

Notice of Privacy Practices

Vistasight Optometric Center
891 Sunset Drive
Hollister, CA 95023
Telephone: (831) 637-7471
Fax: (831) 637-7472

Effective date of notice: August 1, 2009
Last revision date: September 23, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We understand that medical information about you and your health is personal. We respect our legal obligation to keep your health information private. The law obligates us to give you a notice of our privacy practices. This notice will explain how medical information about you may be used and disclosed and how you can gain access to this information. Generally, we can only use your health information in our office or disclose it outside of our office, without your written permission, for purposes of treatment, payment, and/or healthcare operations. In some limited situations, the law allows or requires us to disclose your health information without written authorization. In most other situations, we will not use or disclose your health information unless you sign a written authorization form.

Uses or Disclosures of Health Information for Treatment, Payment, and Healthcare Operations

Treatment: We may use and disclose health information for your treatment and to provide you with treatment-related health care services. Examples include, but are not necessarily limited to, the following:

- Testing your eyes and vision (either by a technician or a doctor).
- Referring you to another doctor or clinic for eye care treatment, low vision aids, or other health-related services.
- Sending a prescription for glasses, contact lenses, or medications to another professional to be filled.
- Contacting you by phone, email or text to let you know that your glasses or contact lenses are ready to be picked up.
- Requesting records from a healthcare professional you may have seen previously.
- Addressing you by name while visiting our office.

Payment: We may use and disclose your health information for payment purposes. Examples include, but are not necessarily limited to, the following:

- Asking you about health or vision care plans that you may belong to, or about other sources of payment for our services.
- Preparing bills to send to you or to your health or vision care plans.
- Processing payment by credit card and/or collecting unpaid amounts due.
- Asking a collection agency or attorney to help us collect unpaid amounts due.

Healthcare Operations: We may use and disclose your health information for healthcare operations. Healthcare operations refer to those administrative and managerial functions we have to perform in order to run our office effectively and efficiently. Examples include, but are not necessarily limited to, the following:

- Performing financial or billing audits to ensure internal quality assurance
- Making personnel decisions and developing appropriate business plans
- Enabling our doctors to participate in managed care plans
- For the defense of legal matters
- For outside storage of our records.

Other Uses and Disclosures We May Make Without An Authorization

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Such uses or disclosures may include, but are not necessarily limited to, the following:

- A state or federal law that mandates certain health information be reported for a specific purpose.
- Disclosures for 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 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.
- 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 somewhere else.
- Disclosure to a medical examiner to identify a dead person or to determine the cause of death, to funeral directors to aid in burial, or to organizations that handle organ or tissue donations.
- Disclosures relating to worker's compensation programs.
- Disclosures to a correctional institution or law enforcement official in regards to inmates or individuals in custody.
- Uses or disclosures for health related research.
- Uses or disclosures for specialized government functions, such as 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.
- Uses or disclosures to prevent a serious threat to health and safety.
- Disclosures to business associates who perform healthcare operations for us and who agree in writing to keep your health information private. Examples may include electronic health record (EHR) software support personnel, billing and administrative personnel, and off-site backup companies.

We may share relevant health information with a family member, friend, or other person involved in your care, as long as the information is relevant to their involvement and you have agreed or had the opportunity to object. Upon your death, we may disclose to your family members, or to other persons who were involved in your care or payment for health care prior to your death (such as your personal representative), health information relevant to their involvement in your care, unless doing so is inconsistent with your preferences as expressed to us prior to your death.

Appointment Reminders and Health-Related Benefits and Services

We may call, email, text, or send postcards to your address on record to remind you of scheduled or missed appointments. We may use your health information for communicating to you about health-related services or products sold in our office that may be useful or of interest to you.

Marketing and Fundraising

We will not sell your health information to a third party for their marketing activities unless an authorization form is signed allowing such disclosure. In addition, if financial remuneration is received by said third party, we must advise you that we are receiving remuneration. We will not sell your health information for the purpose of fundraising by a third party unless you sign an authorization form. If signed, you have the right to opt-out of receiving any future communication at a later time.

Other Disclosures

We will not make any other uses or disclosures of your health information, except to the extent described above, unless you sign a written authorization form. If you do not sign a form, we cannot use or disclose your health information. 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 have the right to request a restriction or limitation on the health information we use or disclose about you for purposes of treatment (except emergency treatment), payment, or healthcare operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment of your care. We do not have to agree to do this, but if we agree, we must honor the restrictions that you request. To request restrictions, you must tell us: 1) what information you want to limit, 2) whether you want to limit our use, disclosure, or both, and 3) to whom you want the limits to apply.
- You have the right to request a restriction of disclosure of encounter information to an insurer for any healthcare operation(s) or goods sold which you have, or arrange to have, paid out-of-pocket and in full. To request such a restriction, you must make your request in writing. This request must include 1) what information you want to restrict, and 2) to what health plan(s) the restriction applies.
- You have the right to 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. You have the right to opt-out of receiving email or text messages.
- You have the right to inspect or to obtain photocopies of your health information (except psychotherapy records). You may have to pay for photocopies in advance. You have the right to electronic copies of your health information if such information is held electronically.
- You have the right to 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 of your request. Any request for amendment must be received in writing and include the reason for the amendment request. We will send the corrected information to any person known to have received the incorrect information. We may deny your request for an amendment for any of the following reasons: 1) we did not create the record, 2) the records are not available to you, or 3) the record is actually accurate and complete.
- You have the right to request a list of the disclosures that we have made of your health information within the past six years (or a shorter period if you desire), except disclosures for purposes of treatment, payment or health care operations, disclosures made in accordance with an authorization signed by you, or other limited disclosures.
- You have the right to be notified if there is a breach of privacy such that your health information is compromised, disclosed, or used improperly or in an unsecured way.
- You have the right to receive a paper copy of our Notice of Privacy Practices, upon request, even if you have agreed to receive this notice electronically in the past.

For more information on your rights listed above, send a written request to **Michael D. Neunzig, O.D.**, 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, post it on our website (if available), and have copies available in our office.

Complaints

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or to the U.S. Department of Health and Human Services, Office for Civil Rights. If you want to complain to us, send a written complaint to **Michael D. Neunzig, O.D.**, Privacy Officer, at the address or fax at the beginning of this notice. If you prefer, you can discuss your complaint in person or by phone. We will not retaliate against you if you make a complaint.

For More Information

If you desire more information about our privacy practices, call or visit **Michael D. Neunzig, O.D.**, Privacy Officer, at the address or phone number shown at the beginning of this notice.