

EYE-Q VISION CARE

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.

We understand that information about you and your health is personal, and we are committed to protecting your privacy. This Notice describes how we may use and disclose your Protected Health Information, or "PHI," to carry out treatment, payment or health care operation and for other purposes that are permitted or required by law. It also describes your right to access and control this information. Your PHI includes demographic information that may identify you and relate to your health care services. These policies extend to any health care professional authorized to enter information into your chart, all departments of the Practice, all employees, staff and other personnel. We are required by law to abide by the terms of this Notice. We may change the terms of the Notice at any time, with the new Notice becoming effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice by calling the office and requesting a mailed copy, or asking for one at your next visit.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Treatment: We will use/disclose your PHI to provide, coordinate, or manage your health care and any relation services, including coordination or management of your health care with a third party that has already obtained your permission to have access to your PHI. For example, we would disclose your PHI to other physicians who may be treating you, or, as necessary, to a home health agency that provides care to you. Your PHI may also be provided to a physician to whom you have been referred to aid in your diagnosis or treatment.

Payment: Your PHI will be used, as needed, to obtain payment for services rendered. This may include activities that your health insurance plan may undertake before it approves or pays for the services we recommend for you such as determining eligibility, reviewing services for medical necessity and utilization of review activities.

Health Care Operations: We may use/disclose your PHI in order to support the business activities of our practice. This includes, but is not limited to, quality assessment activities, employee review activities, staff training, licensing and conducting other business activities. For example, we may ask you to sign in at the front desk on the day of the appointment. We may call you by name in the waiting room when your physician is ready to see you. For various reasons we may call you by name using our overhead paging system. We may also use/disclose your PHI, as necessary, to contact you to remind you of appointments for treatment or medical

care, or to inform you that your glasses or contact lenses are ready for pick-up. We may share your PHI with third party “business associates” that perform various activities (e.g., billing, transcription services) for the practices. We will have written contract containing the terms of privacy protection for your PHI with all business associates. We may use/disclose your demographic information and dates that you received treatment, as necessary, in order to contact you for health-related products or services that may be of interest to you, and are supported by our office. If you do not wish to receive these materials, please contact our Privacy Officer in writing and request that these materials not be sent to you.

Individuals Involved in Your Care or Payment For Your Care: We may release your PHI to a friend/family member who is involved in, or who helps pay for your medical care – unless there is a specific written request from you to the contrary. We may disclose information about you to an entity assisting in a disaster relief effort or in an emergency situation so that your family can be notified about your condition, status and location.

Research: Under certain circumstances, we may use/disclose medical information about you for research projects regarding medication, efficiency of treatment and the like. All such projects are subject to an approval process, which evaluates a proposed project and its use of medical information. Before information is disclosed, the project will have been approved through this process. We will obtain an authorization from you before using/disclosing your PHI unless the authorization requirement has been waived. If possible, the information will be non-identifiable to a specific patient. If the information has been sufficiently de-identified, an authorization is not required.

As Required by Law: We will disclose your PHI when required to do so by federal, state or local law.

To Avert Serious Threat to Health or Safety: Your PHI may be disclosed when necessary to prevent a serious threat to the health and safety of you or the public. Disclosure would only be to someone able to help prevent the threat.

Organ and Tissue Donation: If you are an organ donor, we may release PHI to organizations that handle organ procurement or to an organ donation bank, as necessary to facilitate organ or tissue donation.

Workers’ Compensation: We may release your PHI to workers’ compensation or similar programs, which provide benefits for work-related injuries or illness.

Public Health Risks: The law may require us to disclose your PHI for certain activities, such as 1) to prevent or control disease, injury or disability; 2) to report births/deaths; 3) to report child abuse or neglect; 4) to report reactions to medication or problems with products; 5) to notify

people of recalls of products they may be using; 6) to notify a person who may have been exposed to a disease, or may be at risk of exposure; or 7) to report abuse, neglect, or domestic violence – only if you agree or as required by law.

Investigation and Government Agencies: The law may require us to disclose PHI to local, state or federal agencies. These activities include, for example, audits, investigation, inspections and licensure. These activities are necessary for the payer and other regulatory agencies to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Disputes: We may disclose your PHI in response to a court or administrative order – subpoena or discovery request of other lawful process. We shall attempt to tell you about the request so that you may obtain an order protecting the PHI if you desire. We may also use such information to defend any member of our practice in any action, actual or threatened.

Law Enforcement: We may release your PHI if asked to do so by a law enforcement official in some circumstance, e.g. 1) in response to a court order, subpoena, warrant or similar process; 2) to identify or locate a suspect, fugitive, material witness or missing person; 3) about the victim of a crime if, in limited circumstance, we are unable to obtain the person's agreement; 4) about a death which may be the result of criminal conduct; 5) about criminal conduct at our practice; and 6) in emergency situations, to report a crime, the location of the crime/victim, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors: We may release your PHI to the aforementioned, for example, to identify a deceased person or determine cause of death.

Inmates: If you are an inmate or under the custody of a law enforcement official, we may release your PHI to the correctional institution of the official. This is necessary 1) for the institution to provide you with health care; 2) to protect the health and safety of you and others; and 3) for the security of the correctional institution.

National Security and Intelligence Activities: We may release your PHI to authorized federal officials for intelligence, counter-intelligence, and other activities authorized by law. We may also use your PHI to make decision regarding your medical suitability for a security clearance or service abroad, and disclose the information with officials who need access to that information for these purposes.

Other Uses of Medical Information: Other uses of your PHI not covered by this Notice or applicable laws will be made only with your written permission, unless those uses can be reasonably inferred from the intended uses above. You may revoke that permission, in writing, at any time, and we will no longer use/disclose medical information about you for the reasons covered in your authorization. Understand that we are unable to take back any disclosures

already made with your permission, and that we are required to retain records of the care we provided to you.

YOUR RIGHTS

Right to Inspect and Copy Your PHI that may be used to make decisions about your care. This includes medical and billing records, but may not include some mental health information. To inspect and copy this information, you must submit your request in writing to our Privacy Officer. We may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request in limited circumstances. If you are denied access, you may request that the denial be reviewed – a separate licensed health care professional chosen by our practice will review your request. We will comply with the outcome of the review.

Right to Obtain PHI Maintained in an Electronic Format: If we use or maintain an electronic health record with respect to your PHI, you have a right to obtain a copy of that PHI in an electronic format and, if you choose, to have us transmit a copy directly to an entity or person you clearly, conspicuously and specifically designate. Additionally, any fee that we may charge you for providing a copy of your PHI (or a summary or explanation of the information), if the copy (or summary or explanation) is in an electronic form, will not be greater than our labor costs in responding to your request for the copy (summary or explanation).

Right to Amend: You may ask us to amend any medical information we have about you if you feel the information is incorrect/incomplete. You can request an amendment in writing, along with your intended amendment and a reason to support your request. The request must be dated, signed by you, and notarized. Send the request to our Privacy Officer. We may deny your request if you ask us to amend information that 1) was not created by us, unless the person that created the information is no longer available; 2) is not part of the medical information kept by or for the office; 3) is not part of the information you would be permitted to inspect and copy; or 4) is inaccurate or incomplete. If your request is denied, you may submit a written addendum (not to exceed 250 words) with respect to anything in your record you believe is incomplete/incorrect. If you indicate in writing that you want the addendum to be a part of your record it will be attached to your records and included whenever we make a disclosure of the item to statement.

Right to an Accounting of Disclosures: This is a list of the disclosures we made of medical information about you to others. Your request must be in writing, must state a time period of no longer than six years back from the date of your request. Your request should indicate in what form you want the list. This first list you request within a 12-month period will be free, but we may charge you for the costs of additional lists. We will notify you of the costs prior to them being incurred. Please send your written request to our Privacy Officer.

Right to Request Restrictions: You may restrict or limit the information we use/disclose about you for treatment, payment or health care operation. You may request a limit on the PHI we disclose about you to someone involved in your care or payment for your care (family member or friend). You may ask that we not use/disclose information about a treatment you received, for example. *We are not required to agree to your request and may not be able to comply with your request.* If we agree, we will comply with your request unless we are otherwise required to disclose the information by law. To request restrictions, indicate in writing 1) what information you want to limit; 2) whether you want to limit use, disclosure or both; 3) to whom you want the limits to apply (e.g., parents, spouse, etc.). Send this written request to our Privacy Officer.

Right to Request Confidential Communications: You may request that we communicate with you about medical matters in a certain way or at a certain location. You may, for example, ask that we only contact you at work or by mail, that we not leave voice mail, etc. Your request must be in writing. We will not question the reason for your request, and we will accommodate all *reasonable* requests.

Right to be Notified of a Breach of Your PHI: You have the right to be notified in the event that we or a business associate discover a breach of your unsecured PHI.

Right to Opt Out of Fundraising Communications: If the Practice were to decide to engage in fundraising, you would have the right to opt out of receiving these fundraising communications at the time of the solicitation.

Right to a Paper Copy of This Notice: You are entitled to a paper copy of this Notice.

Filing Complaints: If you believe your privacy has been violated, you may file a complaint with the Practice or with the Secretary of the Department of Health and Human Services, at 1-877-696-6775. To file a complaint with our Practice, contact the Privacy Office at 559-486-2000 or in writing. ***You will not be penalized for filing a complaint.***