

HIPAA NOTICE OF PRIVACY PRACTICES FOR PERSONAL HEALTH INFORMATION

This notice is solely for your information. This notice describes how medical information about you may be used or disclosed and how you can access this information. You need not to take any action. This notice provides information about the way in which we protect Personal Health Information (PHI) that we have about you. PHI includes individually identifiable information which relates to your past, present or future health, treatment or payment for health care services. This notice also explains your rights with respect to PHI.

The **Health Insurance Portability and Accountability Act (HIPAA)** requires us to: Keep PHI about you private; provide you this notice of our legal duties and privacy notices with respect to your PHI; and follow the terms of the notice that are currently in effect.

Use and Disclosure of PHI Under certain circumstances, we may use and/or disclose PHI about you and your dependents. The following are some examples, however, not every use or disclosure in a category will be listed:

- **For Health Care Payment Purposes.** Example: disclosure of PHI to administer and process payment of benefits under your insurance coverage, determine eligibility for coverage, conduct utilization reviews, or to another entity or health care provider for its payment purposes.
- **For Health Care Operations Purposes.** Example: disclosure of PHI for underwriting and rating of plans, audits of claims, quality of care reviews, investigation of fraud, performance measurements, care coordination, investigate/respond to complaints or appeals, provider treatment, review and provision of services.
- **For Treatment Purposes.** Example: disclosure of PHI to health care providers to assist in their treatment of you.
- **For Health Services.** Example: we may use your medical information to contact you to give you information about treatment alternatives or other health related benefits and services that may be of interest to you as part of large case management or other insurance related services.
- **For Data Aggregation Purposes.** Example: we may combine PHI about many insured participants to make plan benefit decisions, and the appropriate premium rate to charge.
- **To You Regarding Dependents.** Example: we may disclose PHI about your dependents for any purpose identified herein. We may provide an explanation of benefits for you or any of your dependents to you.
- **For research purposes** in limited circumstances.
- **To Business Associates.** Example: disclosure of PHI to administrators who are contracted with us to administer health insurance benefits on our behalf and such administrators may further disclose PHI to their contractors or vendors as necessary for the administration of health insurance benefits. If your state has adopted more stringent standards regarding the above uses or disclosures of your PHI, those standards will be applied.
- **To comply with legal proceedings and to law enforcement officials** for limited law enforcement purposes such as a court or administrative order, subpoena or discovery requests.
- **To a family member, friend or other person** for the purpose of helping you with your health care or with payment for your health care, if you are in a situation such as a medical emergency and you cannot give your agreement to the Plan to do this.
- **To your personal representatives** appointed by you or designated by applicable law.
- **To a coroner, medical examiner, or funeral director** about a deceased person.
- **To an organ procurement organization** in limited circumstances.
- **To avert a serious threat** to your health or safety or the health or safety of others.
- **To governmental agencies** overseeing the health care system or government programs.
- **To the Department of Health and Human Services** for the investigation of compliance with HIPAA or other lawful requests.
- **To federal officials** for purposes of lawful intelligence/counterintelligence, national security, and Presidential protection
- **To public health authorities** for public health purposes.
- **To appropriate military authorities**, if you are a member of the armed forces.

- **In accordance with a valid authorization signed by you.**

Your Rights Regarding PHI That We Maintain About You

- You have the right to inspect and copy your PHI that we maintain. If you request a copy of the information, we may charge a fee for the copying, mailing or other supplies associated with your request. Electronic copies of your PHI are also considered a right.
- You have the right to ask us to amend the PHI that is contained in a designated record set. e.g., information used to make enrollment, eligibility, payment, claims adjudication and other decisions. You have the right to request an amendment for as long as we maintain the PHI. Requests must be made in writing and include the reason for the request. We may deny the request if the PHI is accurate and complete or if we did not create the PHI.
- You have the right to request a list of our disclosures of the PHI. Your request must state a time period, may not include dates may not exceed a period of six years prior to the date of your request. If you request more than one list in a year, we may charge you for providing the list. We will notify you of the fees and you may withdraw or modify your request before any costs are incurred. Any list of disclosures provided by us will not include disclosures made for payment, treatment or healthcare operations; made to you or persons involved in your care; incidental disclosures, authorized disclosures, for national security or intelligence purposes or to correctional institutions.
- You have the right to request to restrict the way we use or disclose PHI regarding treatment, payment or health care operations. You also have the right to request to restrict the PHI we disclose about you to someone who is involved in your care or the payment for your care. In particular, information supplied to health plans, may be restricted if you make full payment out-of-pocket for treatment. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. Your request must be in writing and state (1) what information you want to restrict; (2) whether you want to restrict our use, disclosure or both; and (3) to whom you want the restrictions to apply.
- Uses and disclosures of your PHI, other than those above listed, require prior written authorization from you. You may revoke that authorization at any time by writing to us at the address below.
- You have the right to request that we communicate personal information to you in a certain way or at a certain location. Your request must specify how or where you wish to be contacted. We will comply with reasonable requests.
- 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 upon request.
- You have the right to be notified if a breach occurs.

Recent Regulatory Changes

- Marketing for third party vendors to promote their product(s) without prior authorization is prohibited if there has been a financial remuneration for sending the communications. PHI may be used in limited circumstances for fundraising (if a clear and conspicuous opt-out opportunity is available).
- The sale of PHI without the individual's authorization is prohibited.
- The use of genetic information for underwriting and employment purposes is prohibited.

Changes To This Notice

We reserve the right to modify this Privacy Notice and our privacy policies at any time. If we make any modifications, the new terms and policies will apply to all PHI before and after the effective date of the modifications that we maintain. If we make material changes, we will send a new notice to the insured/subscribers.

Complaints, questions and requests

If you believe your privacy rights have been violated or if you have questions or requests, you may file a complaint/question/request. Please include your name, name of your insurance plan, policy ID, address and phone number for us to respond. All complaints, questions and requests must be submitted in writing to:

Parkside Optometry 1880 S. Norfolk Street, San Mateo, CA 94403

You may also file complaints to the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.