

**NOTICE OF PRIVACY PRACTICES**

***THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY PACIFIC EYE ASSOCIATES (PEA) AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.***

**Who will follow this Notice**

This notice describes the practices of our employees and staff at our 2100 Webster Street Office, Suite 214, medical residents and visiting scholars, as well as CPMC Ophthalmic Diagnostic Center. This notice applies to each of these individuals, entities, sites and locations. In addition, these individuals, entities, sites and locations may share medical information with each other for treatment, payment and health care operation purposes described in this notice.

**What is this Notice and Why it is Important**

This notice is required by law to inform you of how your health information will be protected, how PEA may use or disclose your health information, and about your rights regarding your health information. If you have any questions about this Notice, please call (415) 923-3007 and ask to speak with the Privacy Officer.

**Understanding Your Health Information**

Each time you visit a physician or healthcare provider, a record of your visit is made. Typically, this record contains a description of your symptoms, medical history, examination and test results, diagnoses, treatment and a plan for your future care. This information, often referred to as your medical record, serves as a:

- ◆ Basis for planning your care and treatment
- ◆ Means of communicating among the health professionals who contribute to your care
- ◆ Legal documents of the care you receive
- ◆ Means by which you or a third-party payer (e.g., health insurance company) can verify that services you received were appropriately billed
- ◆ A data source for medical research and public health
- ◆ A tool with which we can assess and work to improve the care we provide

Understanding what is in your record and how your health information is used helps you to ensure its accuracy; better understand how others may access and use your health information; and make more informed decisions when authorizing disclosures to others.

**Your Health Information Rights**

You have the following rights related to your medical and billing records kept by PEA:

***Obtain a copy of this Notice.*** You will receive a copy of the Notice at your first visit after its publication. Thereafter you may request a copy of this Notice or any revisions from our website at [www.pacificeye.com](http://www.pacificeye.com), or by calling (415) 923-3007 and asking for the Privacy Officer.

***Authorization to use your health information.*** Before we use or disclose your health information, other than as described below, we will obtain your written authorization, which you may revoke at any time to stop future use or disclosure.

***Access to your health information.*** You may request a copy of your health information at PEA keeps in your medical or billing record. Your request must be submitted in writing. We may charge for the costs of providing you access and for your copies.

***Amend your health information.*** If you believe the information we have about you is incorrect or incomplete, you may request that we correct or add information. Your request must be in writing and you may pick up a form for this purpose at PEA.

***Request confidential communications.*** You may request that, when we communicate with you about your health information, we do so in a specific way (e.g., at a certain mail address or phone number). We will make every reasonable effort to agree to your request.

***Limit our use or disclosure of your health information.*** You may request in writing that we restrict the use or disclosure of your health information for treatment, payment, health care operations, or any other purpose except when specifically authorized by you, when we are required by law, or in an emergency situation in order to treat you. We will consider your request and respond, but we are not legally required to agree if we believe your request would interfere with our ability to treat you or collect payment for our services.

***Accounting of disclosures.*** You may request a list of disclosures of your health information that we have made for reasons other than treatment, payment or healthcare operations. Disclosures that we make with your authorization will not be listed. We may charge you for the costs of providing the list.

***Disclosure of PHI.*** You have the right to be advised if your protected health information (PHI) is intentionally or unintentionally disclosed.

***Disclosure to health plans.*** If you have paid for services “out of pocket”, in full, and you request that we do not disclose PHI related solely to those services to a health plan, we will accommodate your request, except where we are required by law to make a disclosure.

## **Our Responsibilities**

We are required by law to protect the privacy of your health information, establish policies and procedures that govern the behavior of our workforce and businesses associates, and provide this Notice about our privacy practices, and abide by the terms of this Notice.

We reserve the right to change our policies and procedures for protecting health information. When we make a significant change in how we use or disclose your health information, we will also change this Notice. The new Notice will be posted in the registration area and on our website at [www.pacificeye.com](http://www.pacificeye.com).

Except for the purposes related to your treatment, to collect payment for our services, to perform necessary business functions, or when otherwise permitted or required by law, we will not use or disclose your health information without your authorization. You have the right to revoke your authorization at any time.

## **Examples of Uses and Disclosures for Treatment, Payment and Healthcare Operations**

### **We will use your health information to facilitate your medical treatment.**

**For example:** Information obtained by a physician or other member of your healthcare team will be recorded in your record and used to determine the course of your medical treatment.

### **We will use your health information to collect payment for health care services we provide.**

**For example:** A bill may be sent to you or your health insurance company. The information on or accompanying the bill may include information that identified you, as well as your diagnosis and procedures. In some cases, information from your medical record is sent to your insurance company to explain the need for or provide additional information about your treatment.

### **We will use your health information to facilitate routine healthcare operations.**

**For example:** Members of our staff or quality improvement teams may use information in your record to assess the care you have received and how progress compared to others. Examples of these functions may include: auditing our clinical procedures, analyzing our cost of care or arranging for patient satisfaction surveys.

**We will use your health information to notify your family and friends about your condition.**

**For example:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care or your general condition. Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person **you identify**, relevant health information to facilitate the person's ability to assist in your care or make arrangements for payment of your care.

## **Examples of Uses and Disclosures for Other Purposes**

**Appointment Reminders:** We may contact you to provide appointment reminders. We may use your health information to assist you with appointment reminders in the forms of voicemail messages, emails, postcards or letters.

**Alternative Treatments:** We may use your health information to provide you with information about alternative treatments such as vitamin use, acupuncture, biofeedback, stress reduction.

**Marketing:** We may use your health information to inform you about our healthcare services, treatment alternatives or other health-related benefits and services that may be of interest to you. We may also inform you about commercial products or services when we think they would be of interest to you, if you have authorized us to do so.

**Research:** We may contact you to request your participation in an authorized research study. If the study provides any type of healthcare treatment, the researcher will explain the benefits and risks of the treatment, how your health information will be used during the course of the study, and whether any of your health information rights are affected. You will need to authorize the use of your health information and agree to any suspension of your rights to participate in the study.

**Worker's compensation:** We may disclose your health information to the extent authorized by and necessary to comply with laws related to worker's compensation or other similar programs established by law.

**Organ procurement organizations:** Should you be an organ or tissue donor, we may disclose your donor status and health information to organizations engaged in the procurement, banking, or transplantation of organs, consistent with applicable laws.

**Public health:** We may disclose your health information as required by law to public health, legal authorities, or other health care agencies/registries charged with preventing or controlling disease, injury or disability.

**To avert a serious threat to health or safety.** We may use and disclose your health information when necessary to prevent a serious threat to our health and safety or to the health and safety of the public or another person. Any disclosure would be made only to someone able to help prevent the threat.

**Correctional institution:** Should you be an inmate of a correctional institution, we may disclose to the institution or their agents health information necessary for your health and the health and safety of other individuals.

**Law enforcement:** We may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena, or court or administrative order.

**Food and Drug Administration (FDA):** We may disclose to the FDA your health information related to adverse events with respect to food, nutritional supplements, products and product defects, or post market surveillance information to enable product recalls, repairs or replacement.

**Business associates:** There are some services provided in our organization through contracts with business associates. Examples included transcribing your medical record and surveying for patient satisfaction. When these services are provided by contracted business associates, we may disclose the appropriate portions of your health information to our business associates so they can perform the job we have asked them to do. To protect your health

information, however, we require all business associates to sign a confidentiality agreement verifying they will appropriately safeguard your information.

***Military and Veterans:*** If you are a member of the armed forces, we may disclose your health information as required by military command authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.

***National Security and Intelligence Activities:*** We may disclose your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We also may disclose your health information to federal officials in order to protect the President, other official or foreign heads of state, or to conduct investigations.

***Regulatory oversight:*** We may disclose your health information to appropriate health oversight agencies, public health authorities or attorneys, when required by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

If you have questions, would like additional information, or want a request an updated copy of this Notice, you may call (415) 923-3007 and ask to speak to the Privacy Officer.

If you believe we have not properly protected your privacy, have violated your privacy rights, or you disagree with a decision we have made about your rights, you may contact PEA's Compliance Officer.

You may also send a written complaint to:

Office of Civil Rights,  
Hubert H. Humphrey Building  
200 Independence Avenue, S.W., Room 509  
Washington, D.C. 20201

Pacific Eye Associates will ensure that the care you receive at our facility will in no way be impacted if you file a complaint.