

NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

We must provide you with the following important information:

- How we may use and disclose your Protected Health Information (PHI)
- Your privacy rights in your PHI
- Our obligations concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your personal information that are created or retained by Inland Vision Care (IVC). We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that Inland Vision Care has created or maintained in the past, and for any of your records that we may create or maintain in the future. Inland Vision Care will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time. Furthermore, our website, *inlandvisioncare.com* will carry a copy of this Notice at all times.

A. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Dr. Paul R. Yang, O.D.
Optometrist
12980 Frederick St., Suite G
Moreno Valley, CA 92553
909-243-2266
ivcmain@yahoo.com

B. USES AND DISCLOSURES OF PHI

The following categories describe the different ways in which we may use and disclose your Health Information. Your PHI may be used and disclosed by your provider, our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of Inland Vision Care.

1. **Treatment.** We will use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy

when we order a prescription for you. Many of the people who work for Inland Vision Care, including but not limited to, our doctors and nurses, may use or disclose your PHI in order to treat you or assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children, or parents.

In addition, we may disclose your PHI from time to time to another provider (e.g. a specialist or laboratory) who, at the request of your provider, becomes involved in your case.

2. **Payment.** Inland Vision Care may use and disclose your PHI in order to bill and collect payment for the services and products you may receive from us. This can include activities that your health insurance plan may undertake before it approves or pays for the health care services, determining eligibility or coverage for insurance benefits, reviewing services provided for medical necessity, and/or undertaking utilization review activities. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover your treatment. We also may use and disclose your PHI to obtain payment from other third parties and to bill you directly for services and supplies.
3. **Health Care Operations.** Inland Vision Care may use and disclose your PHI to operate our business. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, marketing, and for other business activities.

For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. Your name may be called in the waiting room when it is time for your provider to see you. We may use or disclose your PHI to contact you to remind you of your appointment.

“Business Associates” perform various activities (e.g. billing, transcription services) for us. We will share your PHI with business associates whenever appropriate. A written contract with the business associate will outline the terms that will protect the privacy of your PHI.

We might use or disclose your PHI to discuss with you information about treatment alternatives or other health-related services.

We may also use and disclose your PHI for other marketing activities. For example, your name and address may be used to send you a newsletter about services Inland Vision Care offers. You may contact our Privacy Officer to request that these materials not be sent to you.

4. **Disclosures Required by Law.** Inland Vision Care will use and disclose your PHI when we are required to do so by federal, state, or local law.
5. **Release of Information to Family/Friends.** Inland Vision Care may release your PHI to a friend or family member that is involved in your care or who assists taking care of you. For example, a parent or guardian may ask that a family member go to the pharmacy and pick up a prescription. In this example, the family member may have access to another family member’s medical information.

C. OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITH YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT

We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to all or part of your PHI being used or disclosed. If you are not able to agree or object to the use or disclosure of your PHI, then your provider will, using professional judgment, determine whether the use is in your best interest. In any event, only the PHI that is relevant to your health care will be disclosed.

1. **Facility Directories:** Unless you object, we will use and disclose in our facility directory your name, the location at which you are receiving care, your condition (in general terms), and your religious affiliation (if applicable). All of this information, except religious affiliation, will be disclosed to people that ask for you by name. Members of the clergy will be told your religious affiliation.
2. **Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to object to such a disclosure, we may disclose such information if we determine that it is your best interest. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.
3. **Emergencies:** We may use or disclose your PHI in an emergency treatment situation. If this happens, your provider will try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your provider or another provider in the practice is required by law to treat you and the provider has attempted to obtain your consent but is unable, he or she may still use your PHI to treat you.
4. **Communication Barriers:** We may use and disclose your PHI if your provider or another provider in the practice attempts to obtain your consent but is unable to do so due to substantial communication barriers and the provider determines, using professional judgment, that you intend to consent under the circumstances.

D. USES AND DISCLOSURES OF PHI BASED UPON YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You can revoke this authorization in writing at any time, except to the extent that your provider or the provider's practice has taken action in reliance on the authorization

After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization.

E. OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT

1. **Public Health:** Inland Vision Care may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
 - Maintaining vital records, such as births and deaths.
 - Reporting child abuse or neglect.
 - Preventing or controlling disease, injury or disability.
 - Notifying a person regarding potential exposure to a communicable disease.
 - Notifying a person regarding a potential risk for spreading or contracting a disease or condition.
 - Reporting reactions to drugs or problems with products or devices.
 - Notifying individuals if a product or device they may be using has been recalled.
 - Notifying appropriate government agency (ies) and authority (ies) regarding the potential abuse or neglect of an adult patient (including domestic violence). However, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information.
 - Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. **Health Oversight:** We may disclose PHI to a health care agency for activities authorized by law. Oversight activities can include investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, 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.

3. **Required by Law:** We may use or disclose your PHI to the extent that law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

4. **Legal Proceedings:** We may disclose PHI in the course of any judicial or administrative proceeding, in response to a court or administrative tribunal order (to the extent such disclosure is expressly authorized). We may also disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

5. **Law Enforcement:** We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include:
 - Legal processes and otherwise required by law.
 - Limited information requests for identification and location purposes.
 - Pertaining to victims of a crime.
 - Suspicion that death has occurred as a result of criminal conduct.
 - In the event that a crime occurs on the premises of the practice.
 - Medical emergency (not on the practices premises) and it is likely that a crime has occurred.

6. **Abuse or Neglect:** We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
7. **Coroners, Funeral Directors, and Organ Donation:** We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaver organ, eye, or tissue donation purposes.
8. **Research:** Inland Vision Care may disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when:
 - a. An Institutional Review Board or a Privacy Board approved our use or disclosure.
 - b. We obtain the oral or written agreement of a researcher that agrees:
 - I. The information being sought is necessary for the research study.
 - II. The use or disclosure of your PHI is being used only for the research.
 - III. The researcher will not remove any of your PHI from Inland Vision Care
 - c. The PHI sought by the researcher only relates to decedents and the researcher agrees either orally or in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to access to the PHI of the decedents.
9. **Food and Drug Administration:** We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, or track products. Disclosure of your PHI would be to enable product recalls, make repairs or replacements, or conduct post marketing surveillance, as required.
10. **Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel.
 - a. For activities deemed necessary by appropriate military command authorities.
 - b. For the purpose of a determination by the Department of Veteran's Affairs of your eligibility for benefits.
 - c. To foreign military authority if you are a member of that foreign military service.We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.
11. **Inmates:** We may use or disclose your PHI if you are an inmate of a correctional facility and your provider created or received your PHI in the course of providing care for you.
12. **Workers' Compensation:** Inland Vision Care may release your PHI for worker's compensation and similar programs.

13. **Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. Seq.

F. **YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding the PHI that we maintain about you:

1. **Confidential Communications.** You have the right to request that Inland Vision Care communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, but not leave a message on the answering machine. We will accommodate reasonable requests. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact, Dr Paul R. Yang, O.D.
2. **You have the right to request a restriction of your PHI.** This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply.

Your provider is not required to agree to a restriction. If your provider believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If your provider does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide proper treatment. With this in mind, please discuss any restriction you wish to request with your provider. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to:

Dr. Paul R. Yang, O.D., 12980 Frederick St., Suite G, Moreno Valley, CA 92553, 909-243-2266

Your request must be in writing and describe in clear and concise fashion the following:

- The information you want restricted.
 - Whether you are requesting to limit Inland Vision Care's use, disclosure or both.
 - To whom you want the limits to apply.
3. **You have the right to inspect and copy your PHI.** This means you may inspect and obtain a copy of PHI about you that is contained in your medical record. A medical record contains medical and billing records and any other records that your provider and the practice use for making decisions about you.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer, Dr. Paul R. Yang, O.D., if you have questions about access to your medical record.

You must submit your request in writing to:

Dr. Paul R. Yang, O.D., 12980 Frederick St., Suite G, Moreno Valley, CA 92553, 909-243-2266

in order to inspect and/or obtain a copy of your medical record. Inland Vision Care may charge a fee for the costs of copying, mailing, labor and supplies associated with your request.

4. **You may have the right to have your provider amend your PHI.** This means you may request an amendment of PHI about you in your medical record for as long as we maintain it. To request an amendment, your request must be made in writing and submitted to:

Dr. Paul R. Yang, O.D., 12980 Frederick St., Suite G, Moreno Valley, CA 92553, 909-243-2266

You must provide us with a reason that supports your request for an amendment.

In certain cases, we may deny your request for an amendment. We may deny your request if you ask us to amend information that is in our opinion:

- Accurate and complete.
- Not part of the PHI kept by or for the practice.
- Not part of the PHI which you would be permitted to inspect and copy.
- Not created by our practice, unless the individual or entity that created the information is not available to amend the information.

If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer to determine if you have questions about amending your medical record.

5. **You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003.

An “accounting of disclosures” is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment or operations purposes. Use of your PHI as part of the routine patient care in our practice does not require documentation. For example, the doctor may share information with the nurse or with the billing department to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to:

Dr. Paul R. Yang, O.D., 12980 Frederick St., Suite G, Moreno Valley, CA 92553, 909-243-2266

All requests for an accounting of disclosures must state a time period, which may be no longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003.

The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before incurring any costs.

- 6. Complaints.** You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer for further information about the complaint process.

Dr. Paul R. Yang, O.D., 12980 Frederick St., Suite G, Moreno Valley, CA 92553, 909-243-2266
ivcmain@yahoo.com

- 7. You have the right to obtain a paper copy of this notice from us,** upon request, even if you have agreed to accept this notice electronically. This notice is also available on our website:
www.inlandvisioncare.com

Once again, if you have any questions regarding this notice or our health information privacy policies, please contact:

Dr. Paul R. Yang, O.D., 12980 Frederick St., Suite G, Moreno Valley, CA 92553, 909-243-2266
ivcmain@yahoo.com