

Sierra Eye Care
7501 Hospital Drive, #105
Sacramento, CA 95823
(916) 423-4040 (916) 689-7800
Fax (916) 689-2100

Notice of Privacy Practices

Effective Date: April 14, 2003

This notice describes how medical information about you may be used or disclosed, and how you can obtain access to this information. Please review this notice carefully.

General Rule: Sierra Eye Care (SEC) respects our legal obligation to keep health information that identifies you private. The law obligates us to give you notice of our privacy practices. Generally, SEC can only use your health information in our office without your written permission for purposes of treatment, payment or healthcare operations. In other situations, SEC will not use or disclose your health information unless you sign a written authorization. In some limited situations, the law allows or requires us to disclose health information without written authorization.

Uses or Disclosures of Health Information:

The following are examples of how SEC utilizes your health information for *treatment* purposes:

- When setting up appointments.
- During testing of your eyes.
- When prescribing corrective lenses.
- When prescribing medication.
- When showing low visual aids.
- When SEC staff assists in selection, fitting and ordering glasses, contacts and other items recommended by the physician/optometrist.

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

- When referring you to another doctor or clinic for additional eye care services.
- When prescribing corrective lenses which will be filled by another professional
- When providing a prescription for medication to a pharmacist.
- When we notify you via telephone or mail that your corrective lenses are ready for pickup.

Occasionally SEC may ask for copies of your health information from another professional that you have seen before.

SEC may disclose your health information or use it within our office for purposes of obtaining *payment* for services rendered. Some examples include:

- When staff inquires about health or vision plans that you subscribe to, or about other sources of payment for our services.
- When preparing bills to send to you or your health and/or vision care plans.
- When bills or claims are mailed, faxed or sent by computer to you and/or your insurance company.
- Processing payment by credit card.
- When attempting to collect unpaid amounts due, including the utilization of collection agents or attorneys to recover these unpaid debts.

We use and disclose your health information for **healthcare operations** in a number of ways. Healthcare operations are those administrative and managerial functions that we have to do in order to run our office. For example, we may use or disclose your health information for personnel 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 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 assist or interest you.

Uses & 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; some may never happen at our office. 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 relating to workers' compensation programs.
- Disclosures to business associates who perform healthcare operations for us and who agree to keep your health information private.
- 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, audits by Medicare or Medicaid, or investigation of possible violations of healthcare 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 elsewhere.
- Disclosure to a medical examiner to identify a deceased 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.

Other Disclosures

We will not make any other use or disclosures of your health information unless you sign a written authorization form. You do not have to sign such a 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 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 for emergency treatment), payment or healthcare operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you request. To ask for a restriction, send a written request to the attention of the practice's **Privacy Officer** at the address or fax listed at the beginning of this notice.
- You may ask us to communicate with you in a confidential manner, such as by telephoning you at work rather than home, by mailing health information to a different address, or by utilizing email. We will accommodate these requests if they are reasonable. You will be responsible for any additional costs that may incur. If you desire confidential communication, send a written request to the practice's **Privacy Officer** at the address or fax listed at the beginning of this notice.
- You may ask to review or to obtain photocopies of your health information. By law, there are few limited situations in which we can refuse to permit access or copying. However, in most instances you will be able to review or obtain a copy of your health information within 30 days of your request. You may be required to pay for photocopies in advance. If we deny your request we will send you a written explanation. Instructions will be included about how to obtain an impartial review of our denial if one is legally required. By law, we are permitted one 30-day extension of the time for us to give you access or photocopies provided we notify you in writing of this intent. To request to review or obtain photocopies of your health information, send a written request to the attention of the practice's **Privacy Officer** at the address or fax listed at the beginning of this notice.
- You may ask us to amend your health information if you think it is incorrect or incomplete. If we agree, we will amend the information within 60 days from your request. We will send the corrected information to persons who received the incorrect information and others that you specify. If we do not agree, you may 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 forward it with permitted disclosure of your health information. By law, we are permitted one 30-day extension of the time for us to consider your request for amendment, provided we notify you in writing of this intent. To request an amendment of your health information, send a written request to the attention of the practice's **Privacy Officer** at the address or fax listed at the beginning of this notice.

- You may get a list of the disclosures that we have made of your health information within the past six years (or a shorter period), except disclosures for purposes of treatment, payment or healthcare 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 without charge. If you request more frequent lists, you will be required to pay for them in advance. In most circumstances, we will respond to your request within 60 days of receiving it. However, by law we are permitted one 30-day extension provided we notify you in writing of this intent. To receive a list, send a written request to the practice's **Privacy Officer** at the address or fax 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 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 Notice of Privacy Practices, we will post the new notice in our office, have copies available in our office and post it on our website.

Complaints

If you believe we have not properly respected the privacy of your health information, you are entitled to complain directly 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 voice a complaint. If you desire to complain directly to us, send a written complaint to the attention of the practice's **Privacy Officer** at the address or fax listed at the beginning of this notice. Or if you prefer, you may discuss your complaint in person or by telephone.

For More Information

If you desire more information about our privacy practices, contact our practice's **Privacy Officer** at the address or telephone number listed below:

Sierra Eye Care
7501 Hospital Drive, #105
Sacramento, CA 95823
(916) 423-4040 (916) 689-7800
Fax (916) 689-2100