

For Your Eyes Only Optometric Center Notice of Privacy Practices (Effective Date: 4-14-03)

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

We understand that medical information about you is personal and we are committed to protecting it. For Your Eyes Only Optometric Center is required by law to maintain the privacy of your health information, to follow the terms of this Notice, and to provide you with this Notice of our legal duties and privacy practices with respect to your health information. We are required to follow the terms of the Notice that is currently in effect.

How For Your Eyes Only Optometric Center May Use or Disclose Your Health Information

We may use or disclose your health information:

- **For Treatment.** To dispense and provide prescription ophthalmic goods and services to you.
- **For Payment.** So that your vision services may be billed to and payment may be collected from you, your insurance company, or a third party.
- **For Regular Health Care Operations.** For activities necessary to run the optometry office and make sure that you receive quality patient care.
- **For Appointment Reminders and Health-Related Products and Services.** Including annual eye examination cards, to tell you about health-related products and services, or recommend possible treatment alternatives that may be of interest to you.
- **To Individuals Involved in Your Care or Payment for Your Care.** Including a family member or friend who is involved in your medical care or payment for your care, provided that you agree to the disclosure, or we give you an opportunity to object the disclosure. If you are not available or are unable to agree or object, we will use our best judgment to decide whether this disclosure is in your best interests.

We may also disclose your health information:

- **As Required by Law.** To comply with federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety.** In relation to you, another person, or the public. Any disclosure would be only to someone able to avert the threat.
- **For Public Health Activities/Risk Prevention.** Including activities to prevent or control disease or injury; report problem with products; or report abuse or neglect.
- **For Health Oversight Activities.** When requested by a health oversight agency, where authorized by law, for activities necessary for the government to monitor the health care system, including audits, investigations, inspections, and licensure.
- **For Lawsuits and Disputes.** In response to court or administrative order, a subpoena, a discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting that information.
- **For Specialized Government Functions.** Such as, (1) if you are a member of the armed forces, as required by military command authorities; (2) if you are an inmate or in lawful custody, to a correctional facility or law enforcement official; (3) in response to a request from law enforcement, if certain conditions are satisfied; (4) for national security reasons authorized by law; and (5) to authorized federal officials to protect the President, the authorized persons or head of state.
- **For Workers Compensation or other Similar Programs.**

Other Uses and Disclosures of Your Health Information

Except as described in this Notice, For Your Eyes Only Optometric Center will not use or disclose your health information without your written authorization. If you do authorize For Your Eyes Only Optometric Center to use or disclose your health information, you may revoke your authorization in writing at any time. If you revoke your authorization, this will stop any further use or disclosure of your health information for purposes covered by your written authorization, except if we have already acted on your permission. If your state law provides additional restrictions upon any of the foregoing uses and disclosures, we must follow your state law.

You Have the Following Rights with Respect to Your Health Information

- You have the right to request that we follow special restrictions when using or disclosing your health information for treatment, payment, or health care operations, or to someone who is involved in your care or the payment of your care. For Your Eyes Only Optometric Center is not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment and other exceptions pursuant to law.
- With certain exceptions, you have the right to inspect and copy your health information. Usually, such information includes prescription and billing records.

We may deny your request to inspect and copy in certain limited circumstances, in which case, you may request that the denial be reviewed.

- You have the right to request that For Your Eyes Only Optometric Center amend your health information if you feel that it is incorrect or incomplete. You must provide a reason supporting your request. We may deny your request if the health information is accurate and complete or is not part of the health information kept by or for For Your Eyes Only Optometric Center. Even if we deny your request for amendment, you have the right to submit a statement of disagreement regarding any item in your record you believe is incomplete or incorrect. If you request, this will become part of your medical record, and we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe is incomplete or incorrect.
- You have a right to receive an accounting of disclosures of your health information. This is a list of disclosures we made of your health information, other than for treatment, payment, health care operations, and other exceptions pursuant to law. You must specify the time period, which may not be longer than six years and may not include dates before April 14, 2003.
- You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may request that we contact you only at work or at a different residence or post office box. We will accommodate all reasonable requests.

If you would like to exercise one or more of these rights, contact our main office or submit a written request to HIPAA Coordinator, For Your Eyes Only Optometric Center, 1811 Ygnacio Valley Road, Walnut Creek, CA, 94598. A paper copy of this Notice may be obtained from this office upon request.

Changes to this Notice of Privacy Practices

For Your Eyes Only Optometric Center reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. If we change our Notice, you may obtain a copy of the revised Notice by visiting our website or upon request at our office.

For More Information or to Report a Problem

If you have questions or would like additional information about the privacy practices of For Your Eyes Only Optometric Center, you may contact the HIPAA Coordinator, at the address above or 925-933-1344. If you believe your privacy rights have been violated, you may file a written complaint, for which there will be no retaliation, using our HIPAA Privacy Complaint Form sent to For Your Eyes Only Optometric Center, 1811 Ygnacio Valley Road, Walnut Creek, CA, 94598, or with the Secretary of the Department of Health and Human Services.