

# **HIPAA**

## **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.

## **OUR LEGAL DUTY**

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it's in effect. This Notice takes effect April 14, 2003 and, will remain in effect until we replace it.

## **CHANGES TO THIS NOTICE**

We will abide by the terms of the Notice currently in effect, we reserve the right to change the terms of this Notice and to make the new notice provisions effective for all protected health information that we maintain.

**Treatment:** We may use your health information to provide optometric services to you. For example, we may disclose your health information to an ophthalmologist or other healthcare provider providing treatment to you in order to:(a) provide, coordinate or manage the health care and related services that are provided to you by a health care practitioners;(b) enable your health care providers to consult among themselves about your vision; (c) refer you to a new health care provider; or (d) to contact you in event of a product recall.

**Payment:** We may use and disclose medical information about you in order to be paid for the optometric services rendered to you. This may include contacting your health insurer to determine the existence of insurance coverage for the optometric services you receive, sending copies or excerpts of your health information to your health insurer to receive payment, and using your health information for our own internal management of the billing process. By way of example, a bill sent to your insurance company may include information that identifies you and the procedures used to provide services for you.

**Appointment Reminders and Treatment Alternatives:** We may use or disclose your health information to provide you with an appointment reminders (such as voicemail messages, postcards, or letters) or information about treatment alternatives or other health -related benefits and services that may be an interest to you. We may also use your health information to provide you with information regarding services that we offer related to your health care needs.

**Healthcare Operation:** We may use or disclose your health information in connection with our healthcare operations. Healthcare operations encompass all those activities that we as a vision plan must do to run smoothly and efficiently and specifically include activities such as quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, and conducting training programs, accreditation, certification, licensing or credentialing activities. For example, we may periodically review your chart, as well as other patients, in connection with these activities. As part of our health care operations, it may also become necessary for us to use and disclose your health information in connection with the healthcare operations of another company that has a relationship with you such as an HMO.

**Business Associates:** We may use and disclose certain medical information about you to our business associates. A business associates is an individual or entity under contract with us to perform or assist us in performing a function or activity that requires us to disclose your health information to them. Examples of business associates include, but are not limited to, consultants, accountants, lawyers and third-party billing companies. We require the business associates to protect the confidentiality of your health information.

**To you, Your Family and Friends:** We must disclose your health information to you, as described in the Information Rights section of this Notice. We may disclose your health information to a family member, friend or other person to help you with payment for your health care, but only if you agree or do not object that we may do so or, if you are not able to agree, but it's necessary in our professional judgment.

**Persons Involved in Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for assisting you to obtain health care services. If you are present, then prior to use or disclose of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event you become incapacitated, or during an emergency, we may disclose of your health information to others, including healthcare providers, on the basis of our professional judgment. We will experience with common practice to make reasonable interfaces in your best interest in allowing a person to pick up medical supplies or forms of health information.

**Required by Law:** We may use or disclose your health information when we are required to do so by law, including disclosures for use in judicial and administrative proceedings, or to law enforcement officials, or to the proper authorities if we responsibly believe that you are a possible victim of abuse, neglect, or domestic violence or these possible victim of other crimes.

**Public Health:** We may use or disclose or disclose your health information in connection with public health activities, health oversight activities, and with workers compensation matters. We may also disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under the circumstances. We may disclose to authorization federal officials health information to a correctional institution or law enforcement official having lawful custody of an inmate or patient.

**State Laws:** The laws of the state where you are receiving your optometric services from us may provide greater rights you. To the extent your state has such laws; they are described on the attachment of this notice.

**Your Authorization:** In addition to our use and discloser of your health information for the purpose described above, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at anytime. Your revocation will not affect any use or discloses permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

## **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services, Office of Civil Rights, HIPAA, 200 Independence Ave. SW Washington, DC 20201

To file a complaint with us, please contact:

Privacy Officer,

Inland Optometric Associates

15070 Summit Ave. 400

Fontana, CA 92336

Fax:(909) 463-9655

Email: [inlandoptometrics@gmail.com](mailto:inlandoptometrics@gmail.com)

All complaints must be submitted in writing. There will be no retaliation for filing a complaint.