
This notice describes how your medical information may be used and disclosed as well as how you can obtain access to your information. Please review the notice carefully.

General Rule

We respect our legal obligation to keep your health information private. The law obligates us to give you notice of our privacy practices. Generally, we only use your health information in our office or disclose it outside of our office, without your written permission, for purposes of treatment, payment or healthcare operations. In other situations we will not use or disclose your health information unless you sign a written authorization form. In some limited situations the law allows or requires us to disclose your health information without written authorization.

Uses or Disclosures of Health Information

Examples of how we use information for treatment purposes:

- We call for an appointment or patient recall reminders.
- Our technician or doctor tests your eyes.
- The doctor prescribes glasses and/or contact lenses.
- The doctor prescribes medication.
- Our staff helps you select and order glasses and/or contact lenses.
- We show you low vision aids.
- We call you when it is time for your annual exam.

Examples of how we may disclose your health information outside of our office for treatment purposes:

- We refer you to another doctor or clinic for eye care or vision therapy services.
- We send a prescription for glasses and/or contact lenses to another professional to be filled.
- We provide a prescription for medication to a pharmacist.
- We call you to let you know your glasses and/or contact lenses are ready for pick up.
- Contact lens manufacturers mail your contact lenses directly to you.
- On occasion we may ask for copies of your health information from another professional that you may have seen before.

Examples of how we may use your health information within our office or disclose your health information outside of our office for payment purposes:

- Our staff asks you about health or vision care plans that you may belong to or about other sources of payment for our services.
- We prepare bills to send to you or your health or vision care plan.
- We process payments by credit card and when we attempt to collect unpaid balances due.
- Bills or claims for payment are mailed, faxed, or sent by computer to you or, your health or vision plan.
- We occasionally have to ask a collection agency or attorney to help us with unpaid amounts due.

We use and disclose your health information for healthcare operations in a number of ways. Healthcare operations mean those administrative and managerial functions that we have to do in order to run our office. We may use or disclose your health information, for example, for financial or billing audits, for internal quality assurance, 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 will call to remind you of scheduled appointments. Also, we may notify you of any missed appointment(s) via phone, U.S. mail, and/or email. We may also call to notify you of other treatments or services available at our office that may help you.

Uses and 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 to us and some may never occur at our office. Such uses or disclosures include:

- 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 (FDA) 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 licensing of doctors, audits by Medicare or Medicaid, or investigation of possible violations of healthcare laws.

Uses and Disclosures without an Authorization (cont.)

- Disclosures for judicial and administrative proceedings, such as in response to subpoenas, orders of courts or administrative agencies.
- Disclosures for law enforcement purposes, such as providing information about someone who is suspected to be a victim of a crime, to provide information about a crime at our office, or to report crime that occurred elsewhere.
- Disclosure to a medical examiner to identify a deceased individual or determine the cause of death, or funeral directors to aid for burial, or to organizations that handle organ or tissue donations.
- For health related research.
- To prevent a serious threat to health and/or safety.
- 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 the evaluation and health of members of the foreign services.
- Relating to workers' compensation programs.
- Business associates who perform healthcare operations for our office and who agree to keep your health information private.

Other Disclosures

We will not make any other uses or disclosures of your health information unless a written authorization form is signed. You have an option to sign the authorization form. In signing the form, 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 information.

- You can ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or healthcare operations. We do not have to agree, however if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to Dr. Tiffany Truong or staff member at our office address.
- You can 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. We will accommodate these requests if they are reasonable, and you reimburse us for any additional costs incurred. If you want to ask for confidential communications, send a written request to Dr. Tiffany Truong or staff member at our office address.
- You can ask to see or to get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. Primarily, however, you will be able to review your health information within 5 days of use receiving your written request or have a copy of your health information within 15 days of receiving your written request. However, there is a fee for the photocopies in advance. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally required. By law, we can have one 30-day extension of the time for health information, send a written request to Dr. Tiffany Truong or staff member at our office address.
- You can 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 6 days from when you requested the information. We will send the corrected information to persons who we know received the incorrect information, and others that you have specified. If we do not agree, you can 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 send it along whenever we make a permitted disclosure of your health information. By law, we can have one 30-day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, send a written request, including your reasons for the amendment, to Dr. Tiffany Truong or staff member at our office address.

Our Notice of Privacy Practices

By law, we will abide by the terms of this Notice of Privacy Practices until circumstances make it necessary 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 current health information as well as such information that may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice and have copies available in our office.

Complaints

If you feel that we have not properly respected the privacy of your health information, you are free to contact us or the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you regarding the complaint. If you have a complaint that you would like to mention to us, send a written complaint to Dr. Tiffany Truong at our office address.