

## Notice of Privacy Practices

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.

### **Permitted Use and Disclosure**

We respect our legal obligation to keep health information, that identifies you, private. The law obligates us to give you notice of our privacy practices. Generally, we can use your health information without your written permission, for purposes of treatment, payment or healthcare operations. In most other situations, we will not use or disclose your health information unless you sign a written authorization form. In some limited situations, the law allows or requires us to disclose your health information without written authorization. Please see examples below.

Examples of how we use information for treatment purposes:

- When we schedule or confirm an appointment for you
- When the doctor tests your eyes
- When the doctor prescribes glasses, contact lenses, or medication
- When our staff helps you select and order glasses or contact lenses

We may disclose your health information outside of our office for treatment purposes. For example:

- When we refer you to another doctor for medical eye services or other healthcare services
- When we send a prescription for glasses or contact lenses to another professional to be filled
- When we provide a prescription for medication to a pharmacist
- When we phone to let you know that your glasses or contact lenses are ready to be picked up

We may use your health information within our office or disclose your health information outside of our office for payment purposes. For example:

- When we ask you about health or vision plans that you may belong to, or about other sources or payment for our services
- When we prepare bills to send to you or your health or vision care plan
- When we process payment by credit card and when we try to collect unpaid amounts due
- When bills or claims for payment are mailed, faxed, or sent by computer to you or your health or vision plan

Healthcare operations are those administrative and managerial functions that we have to perform in order to run our office. We may use and disclose your health information for healthcare operations in a number of ways:

- internal quality assurance, personnel decisions, development of business plans, financial or billing audits
- defense of legal matters
- to enable our doctors to participate in managed care plans
- outside storage of our records

### **Use and Disclosure without an Authorization**

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never happen at our office at all. Such uses or disclosures are:

- A state or federal law that mandates certain health information is reported for a specific purpose
- Public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the Food and Drug Administration regarding drugs or medical devices.
- Disclosure to governmental authorities on victims of suspected abuse, neglect, or domestic violence
- Use and disclosure for health oversight activities, such as for the licensing of doctors, audits by Medicare, or investigation of possible violations of healthcare laws
- Disclosure for judicial and administrative proceedings or law enforcement purposes
- Use or disclosure for health related research or to prevent serious threat to health or safety
- Disclosure to business associates who perform healthcare operations for us and agree to keep your health information private

A group health plan, or a health insurance issuer or HMO with respect to a group health plan, may disclose protected health information to the sponsor of the plan. Other use and disclosure of your health information will be made only if you sign a written authorization form. You do not have to sign such a form. However, if you do sign one, you may revoke such authorization at any time to control future use or disclosure of the information.

### **Individual Rights**

You, as a patient, have the following rights with respect to your health information:

- A right to request restriction on use and disclosure of your protected health information to carry out treatment, payment, and health care operations and/or to request the restriction of disclosure to a family member, other relative, or a close personal friend
- California Avenue Optometry is not required to agree to a requested restriction
- The right to receive confidential communications from California Avenue Optometry or its participating providers by reasonable alternative means or at reasonable alternative locations
- The right to inspect and obtain a copy of your health information
- The right to submit a written request to amend your health information. The written request addressed to California Avenue Optometry must contain a reason to support a requested amendment. California Avenue Optometry will notify you whether your request has been granted or denied within 60 days after receiving your request
- The right to receive an accounting of disclosures of your health information made by California Avenue Optometry or its participating providers in the six years prior to the date or the request, except for disclosures to carry out treatment, payment, and health care operators and to individuals about themselves, and disclosures made before the Privacy Rules compliance date (April 14, 2003)
- The right to receive a paper copy of this Notice from California Avenue Optometry upon request

### **Duties of California Avenue Optometry**

California Avenue Optometry is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of the Notice currently in effect. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all health information that it maintains. A revised notice will be available upon request.

### **Complaints**

If you feel that we have not properly respected the privacy of your health information, you may file a written complaint by sending or faxing it to the address shown at the beginning of this notice. If you prefer, you can discuss your complaint in person or by phone. You will not be retaliated against for filing a complaint.