

Notice of Privacy Practices

THIS NOTICE EXPLAINS HOW YOUR PROTECTED HEALTH INFORMATION (PHI) MAY BE USED AND DISCLOSED.

THIS NOTICE APPLIES TO ALL RECORDS OF YOUR CARE GENERATED, RECEIVED, AND MAINTAINED BY CALIFORNIA EYE MANAGEMENT SERVICES, CALIFORNIA EYE SPECIALISTS, EYENEZ EYE INSTITUTE, AND EYE SURGICAL CENTER. HEREAFTER REFERRED TO AS:
"THE PRACTICE."

This notice outlines The Practice's policies, including:

- Any healthcare professional authorized to enter information into your patient chart (including physicians, technicians, etc.)
- All areas of The Practice; including reception, technicians, nurses, physicians, management, and administration including billing/collection directed by California Eye Management Services.
- All personnel that work for/with The Practice.
- Our business associates; including health insurance companies, facilities to which we refer patients, on-call physicians, and so on.

The Practice provides this notice to comply with the privacy and security regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 as amended by the Health Information Technology for Economic and Clinical Health (HITECH) Act and Omnibus Final Rule. Collectively, "HIPAA."

OUR DUTIES:

The Practice understands that your medical information is personal and we are committed to protecting it. As your healthcare provider, we generate and receive physical and electronic records of your health, our care for you, and services/items we provide to you as our patient. We need these records to provide for your care and to comply with certain legal requirements.

The Practice is required by law to:

- Ensure that your Protected Health Information is kept private
- Make available to you and abide by the terms set within this Joint Notice of Privacy Practices ("Notice") which includes an outline of your Patient Rights with respect to your Protected Health Information (PHI)

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI)

The following are examples of how The Practice may use/disclose PHI. These are theoretical examples for your general information only.

- **Medical Treatment.** The Practice uses your previously documented PHI (either received from other healthcare providers or internally generated) to determine how to provide medical treatment/services to you. Therefore, we may, and most likely will, disclose your PHI to doctors, technicians, medical students, or hospital personnel involved in your care. For example, a doctor to whom The Practice refers you for further/ongoing care will need your medical record which may include information such as medical history, prescriptions, lab results, and x-rays. We also may discuss your medical information with you to recommend possible treatment options that may be of interest to you. We also may disclose your medical information to people outside of The Practice who may be involved in your medical care after you leave our facility. This may include your family members or other personal representatives authorized by you or by a legal mandate (a guardian or other person who has been named to handle your medical decisions, should you become incompetent).
- **Payment.** The Practice may disclose your PHI regarding treatment, services and procedures to a third party (e.g. your health insurance company, medical group etc.) in order to receive clearance/payment/reimbursement for care.

- **Health Care Operations.** The Practice may internally utilize your PHI in order to review elements of our practice that will help us determine improvements that can be made to the services we offer, the effectiveness of our treatments, and performance of our staff. The Practice will also make our statistical information available to other healthcare providers and utilize statistical information from other healthcare providers for benchmarking purposes. This statistical information will not identify any individual person.
- **Appointment Reminders and Instruction for Care.** The Practice may ask that you sign in on a check-in list at the reception desk or complete and/or sign documents upon check-in to the facility. These documents will likely include demographic forms asking for specific identifying information about you. These documents constitute a portion of your PHI and will be treated as this Notice dictates. A Practice health care provider may communicate with you regarding technical aspects of your care, to remind you of upcoming appointments, or to give instruction on how to prepare for an appointment. This communication may be in person, by telephone, voicemail, email, or other written document. In an effort to provide the most effective care possible, the Practice may, unless you object, choose to share information about your care with certain of your family members, friends, and/or others involved in your care when it determines, based on professional judgement, that it is in your best interest.
- **Emergency Situations.** In an emergency situation, The Practice may disclose your PHI to an organization assisting in disaster relief in order for your family to be notified of your condition, status, and location.
- **Research.** The Practice may use/disclose your PHI for approved research purposes regarding things like medications and efficiency of treatment protocols. The Practice will ensure that your authorization has previously been given if information to be used in research were to personally identify you as an individual.
- **Required by Law.** The Practice will disclose your PHI when required to do so by federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety.** The Practice may use/disclose your PHI when necessary to prevent a serious threat to the health/safety of you or other people.
- **Organ and Tissue Donation.** If you are an organ/tissue donor, The Practice may release your PHI to organizations that handle organ/tissue procurement/transplantation as necessary to facilitate organ/tissue donation and transplantation.
- **Workers' Compensation.** The Practice may release your PHI for workers' compensation or similar programs.
- **Public Health Risks.** Law or public policy may require The Practice to disclose your PHI for public health purposes like:
 - Preventing/controlling disease, injury, or disability
 - Reporting births and deaths
 - Reporting child abuse or neglect
 - Reporting reactions to medications or problems with products
 - Notifying people of recalls of products they may be using
 - Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
 - Notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.
- **Investigation and Government Activities.** The Practice may disclose PHI to local/state/federal agencies for legally required activities like audits, investigations, inspections, and licensure which are necessary for the payor, government, and other regulatory agencies to monitor the healthcare system, government programs, and compliance with civil rights.
- **Lawsuits and Disputes.** The Practice may disclose your PHI when the information is required by a lawsuit or legal dispute either by you, subpoena, discovery request, or other lawful process. In any case, The Practice will inform you of the request in order to allow you to obtain an order to protect the requested information. The Practice may also use such information to defend itself or any of its members in any actual or threatened action.

- **Law Enforcement.** The Practice may release PHI if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons, or similar process.
 - To identify/locate a suspect, fugitive, material witness, or missing person
 - About the victim of a crime, if under certain limited circumstances, we are unable to obtain the person's agreement
 - About a death we believe may be the result of criminal conduct
 - About criminal conduct at the practice
 - In emergency circumstances to report a crime, the location of crime or victims, or the identity, description, or location of the person who committed the crime.
- **Coroners, Medical Examiners, and Funeral Directors.** The Practice may release PHI to a coroner or medical examiner when necessary to identify a deceased person, determine cause of death, etc. The Practice may also release PHI to funeral directors as necessary to carry out their duties.
- **Inmates.** The Practice may release PHI of an inmate of a correctional institution to the appropriate institution. This release would be necessary for the institution to provide you with proper care, protect the health/safety of you and others, and for the safety/security of the correctional institution.

CHANGES TO THIS NOTICE

The Practice reserves the right to change this notice at any time. Changes may apply to any previously obtained, as well as forthcoming PHI. The Practice will keep current, updated copies of this notice available to any patient upon visit to our facility.

OTHER USES OF PHI

Other uses and disclosures of PHI not covered in the above sections will be made only with written permission. You may revoke any previously documented permission of the use of your PHI in writing at any time bearing in mind that The Practice is required to retain our records of your care.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Practice or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing, and all complaints will be investigated with repercussion to you. To file a complaint with the Practice, contact our HIPAA Compliance Officer.

California Eye Management Services
Attn: Compliance Officer
2619 E. Colorado Blvd.
Suite 150
Pasadena, CA 91107

The Department of Health and Human Services can be contacted via their website:

<http://www.hhs.gov/>

Or at:

The U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Washington, D.C. 20201

Toll Free: 1-877-696-6775

PATIENT RIGHTS

This section describes your rights and the obligations of this practice regarding the use and disclosure of your PHI

You have the following rights regarding your PHI maintained by The Practice:

- **Right to Inspect and Copy.** You have the right to inspect and copy PHI that may be used to make decisions about your care. This includes your own medical/billing records, but does not include psychotherapy notes. Upon proof of an appropriate legal relationship, records of others related to you or under your care (guardian or custodial) may also be disclosed. To inspect and copy your medical record, you must submit your request in writing to our Compliance Officer. Ask the receptionist for the name of the Compliance Officer. If you request a copy of the information, The Practice will charge a fee for the costs of copying, mailing, or other supplies (flash drives, disks, etc.) associated with your request.

The Practice may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that our compliance committee review the denial. Another licensed healthcare professional chosen by the practice will review your request and the denial. The person conducting the review will not be the person who denied the request. The Practice will comply with the outcome and recommendations from that review.

- **Right to Amend.** If you feel that your medical information we have in your record is incorrect or incomplete, you have the right to request an amendment for as long as the practice maintains your medical record.
 - To request an amendment, your request containing your reason and intended amendment must be submitted in writing, signed, dated, and notarized. The Practice may deny your request if you ask us to amend information that:
 - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
 - Is not part of the medical information kept by or for the practice
 - Is not part of the information which you would be permitted to inspect and copy
- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of disclosures of your PHI that we have made to others
 - To request this list, you must submit your request in writing. Your request must state a time period no longer than six (6) years back. Your request should indicate in what form you want the list (paper or electronic). We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on your medical information The Practice uses or discloses for treatment, payment, or health care operations. You also have the right to request a limit on your medical information we disclose to someone who is involved in your care or the payment for your care (family member or friend). You may, for example, request that The Practice not use or disclose information about a particular treatment you received.
 - You may also request that we do not disclose any information to your health plan when you have paid fully out of pocket for a health care item or service.
- **Right to Request Confidential Communications.** You have the right to request that The Practice communicate with you about your medical matters in a certain way or at a certain location. For example, you can ask that The Practice only contact you at work or by mail, that we not leave voicemail, email or the like.

To request confidential communication, you must make your request in writing. The Practice will not ask you the reason for your request. The Practice will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

We are not required to agree to your request and we may not be able to comply with your request. If we do agree, we will comply with your request except that we will not comply, even with a written request, if the information is excepted from the consent requirement or we are otherwise required to disclose the information by law.

To request restrictions, you must make your request in writing. In your request, you must indicate:

 - What information you want to limit
 - Whether you want to limit our use, disclosure, or both
 - To whom you want the limits to apply, (e.g., disclosures to your children, parents, spouse etc.)
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask The Practice to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.