

## **Notice of Privacy Practices**

### **Almaden Family Optometric Center**

**6531 Crown Blvd. Suite 4, San Jose, CA 95120-2906**

**Phone: (408) 997-2020**

**Fax: (408) 904-7655**

<http://www.almadeneyecare.com>

<http://www.almadeneyecare.net>

*The notice describes how your medical information may be used and disclosed, and how you can obtain access to this information. Please review it carefully.*

### **General Rule**

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.

### **Right to Notice**

As a patient, you have the right to adequate notice of the uses and disclosures of your protected health information. Under the Health Insurance Portability and Accessibility Act (HIPAA), Almaden Family Optometric Center can use your protected health information for treatment, payment and healthcare operations.

- a) Treatment - We may use or disclose your health information to other healthcare providers providing treatment to you.
- b) Payment - We may use and disclose your health information to obtain payment for services we provide you.
- c) Healthcare operations - This signifies those administrative and managerial functions that we have to do to run our office.

### **Your Authorization**

Most uses and disclosures that do not fall under treatment, payment or healthcare operations will require your written authorization. Upon signing, you may revoke your authorization (in writing) through our practice at any time.

### **Uses or Disclosure of Health Information**

Examples of how we use information for treatment purposes

- When we set up an appointment for you.
- When we provide you with appointment reminders via phone, e-mail, letter and/or text message.
- When our technician or doctor test your eyes.
- When the doctor prescribes glasses or contact lenses.
- When the doctor prescribes medication.
- When our staff helps you select and order glasses or contact lenses.
- When we show you low vision aids.

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

- If we refer you to another doctor or clinic for eye care or other services.
- If we send a prescription for glasses or contacts to another profession 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.

Sometimes we may ask for copies of your health information from another profession that you may have seen before. We may use your health information within our office or disclose your health information outside of our office for payment purposes. Some examples are:

- When our staff asks you about your health or vision care plans that you may belong to, or about other sources of payment of 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.
- When we have to ask a collection agency or attorney to help us with unpaid amounts due.

We may use or disclose your health information, for example, for financial or billing audits, for international quality assurance, for personal decisions to enable our doctors to participate in managed care plans, for the defense of legal matters, to develop business plans, and for outside storage of your records.

### **Emergency Situations**

In the event of your incapacity or an emergency situation, we will disclose your health information to a family member, or another person responsible for your care, using our professional judgment. We will only disclose health information that is directly relevant to the person's involvement in your healthcare.

### **Uses and Disclosures 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 may be included but are limited to:

- A state or federal law that mandates certain health information be reported for a specific purpose.
- Public health purposes, such as contagious diseases reporting, investigation or surveillance; and notices to and from the Food and Drug Administration regarding drugs or devices.
- Disclosures to government authorities about 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 Medicaid, or investigation of possible violations of healthcare laws.
- Disclosures for judicial and administrative proceeding, 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 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 and disclosures to prevent a serious threat to health or safety.
- Disclosures relating to workers' compensation programs.
- Disclosures to business associates who perform healthcare operations for us and who agree to keep your health information private

### **Your Rights Regarding Your Health Information**

The law gives you many rights regarding your health information.

- You may ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or healthcare operations. We do not have to agree to do this, but if we agree, we must honor the requested restrictions. To ask for restriction, send a written request to the Almaden Family Optometric Center's address shown at the beginning of this notice.

### **Your Rights as a Patient**

You have the right to restrict the disclosure of your protected health information (in writing). The request for restriction may be denied if the information is required for treatment, payment or healthcare operations.

- You have the right to receive confidential communications regarding your protected health information.
- You have the right to inspect and copy your protected health information.
- You have the right to amend your protected health information.
- You have the right to receive an account of disclosures of your protected health information.
- You have the right to a paper copy of this notice of privacy practices.

### **Marketing**

We will not use your health information for marketing communications without your written authorization.

### **Electronic Protected Health Information**

We will prevent use or disclosure of protected health information other than as provided for by the notice. However, with your verbal consent, you will have authorized our office to communicate with you through emails, to email you your health information, including, but not limited to referral letter, prescriptions, exam records, etc, and that you are aware of the potential risk for breaches of unsecured protected health information transferred electronically.

### **Legal Requirements**

Almaden Family Optometric Center is required by law to maintain the privacy of your protected health information. We are required to abide by the terms of this notice as it is currently stated, and reserve the right to change this notice. The policies in any new notice will not be in effect until they are posted to this site, or are available within our office.

### **Complaints**

If you have complaints regarding the way your protected health information was handled, you may submit a complaint in writing to our office. You will not be retaliated against in any manner for a complaint.

### **Term and Termination**

The term of this notice shall be effective as of September 23, 2013, and shall terminate pending on the most updated HIPAA regulations.

### **Contact Information**

For further information, please contact Drs. Linda Yee, Curtis W. Keswick or Dr. Jennifer Hsieh, O.D. at the following address or phone number: 6531 Crown Blvd. Suite 4, San Jose, CA 95120 or (408) 997-2020.