

HIPAA Privacy Policy Disclosure:

This Notice of Privacy Practices ("Notice") describes how we may use or disclose your health information and how you can get access to such information. Please read it carefully.

We are required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and other applicable laws to maintain the privacy of your health information, to provide our patients with this Notice of our legal duties and privacy practices with respect to such information, and to abide by the terms of this Notice. We are also required by law to notify affected individuals following an unprecedented breach of their health information.

SPECIFICATIONS OF OUR IN-OFFICE USES OF YOUR HEALTH INFORMATION

Eye Q Optometry is committed to our adherence to HIPAA's Privacy Policy to protect your Protected Health Information (PHI) stored within our office's electronic health record (EHR) system. Your PHI includes information that can be used to identify you that we have created or have received pertaining to your past, present, or future health or condition, the provision of healthcare to you, or the record of your payment for this health care. Our office does not store any detailed record of payment methods onto your account—our payment detail specifies only the amount paid, the date the payment was taken, and the type of payment received (cash vs check vs Visa vs Discover etc.)

See below a comprehensive list of the circumstances in which your PHI will be utilized at Eye Q Optometry:

- A detailed record of your legal and preferred name, date of birth, social security number, phone number(s), email address, insurance information, and mailing address, is created at the time of scheduling your initial visit, and is maintained throughout the duration of your care in a secure Electronic Health Record (EHR) system.
- Based upon your indication of your preferred method of electronic contact, our office will call, text or email you regarding the status of orders for glasses or contacts, for scheduled appointments, or for reminding you to schedule upcoming appointments.
- If applicable, when billing your insurance, our office will verify your full name, date of birth, mailing address, last four of your social security number, and insurance identification number with your insurance provider to successfully bill them for the services you receive. You will be responsible for the copays outlined by your insurance provider at the time the services are rendered to you, or after we bill your insurance and there is a remaining amount after their coverages.
- Your itemized receipts will detail the services rendered to you, alongside any medical diagnostic codes affiliated with any diagnosis the doctor concluded at the time of your visit.
- Your printed name and mailing address will appear on your printed or emailed prescriptions, and itemized receipts.

USES AND DISCLOSURES OF INFORMATION WITHOUT YOUR AUTHORIZATION

The most common reasons why our office would use or disclose your PHI are for treatment, payment or as a part of our healthcare operations. Examples of such disclosures would be: setting up your patient record, testing or examining your eyes, prescribing visual aids, or referring you to another provider for services. **These provisions of care do not warrant officiated authorization on your end.**

OTHER DISCLOSURES OF PHI WITHOUT YOUR AUTHORIZATION OR CONSENT

In some limited situations, the law allows or requires us to use or disclose your PHI without your consent or authorization. Not all of these situations apply to us; some may never come up at our office at all. Such uses or disclosures include:

- When a state or federal law mandates that certain PHI be reported for a specified purpose;
- For public health purposes, such as contagious disease reporting, investigation or surveillance, and notices to and from the FDA regarding drugs or medical devices;
- Disclosures to governmental or local authorities about suspected victims of abuse, neglect or domestic violence;
- Uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or other insurance companies; or for the investigation of possible health law violations;
- Uses and disclosures for health related research; for specialized government functions; for lawful national intelligence activities;
- Disclosures of de-identified PHI;
- Incidental disclosures that are an unavoidable by-product of permitted uses or disclosures;
- Disclosures to “business associates” and their subcontractors who perform health care operations for us and who commit to respect the privacy of your PHI in accordance with HIPAA;

Unless you object, we will also share relevant information about your eye care with any of your personal representatives who are helping you with your eye care. Upon your death, we may disclose to your family members or to other persons who were involved in your eye care prior to your death your PHI relevant to their involvement in your care unless doing so is inconsistent with your preferences indicated prior to your death.

SPECIFIC USES AND DISCLOSURES OF PHI REQUIRING YOUR AUTHORIZATION

As mandated by HIPAA, our office will require your verbal and/or written authorization for the release of your PHI to another healthcare facility and/or medical device retailer. **Your written authorization will be required under the following circumstances within our office:**

- **Marketing or advertising activities:** We must obtain your written authorization prior to using or disclosing any of your PHI for marketing information. This includes our *Social Media Photo Release* form.
- **Sale of Health Information:** We do not currently sell or plan to sell your health information and we must seek your authorization prior to doing so.
- **Psychotherapy Notes:** Although we do not create or maintain psychotherapy notes on our patients, we are required to notify you that we must obtain your authorization prior to using or disclosing any such notes.

YOUR RIGHTS TO PROVIDE AN AUTHORIZATION TO OTHER USES AND DISCLOSURES

You may give us written authorization permitting us to use your PHI or to disclose it to anyone, for any purpose. We will obtain your written authorization for uses and disclosures of your health information that are not identified in this Notice or are not otherwise specified by applicable law. We must agree to your request to restrict disclosure of your health information to a health plan or facility if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law.

Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked by you, in writing, any time. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons you describe in your initial authorization. However, we are generally unable to retract any disclosures that were already made during the period your authorization was valid. We may also be

required to disclose health information as necessary for purposes of payment for services received by you prior to the date you revoked your authorization.

YOUR INDIVIDUAL RIGHTS

You have many rights concerning the confidentiality of your PHI. You have the right:

- **To request restrictions on the PHI we may use and disclose for treatment, payment and healthcare operations.** To request restrictions, please call our office to speak to our front desk about your options.
- **To receive communications of your health information about you in any manner other than described in our authorization forms.** To receive communications, please call our office to speak to our front desk.
- **To inspect or copy your health information.** You may make a request to receive your own PHI at any time, in any manner our office is capable of fulfilling (fax, email, snail mail or printed.) This request may be submitted in writing, but it is not required. Your verbal authorization is valid upon your verification of your identity, in-person or over the phone.
- **To amend health information.** If you feel that the information we have on file for you is incorrect, or out of date, you may ask us to amend that information. Please keep in mind that we are permitted to deny your amendment request to your health information if said information:
 - Was not created by our office,
 - Is not part of the health information kept by or for us,
 - Is not part of the information you would be permitted to inspect or copy,
 - Is accurate and complete.
- **To receive an accounting of disclosures of your health information.** You must make such requests in writing to Eye Q Optometry. Not all health information is subject to this request. Your request must state a time period for the information you would like to receive, no longer than 6 years prior to the date of your request. Your request must detail how you would like to receive the report.
- **To designate another party to receive your health information.** If your request for access to your health information directs us to transmit a copy of the health information directly to another healthcare facility or individual, the request must be made by you in writing.

COMPLAINTS:

If you believe that our office has not properly respected the privacy of your health information, you are free to complain to us or to the U.S. Department of Health and Human Services, Office for Civil Rights. They can be reached at (800) 368-1019, and their mailing address is 200 Independence Ave, SW, Room 509F, HHH Building, Washington, D.C., 20201. If you would prefer to complain to our office, send a written complaint to us at 1101 Pacific Ave Ste E, Santa Cruz, CA 95060, ATTN. Dr. Stephanie Krok, or feel free to call us or email us any time to discuss your concerns.

Changes to this Notice:

We reserve the right to change our privacy practices and to apply the revised practices to health information about you that we already have. Any revision to our privacy practices will be described in a revised Notice that will be posted within our facility, and on our website. Copies of this notice are available upon request at the front desk, and are included in our digital examination intake forms.

Name: _____ Date: _____