

Effective Date of Notice: June 2013

NOTICE OF PRIVACY PRACTICES

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

At Seaside Eyecare we understand that your medical information about you and your health is personal. Our practice is committed to protecting your health information. We are required by federal and state laws to maintain the privacy of your Protected Health Information (PHI) and to give you this notice explaining our privacy practices with regard to that information. This notice explains your rights and our legal obligations regarding the privacy of your PHI. Protected Health Information is information that individually identifies you. It may be used and disclosed by your physician, our office staff, another health care provider, your health plan, your employer, or a healthcare clearinghouse that relates to (1) your past, present, or future physical conditions, (2) the provision of health care to you, or (3) the past, present, or future payment for your health care.

How We May Use and Disclose Your Protected Health Information.

For your Treatment: Your PHI may be provided to a physician or healthcare provider (a specialist or laboratory) to whom you have been referred, to ensure they have the necessary information to diagnose, treat or provide you a service.

For Payment: Your PHI may be used and disclosed to enable us to bill and either collect payment from you, a health plan or a third party for the treatment services you receive from us. As an example, we may need to give your health plan information about your treatment in order for your health plan to agree to payment for that treatment.

For Health Care Operations: We may use and disclose your PHI in order to support the business activities of your physician's office. These activities include, but are not limited to, the evaluation of our team members in caring for you, quality assessment, the disclosure of information to other healthcare providers, medical students and other authorized personnel for educational and learning purposes.

Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services: We may use and disclose your PHI to contact you to remind you that you have an appointment with us. We also may use and disclose your PHI to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care: When appropriate, we may share your PHI with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Research: Under certain circumstances, we may share Health Information for research. Before we use or disclose health information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

As Required by Law: We will disclose your PHI about you when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates: We may disclose your PHI to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Marketing & any purposes which require the sale of your information: These disclosures require your written authorization.

Any other uses and Disclosures not recorded in this Notice will be made only with your written authorization. You may revoke the authorization at any time by submitting a written revocation and we will no longer disclose your PHI, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Right regarding your protected Health Information

The right to inspect and copy; Under federal law you have the right to inspect and copy your PHI (we have 30 days to make your PHI available to you, fees may apply). You have a right to a Summary of your PHI instead of the entire record, or an explanation of the PHI which has been provided to you so long as you agree to this alternative form and agree to pay the associated fees.

The Right to an Electronic Copy of EMR: You have the right to request to be given to you or have transmitted to another individual or entity, an electronic copy of your medical records, if they are maintained in an electronic format. We will make every effort to provide the electronic copy in the format you request. However if it is not readily producible by us we will provide it either our standard format or in hard copy form.

The right to Request Restriction: You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You may ask us not to use or disclose any part of your PHI and by law we must comply when the PHI pertains solely to a health care item or service which the health care provider involved has been paid out of pocket in full. You also have the right to request a limit on the PHI we disclose about you to someone involved in your care or payment of your care. Your request must be made in writing to our HIPAA compliance officer with specific instructions. If we agree to the restriction, we may only be in violation of that restriction for emergency treatment purposes. By law, you may not request that we restrict the disclosure of your PHI for treatment purposes.

The Right to Get Notice of a Breach: You have the right to be notified upon a breach of any of your unsecured PHI.

The Right to Request Amendments: If you feel that the PHI we have is incorrect or incomplete, you may ask us to amend the information. A request and the reason for the requested amendment must be made in writing to the office contact person at the address fax or email shown at the beginning of this notice. In certain cases we may deny your request. If we deny your request you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy.

The Right to an Accounting of Disclosures: You have the right to request a list of certain disclosures we made of your PHI for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request in writing to the office contact person at the address fax or email shown at the beginning of this notice.

The right to Request to Receive Confidential Communications: You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you on a specific telephone number. Your request must be made in writing with specific instructions on how and where we contact you.. We will accommodate all reasonable requests and will not ask the reason for your request.

Changes to this Notice: We reserve the right to change this notice and make the new notice apply to PHI we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Dr. Jean Lim. All complaints must be made in writing. You will not be penalized for filing a complaint.

If you have any questions in reference to this form please contact our office. You have the right to request a paper copy of this Notice at any time even if you have agreed to receive this Notice electronically. A copy of this Notice may also be found on our website.

Please sign below to acknowledge you have received or have been given the opportunity to receive a copy of our Notice of Privacy Practices.

Patient Signature: _____ Date: _____