

## Notice of Privacy Practices

### Vision Optix Optometry (Brentwood)

3840 Balfour Rd., Suite A  
Brentwood, CA 94513  
925-513-0323

### Family Optometric Vision Care (Antioch)

5109 Lone Tree Way  
Antioch, CA 94531  
925-757-5560 or 925-778-1505

**Privacy Officer:** Lenora Greenway

E-Mail: balfourvision@gmail.com

Effective Date of Notice: August 1, 2005

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.

### 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. 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 written authorization form. In some limited situations, the law allows or requires us to disclose your health information without written authorization, see examples below.

### Uses or Disclosures of Health Information

Examples of how we use information for treatment purposes:

- When we set up an appointment for you
- When our technician or doctor tests 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

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

- If we refer you to another doctor for medical eye services or other healthcare services
- If we send a prescription for glasses or contacts 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. Some examples are:

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

We use and disclose your health information for healthcare operations in a number of ways. Health care operations mean those administrative and managerial functions that we have to do in order to run our office. We may use or disclose your health information, for example, for financial or billing, audits, for internal quality assurance, for personnel decisions, to enable our doctors to participate in managed care plans, for defense of legal matters, to develop business plans, and for outside storage of our records.

### Appointment Reminders

We may call to remind you of scheduled appointments. We may also call to notify you of other treatments or services available at our office that might help you.

### 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 the 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.
- Disclosures to governmental authorities on victims of suspected abuse, neglect or domestic violence.
- Uses 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.

- Disclosure for judicial and administrative proceedings, such as response to subpoenas, court orders or administrative agencies.
- Disclosure 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 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 services. -Disclosures relating to worker's compensation programs.
- Disclosures to business associates who perform healthcare operations for us and agree to keep your health information private.

### **Other Disclosures**

We will not make any other uses or disclosures of your health information unless you sign a written authorization form. You do not have to sign such a form. However, if you do sign one, you may revoke it at any time to control future use or disclosures of the information.

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

The law gives you many rights regarding your health information.

- You can ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or healthcare operations. Send a written request to the attention of the Privacy Officer at the address shown at the beginning of this notice. Your will be notified whether your restriction is accepted.
- You can ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using e-mail to your personal email address. We will accommodate these requests if they are reasonable. There may be a nominal fee for complying with such requests. If you want to ask for confidential communications, send a written request to the attention of the privacy officer at the address shown at the beginning of this notice.
- You can ask to see or obtain photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. Generally, you will be able to review or have a copy of your health information within 15 days of your written request. You may have to pay for photocopies in advance. The charge for record copies is \$20.00 processing fee and \$0.25 per page. 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 for us to give you access or photocopies if we provide you with a written notice of the extension. If you want to review or get photocopies of your health information, send a written request to the Medical Record Department at the address.
- You can ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from the date of your request. If we do not agree, you can write a statement of your position, and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and/or rebuttal is included in your health information, we will include it whenever we make any subsequent, permitted disclosures of this health information. By law, we're entitled to one 30-day extension of time to consider a request for amendment and are required to notify you in writing of the extension. If you request an amendment to your health information, send a written request, including your reasons for the amendment, to the attention of the Privacy Officer at the address shown at the beginning of this notice.
- You can obtain a list of the disclosures of your health information after April 4, 2003, except for the following 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. Disclosure records are current for a seven-year period. You are entitled to one such list per year without charge. There will be a fee for additional lists. We will respond to your request within 60 days after receiving it. By law we are entitled to one 30-day extension and we are required to notify you of the extension in writing. To obtain a list, send a written request to the Privacy Officer at the address shown at the beginning of this notice.

### **Our Notice of Privacy Practices**

By law we must abide by the terms of this Notice of Privacy Practices and maintain the privacy of your personal health information. We reserve the right to change this notice at any time in conformance with and as allowed by law. If we change this notice, the new privacy practices will apply to all of your health information that we maintain, as well as to information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office, and have copies available in our office.

### **Complaints**

If you think that we have not properly respected the privacy of your health information, you may file a written complaint to us or to the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be retaliated against for filing a complaint. If you prefer, you can discuss your complaint in person or by phone.