retina Associates of Utah, PLLC. is permitted to make once you have signed the acknowledgement form. These are meant to be examples and are not all-inclusive.

Treatment. We will use and disclose your protected health information to provide, Coordinate, or manage your health care and related services. This includes coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information or one who would diagnose or treat you further. For example, the doctor who referred you to us, the hospital where you would have surgery, or a home health or nursing care agency that provides care to you. In addition, we may disclose your protected health information to another doctor or health care provider (e.g., radiologist, specialist who performs testing, laboratory, pharmacy, etc.), who, at the request of your physician, becomes involved in your care by providing a related diagnosis or treatment to your physician.

Though we will take every precaution to safeguard your protected health information, we cannot be held accountable for accidental disclosures that are overheard verbally or seen in writing. For example, our walls and doors are not soundproof and many of our patients are hard of hearing, therefore, information may be overheard in the next room, in the hallway, in a diagnostic testing room, or written information that could be glanced at in passing.

Payment. Your protected health information will be used, as needed, to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided you for medical necessity, and undertaking utilization review activities.

Healthcare Operations. We may use or disclose your protected information to support the business activities of our practice within the scope of current privacy laws for protected health information. For example, we may disclose your protected health information to a medical student who would follow your physician as part of his/her studies. At the front reception desk, we will ask your name and verbally verify the accuracy of insurance, demographics (address, phone, etc.), or other information handwritten by you. We may use or disclose your protected health information, within limitations, to contact you to set up or remind your of an appointment as requested by your physician or another health care provider outside of our practice.

We will share your protected health information with our third party “business associates” that are hired or utilized to perform various activities for the practice (for example, billing services, transcription services, computer hardware and software technologists, electronic health record monitors). Whenever an arrangement between our practice and a business associate involves the use or disclosure of your protected health information, we will have each business associate agree in writing to protect the privacy of your protected health information according to our arrangement.

We may use or disclose your protected health information to provide you with information about treatment alternatives or other health-related benefits and services, that may be of interest to you. For example, we may use or disclose your protected health information to Low Vision Services, or to a group that supports a pilot study for which you would be deemed a viable candidate to participate in innovative treatments that could be a benefit to you.

Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization

Other uses and disclosures of your protected health information will be made with your written authorization, or that of your authorized representative, unless otherwise permitted or required by law as described below. Our practice has a form, "Authorization to Use or Disclose Health Information," which would constitute your written authorization which includes, the health information that may be used, the name and or organization who may use or receive the information, the purpose for which it will be used, and the extent of time for the use and disclosure and must be signed by you or your authorized representative. You, or your authorized representative, may revoke each authorization at any time in writing, except to the extent that your physician or our practice has taken an action in reliance on the use or disclosure indicated in the authorization. A fee for the cost of copying, supplies and staff time could be charged for any copies that are indicated in the authorization and may be received by our practice, along with your authorization, before any record would be released. The same fee could be charged for use and disclosure of your protected health information made directly to you or your authorized representative when an authorization is not required.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object

We may use or disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

Others Involved in Your Healthcare: Unless you object, we may disclose your protected health information to an immediate family member or to someone involved in your health care (for example, nursing care agency, correctional officer) by phone; or to immediate family members, relatives or close friends or someone involved in your health care, who may accompany you to the office on the day of any appointment or surgery. 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. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we use or disclose

your protected health information to an authorized public or private entity to assist in disaster relief efforts.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If your physician or another physician in the practice is required by law to treat you, or the physician has attempted to obtain your consent but is unable to obtain it, he or she may still use or disclose your protected health information to treat you.

Communication Barriers: we may use and disclose your protected health information if your physician or another physician in the practice or staff attempts to obtain consent from you but is unable to do so due to substantial communication barriers, if it is determined by the physician, using professional judgment, that you intend to consent to use or disclose under the circumstances.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

Required by Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contacting or spreading the disease or condition.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic deviations, or to track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceedings, in response to an order of a court or administrative tribunal, in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose protected health information, for law enforcement purposes. These law enforcement purposes include (1) legal processes required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that crime occurs on the premises of our practice, and (6) medical emergency where it is most likely that a crime occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by the law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for a cadaveric organ, eye, or tissue purposes.

Research: We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has critiqued the research proposal and established protocols to ensure the privacy of your protected health information.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces Personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veteran Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Worker’s Compensation and State Disability: Your protected health information may be disclosed by us as authorized to comply with worker’s compensation laws, state disability regulations, and other similar legally established programs.

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

Required uses and Disclosures: Under the law, we must make disclosures to you if and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of sections 164.500 et seq.

YOUR RIGHTS

The following is a statement of your rights with the respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect your protected health information. This means you may inspect the protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A “designated record set” contains medical and billing records and any other records that your physician and the practice uses for making decisions about you.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewed. In some circumstances, you may have a right to have this decision reviewed. Please contact our Practice Privacy Contact if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. You must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit the use and disclosure of your protected health information, your protected health information will not be restricted. If your physician does agree to the restricted restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please

discuss any restriction you wish to request with your physician. You may request a restriction on the form, "Patient Request to Restrict Use or Disclosure of Protected Health Information," and discuss it by phone or in person with our Privacy Contact or with one of our front office personnel to ensure it is noted and filed.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact.

You have the right to have your physician amend your protected health information. This means you may request in writing an amendment of protected health information about you in a designated record set for as long as we maintain this information. We will comply with your request in the event we find the information is false, inaccurate, or misleading. In certain cases, we may deny your request for an amendment. Please contact our Privacy Contact to determine if you have questions about amending your medical record.

You have the right to receive an account of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made directly to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding the disclosures that occurred since you began your relationship with Retina Associates of Utah. The accounting of disclosures will be at no cost to you.

COMPLAINTS

You may complain to our Privacy Contact or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by our practice.

IDENTITY THEFT PREVENTION AND DETECTION AND RED FLAGS RULE COMPLIANCE

It is the policy of Retina Associates of Utah, PLLC and its physicians to follow all federal and state laws and reporting requirements regarding identity theft. Specifically, this policy outlines how Retina Associates of Utah, PLLC and its physicians will (1) identify, (2) detect and (3) respond to "red flags." A "red flag" includes a pattern, practice, or specific account or record activity that indicates possible identity theft. This policy is effective January 1, 2010 and continues until further notice and the date would be adjusted accordingly.

PROCEDURES

1. **Identify Red Flags.** In the course of caring for patients, we may encounter inconsistent or suspicious documents, information, or activity that may signal identify theft, including a billing statement, medical record or treatment, or complaint or question from a health care provider or health insurer.
2. **Detect Red Flags.** The staff of Retina Associates of Utah, PLLC will alert for discrepancies in documents and patient information that suggest risk of identity theft or fraud. We will verify patient identity, address and insurance coverage at the time of patient check-in. We will also ask for a copy of a valid and current drivers license or other photo identification at the time of check-in.

This requirement will be waived for patients who have visited the practice within the last six months, once we have a valid photo identification in the patient's electronic and paper chart.

3. **Respond to Red Flags.** If an employee of Retina Associates of Utah, PLLC detects fraudulent activity or if a patient claims to be a victim of identify theft, we will respond to and investigate the situation. If following investigation, it appears that the patient has been a victim of identify theft, Retina Associates of Utah, PLLC, will promptly consider what further remedial act/notifications may be needed under the circumstances. The staff of Retina Associates of Utah, PLLC will determine whether any other records and/or ancillary service providers are linked to inaccurate information. Any additional files containing information relevant to identify theft will be removed and appropriate action taken. The patient is responsible for contacting ancillary service providers. If following investigation, it does not appear that the patient has been a victim of identify theft, Retina Associates of Utah, P.C., will take whatever action it deems appropriate.

PRIVACY CONTACT

Our Privacy Contact is Jenna Foote, who can be contacted at (801) 312-2029 or jfoote@retinautah.com for further information about the complaint process or this Notice of Privacy Practices. You may also send your inquiries to her at our Salt Lake Office at 5169 South Cottonwood Street, Suite 630, Salt Lake City, Utah 84107.

We reserve the right to change our Privacy practices and to alter this Notice according to those changes. Upon your request, we will provide you with any revisions of the Notice of Privacy Practices, in the event that our Notice changes, by calling the office and requesting a revised copy to be sent to you in the mail or by asking for one at the time of your appointment. **This revised Notice, which became effective April 14, 2003, is reviewed annually and remains in place with continual adjustments made as appropriate.**