

HIPPA NOTICE OF PRIVACY PRACTICES

F.Y. Eyes Optometric **JOHNNY T. WU, O.D.**

12070 Carmel Mountain Rd, Ste #292
San Diego, CA 92128
(858) 676-3926

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

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice while it is in effect. This Notice takes effect April 14, 2003, and will remain in effect until we replace it.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies, please contact us using the contact information listed below.

USES AND DISCLOSURE OF HEALTH INFORMATION: We may use and disclose health information about you for treatment, payment and healthcare operations. Such as:

TREATMENT: We may use or disclose your health information to an optician, ophthalmologist or other healthcare provider providing treatment to you for: a) coordination or management of health care and related services, b) a consultation between health care providers relating

to a patient, c) the referral or a patient for health care from one provider to another or, d) to recall information.

PAYMENT: We may use and disclose your health information to obtain payment for services we provide you. This may include: a) billing and collection activities, b) actions by a health plan or insurer to obtain premiums or provision of benefits under health plan or insurance, c) medical necessity for care reviews.

HEALTHCARE OPERATIONS: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include things such as quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

YOUR AUTHORIZATION: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. You may revoke this authorization, in writing at anytime. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

USE AND DISCLOSURE WITHOUT AUTHORIZATION: We may use and disclose your health information in the following situations without your authorization. These situations include: as Required by Law, Public Health issues as required by law, Communicable Disease; Health oversight; Abuse or neglect; Food and Drug Administration requirements, Legal Proceedings; Law Enforcement; Coroners; Funeral Directors, and Organ Donation; Research; Criminal Activity; Military Activity and National Security; Worker's Compensation; Inmates; Required Uses and Disclosures; Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with their requirements of Section 164-500.

MARKETING HEALTH PRODUCTS OR SERVICES: We will not use your health information for marketing communications without your prior written authorization. We may provide you with information

regarding products or services that we offer related to your healthcare needs.

TO YOU, YOUR FAMILY AND FRIENDS: We must disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so. If you are unable to agree, we may do so if it is necessary in our professional judgment.

APPOINTMENT REMINDERS AND TREATMENT

ALTERNATIVES: We may use or disclose your health information to provide you with appointment reminders such as voicemail messages, postcards or letters, or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

PATIENT RIGHTS: The following is a statement of your rights with respect to your protected health information.

ACCESS: You have the right to review or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you requested unless we cannot practically do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this notice. We will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee.

RESTRICTIONS: You have the right to request a restriction of your health information. This means you may ask us not to use or disclose any part of your health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. We are not required to agree to these additional restrictions, if we believe it is in your best interest to permit use and disclosure of your health information. But if we do, we will abide by our agreement (except in an emergency).

ALTERNATIVE COMMUNICATIONS: You have the right to request in writing that we communicate with you about your health information

by alternative means or at alternative locations. Your request must specify the alternative means or location, and provide satisfactory explanation how payment will be handled under the alternative means or location you requested.

AMENDMENT: You have the right to request that we amend your health information. Your request must be in writing and it must explain why the information should be amended. We may deny your request under certain circumstances. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and provide you with a copy of any such rebuttal.

DISCLOSURE ACCOUNTING: You have the right to receive an accounting of certain disclosures we have made, if any, of your health information. This includes for purposes other than treatment, payment and healthcare operations, where you have provided an authorization.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

An address to file your complaint with the U.S. Department of Health and Human Services will be provided by us upon request.

Contact: Johnny T. Wu, O.D.

Address: 12070 Carmel Mountain Rd, Ste #292

San Diego, CA 92128

Telephone: (858) 676-3926