

NOTICE OF PRIVACY PRACTICES



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This notice is effective April 14, 2003.

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

We respect our legal obligation to keep private any health information that identifies you. We are obligated by law to give you notice of our privacy practices (NPP), which describes how we protect your health information and what rights you have regarding it. Under the Health Insurance Portability and Accessibility Act of 1996 (HIPAA), we generally can only use your protected health information (PHI) in our office or disclose it outside of our office, without your written permission, for purposes of TREATMENT, PAYMENT, or HEALTH CARE OPERATIONS. Your name, date of birth, and social security number are examples of PHI. In most other cases, we will not use or disclose your PHI unless you sign a written authorization form. In some limited situations, the law allows or requires us to disclose your PHI without written authorization.

EXAMPLES OF USES & DISCLOSURES OF PHI

- **TREATMENT:** scheduling an appointment for you, testing or examining your eyes, prescribing glasses, contact lenses, and/or medications, helping you select and order glasses and/or contact lenses, referring you to another doctor or clinic for medical eye care or other services, sending or faxing your prescription for glasses, contacts, and/or medication to another professional to be filled, calling to inform you that your glasses or contact lenses are ready to be picked up, requesting copies of your health records from another professional that you have seen before.
- **PAYMENT:** asking you about health or vision care plans that you may belong to, or about other sources of payment for our services; preparing bills to send to you or your health or vision care plan; processing payment by credit card and when we try to collect unpaid amounts due; mailing, faxing, or sending by computer bills or claims for payment to you or your health or vision plan.
- **HEALTH CARE OPERATIONS** (administrative and managerial functions that are necessary to run our practice): financial or billing audits, internal quality assurance, personnel decisions, participation in managed care plans, defense of legal matters, licensing, and outside storage of our records.

USES & DISCLOSURES FOR OTHER REASONS WITHOUT AUTHORIZATION In some limited situations, the law allows or requires us to use or disclose your PHI without your permission. Not all of these situations will apply to us; some may never come up at our office at all. Such uses or disclosures are:

- when a state or federal law mandates that certain health information be reported for a specific purpose;
- for public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or medical devices;
- disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;
- uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws;
- disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else;
- disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- uses or disclosures for health related research;
- uses and disclosures to prevent a serious threat to health or safety;
- uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service;

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- disclosures of de-identified information;
- disclosures relating to worker's compensation programs;
- disclosures of a "limited data set" for research, public health, or health care operations;
- incidental disclosures that are an unavoidable by-product of permitted uses or disclosures;
- disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information;

Unless you object, we may also share relevant PHI with your family or friends who are involved with your eye care.

APPOINTMENT REMINDERS We may call, write, or E-mail you to remind you of scheduled appointments, or that it is time to make a routine appointment, or to notify you of other services or treatments available at our office that might help or interest you.

OTHER USES & DISCLOSURES We will not make any other uses or disclosures of your PHI unless you sign a written authorization form. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it.

YOUR RIGHTS REGARDING YOUR PHI

- You can ask us to restrict our uses and disclosures for purposes of TREATMENT (except emergency treatment), PAYMENT or HEALTH CARE OPERATIONS. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to us at the address, fax or E-mail shown at the beginning of this notice.
- You can ask us to communicate with you in a confidential way, such as by calling you at work rather than at home, by mailing PHI to a different address, or by using E-mail to your personal E-mail address. We will accommodate these requests if they are reasonable, and if you pay us for any extra cost. If you want to ask for confidential communications, send a written request to us at the address, fax or E-mail shown at the beginning of this notice.
- You can ask to see or to get photocopies of your PHI. By law, there are a few limited situations in which we can refuse to permit access or copying. Primarily, however, you will be able to review or have a copy of your PHI within 30 days of asking us. You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally required. By law, we can have one 30-day extension of the time for us to give you access or photocopies if we sent you a written notice of the extension. If you want to review or get photocopies of your PHI, send a written request to us at the address, fax or E-mail shown at the beginning of this notice.
- You can ask us to amend your PHI if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know got the wrong information, and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your PHI along with any rebuttal statement that we may write. Once your statement of position and/or rebuttal is included in your PHI, we will send it along whenever we make a permitted disclosure of your PHI. By law, we can have one 30-day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your PHI, send a written request, including your reasons for the amendment, to us at the address, fax or E-mail shown at the beginning of this notice.
- You can get a list of the disclosures that we have made of your PHI within the past six years (or a shorter period if you want), except disclosures for purposes of TREATMENT, PAYMENT or HEALTH CARE OPERATIONS, disclosures made in accordance with an authorization signed by you, and some other limited disclosures. You are entitled to one such list per year at no charge. If you want more frequent lists, you may have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30-day extension of time if we notify you of the extension in writing. If you want a list, send a written request to us at the address, fax or E-mail shown at the beginning of this notice.
- You can receive additional paper copies of this NPP by sending a written request to us at the address, fax or e-mail shown at the beginning of this notice.

OUR NOTICE OF PRIVACY PRACTICES By law, we must abide by the terms of this NPP until we choose to change it. We reserve the right to change this notice at any time in compliance with and as allowed by law. If we change this notice, the new privacy practices will apply to your health information that we already have, as well as to such information that we may generate in the future. If we change our NPP, we will post the new notice in our office, have copies available in our office and post it on our Web site.

COMPLAINTS If you think that we have not properly respected the privacy of your PHI, you are free to complain to us or to the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to us at the address, fax or E-mail shown at the beginning of this notice. If you prefer, you can discuss your complaint in person or by telephone.

FOR MORE INFORMATION If you want more information about our privacy practices, contact or visit us at the telephone number, e-mail address or physical business address shown at the beginning of this notice.