

NOTICE OF PRIVACY PRACTICES

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

At Milpitas Optometric Group, (MOG), we strive to keep your health information secure and confidential. The HIPPA privacy law (effective April 14, 2003) requires us to continue maintaining your privacy, to give you this notice, and follow the terms of this notice

NORMAL USE OF YOUR HEALTH INFORMATION

The most common reasons why we use or disclose your health information is for the **Treatment, Payment or Health Care Operations**. Examples of how we use or disclose information for **treatment purposes** are: setting up an appointment for you; testing or examining your eyes; prescribing glasses, contact lenses, or eye medications and faxing them to be filled; referring you to another doctor or clinic for eye care or low vision aids or services; or getting copies of your health information from another professional that you may have seen before us. Examples of how we use or disclose your health information **payment purposes are**: asking you about your health or vision care plans, or other sources of payment; preparing or sending bills or claims and collecting unpaid amounts (either ourselves or through a collections agency or attorney). "Health care operations" mean those administrative and managerial functions that we have to do in order to run our office. Examples of how we use or disclose your health information for **health care operations are**: Financial or billing audits; internal quality assurance; personal decisions; participation in managed care plans; defense of legal matters; business planning; and outside storage of our records. We may use your information to contact you. For example, we may send newsletters, promotional materials, or write or call you for reminders about your appointments. We will use whatever address and telephone numbers you prefer when we contact you. If you are not at home, we may leave appointment information on your answering machine or with the person who answers the telephone. In an emergency, we may disclose your health information to a family member or another person responsible for your care.

USES AND DISCLOSURES FOR OTHER REASONS

By Law: In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Such examples of uses or disclosures are: State or federal law mandates, for public health purposes, disclosures to government authorities for health oversight activities such as audits, law enforcement needs, health related research, disclosures relating to work compensation programs, and disclosures to "business associates" who perform health care operations and who commit to respect the privacy of your health information. Unless you object, we may also share relevant information about your care with your family or friends who are helping with your eye care.

Except as described above, MOG will not use or disclose your health information without your prior written authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

- You may request in writing that we may not use or disclose your health information as described above. We will let you know if we can fulfill your request.
- You may ask us to communicate with you in a confidential way, such as phoning you at work, or using special addresses or email.
- You may ask to see or to get copies of your health information, although by law there are exceptions. You must provide a written request to our office and pay for any costs associated with the copying of records. If your request can be honored and your records are on-site, you should be able to review the records within 5 business days, or have a copy of the requested records within 15 days after written request.
- You may ask us to amend your health information if you think that it is incorrect or incomplete. We must have your written request and reason for request. We may or may not make the requested change or amendment, but we will be happy to include your written statement in your file.
- You may request a list of any disclosures of your health information that is not within the normal use as defined above.
- You may get additional copies of this Notice of Privacy Policies upon request

NOTICE OF PRIVACY PRACTICE: 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 as allowed by law. If we change this Notice, the new privacy practice 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 Web site.

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

FOR MORE INFORMATION: If you want more information about our privacy practices, call our Privacy Officer at (408) 263-2040.