

City Eyeworks Optometry
121 Spear St STE B11
San Francisco, CA 94105
P: (415) 495-8600
F: (415) 495-8638

Email: info@cityeyeworksoptometry.com



CITY EYEWORXS OPTOMETRY

SAN FRANCISCO

PRIVACY POLICY NOTICE

City Eyeworks Optometry provides this Notice to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act (HIPAA). We understand that your health information is personal to you, and we are committed to protecting this information about you. As our patient, we create medical records about your health and the services and/or items we provide to you as our patient. We need this record to provide your care and to comply with certain legal requirements.

We are required by law to: Protect your health information and ensure that it is kept private. Provide you with a Notice of Privacy Practices and your legal rights with respect to protected health information about you. Follow the conditions of the Notice that is currently in effect.

How We May Use or Disclose Your Health Information

For Treatment. We may use or disclose your health information to an optometrist, ophthalmologist, optician or other health care providers providing treatment to you for: the provision, coordination, or management of health care and related services by health care providers; consultation between health care providers relating to a patient/customer; the referral of a patient for health care from one health care provider to another.

For Payment. We may use and disclose your health information to others for purposes of processing and receiving payment for treatment and services provided to you. This may include: billing and collection activities and related data processing; actions by a health plan or insurer to determine or fulfill its responsibilities for coverage and provision of benefits under its health plan or insurance agreement, determinations of eligibility or coverage, adjudication or subrogation of health benefit claims; medical necessity and appropriateness of care reviews, utilization review activities; and disclosure to consumer reporting agencies of information relating to collection of payments.

For Health Care Operations. We may use and disclose Health Information about you for our business operations. For example, your Health Information may be used to review the quality and safety of our services, or for business planning, management and administrative services. We may contact you about alternative treatment options for you or about other benefits or services we provide. We may also use and disclose your health information to an outside company that performs services for us such as accreditation, legal, computer or auditing services. These outside companies are called “business associates” and are required by law to keep your Health Information confidential.

Appointment Reminders. We may contact you to remind you that you have an appointment at or to inform you that you have contact lenses or glasses that are ready to be picked up.

Persons Involved in Care. We may release medical information to anyone involved in your medical care, e.g., a friend, family member, personal representative, or any individual who you identify. We may also give information to someone who helps pay for your care.

Required by Law. We may use and disclose information about you as permitted or required by applicable law. For example, we may disclose information for the following purposes: for judicial and administrative proceedings pursuant to court order or specific legal authority; pursuant to a shared/joint custody and child care or support arrangement authorized by law or court order; to report information related to victims of abuse, neglect or domestic violence; to assist law enforcement officials in their law enforcement duties; or to assist public health, safety or law enforcement officials avert a serious threat to the health or safety of you or any other person.

Personal Representatives: Decedents. We may disclose your health information to your personal representatives authorized under applicable law, such as a guardian, power of attorney for health care, or court-appointed administrator. Your health Information may also be disclosed to executors, legally authorized family members, funeral directors or coroners to enable them to carry out their lawful duties upon your death.

Government Functions. Specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of your health information.

Management and Administration. We may disclose your health information when necessary for the proper management and administration of our business and for fulfilling our legal responsibilities, including disclosures to certain advisors and consultants when necessary, subject to applicable confidentiality and business associate agreement requirements.

Worker’s Compensation. Your health information may be used or disclosed in order to comply with laws and regulations related to Workers Compensation.

Marketing Products or Services. “Marketing” means to make a communication to you that encourages you to purchase or use a product or service. We will not use or disclose your health information for marketing communications without your prior written authorization. We may also provide you with information regarding products or services that we offer related to your health care needs provided that we are not paid or otherwise receive compensation for such communications.

Sale of Your Health Information. We will never sell your health information without your prior authorization. However, we, may receive compensation (directly or indirectly) related to an exchange of your health information for the following purposes: (a) public health activities; (b) payment or compensation for your treatment; (c) health care operations related to the sale, merger or consolidation of all or part of our business; (d) performance of services by a business associate on our behalf; (e) providing you with a copy of your health information; or (f) other reasons determined necessary or appropriate by applicable laws or regulations.

Electronic Disclosures. We use and disclose your health information electronically for various purposes such as treatment, payment (including, where applicable, performing insurance and health maintenance organization/managed care functions), health care operations and other purposes permitted or required by law, including electronic disclosures to our business associates. If we need to disclose your health information electronically for other purposes, we will obtain your authorization, either in writing or electronically, as described in this Notice.

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. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

Your Health Information Rights

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 request unless we cannot practicably do so. You may be asked to make a request in writing to obtain access to your health information. We may charge you a reasonable cost based fee for expenses such as copies and staff time. You may also request access by sending us a letter. If you request an alternative format, provided that it is practicable for us to produce the information in such format, we may charge a cost-based fee for preparing and transmitting your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a cost-based fee.

Restriction. You have the right to request that we place additional restrictions on our use or disclosure of your health information. Except as noted below, we are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Upon your request, and except as otherwise required by law, we will not disclose your health information to a health plan for purposes of payment or health care operations when the information relates solely to a service/product for which you paid out-of-pocket in full.

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. You may obtain a form to request an amendment to your health information by using the contact information listed at the end of this Notice.

Right to Request Confidential Communications. You have the right to request that we communicate with you about your Health Information in a certain way or at a certain location. For example, you may ask that we contact you only at home or only by mail. To request confidential medical communications you must submit your request in writing to our office. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. Copies of this Notice are available at our front desk. **Electronic Notice:** If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

Breach of Unsecured Health Information. If we discover that your health information has been breached (for example, disclosed to or acquired by an unauthorized person, stolen, lost, or otherwise used or disclosed in violation of applicable privacy law) and the privacy or security of the information has been compromised, we

must notify you of the breach without unreasonable delay and in no event later than 60 days following our discovery of the breach.

If you have any questions about this notice, or believe your privacy rights have been violated, you may file a written complaint with our privacy officers or the Secretary of the Department of Health and Human Services, Office for Civil Rights. You will not be penalized for filing a complaint.

J. Kuo OD, Optometric Corp. 121 Spear St. Ste. B11 San Francisco, CA 94105

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I received a copy of City Eyeworks Optometry's Notice of Privacy Practices.

Patient Name: _____

Date: _____