

## **NOTICE OF PRIVACY PRACTICES**

### **RIVERSIDE EYECARE PROFESSIONALS & RIVERSIDE SURGERY CENTER, INC.**

RIVERSIDE 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 of 1996 (HIPAA). This notice describes how Protected Health Information (PHI) may be used and disclosed, as well as your associated rights. PHI includes both medical information and individually identifiable information, such as your name, address, telephone number or social security number. RIVERSIDE is required to follow the terms of this Notice; however, we retain the right to modify or change our privacy practices from time to time, particularly as new laws and regulations become effective. Any changes will be effective for all the PHI in existence before the change. If we materially modify our privacy practices, we will make a new Privacy Notice available. The privacy of your PHI is important to us. Please review it carefully.

#### **HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION (PHI)**

We will not use or disclose PHI without your authorization, except as described or otherwise permitted by this Notice.

- **Treatment.** We may use PHI to provide and coordinate the treatment and services you receive.  
Examples: (1) We may disclose PHI to doctors, nurses, and technicians who are involved in taking care of you; (2) We may share PHI with a doctor, lab, or imaging center to whom we refer you for ongoing or further care; (3) We may share PHI with a pharmacy or optometrist in order to fill a prescription; (4) We may disclose PHI to individuals who may be involved in your medical care; this may include your family members, or other personal representatives authorized by you or by a legal mandate (a guardian or other person who has been named to handle your medical decisions, should you become incompetent).
- **Payment.** We may use and disclose PHI for services and procedures so they may be billed and collected from you, an insurance company, or any other third party.  
Examples: (1) We may need to share PHI to obtain payment or reimbursement for the care; and, (2) We may also tell your health plan and/or referring physician about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **Health Care Operations.** We may use and disclose PHI for certain operational, administrative and quality assurance activities.  
Examples: (1) We may review PHI to evaluate the performance of our staff, to decide what additional services to offer and where, to decide what services are not needed, and to determine whether certain new treatments are effective; (2) We may disclose PHI to doctors, nurses, technicians, and other personnel for review and learning purposes; (3) We may use or disclose PHI for internal or external utilization review and/or quality assurance.
- **Patient Communication.** We may use and disclose PHI to contact you as a reminder that you have an appointment, and/or need to schedule or reschedule an appointment, or to notify you of tests results or that we need additional information for billing or scheduling purposes. This contact may be by phone or paper/electronic mail and may involve access by other individuals who answer your phone, listen to your messages and read your mail.
- **Emergency Situations.** We may disclose PHI in an emergency situation so that your family can be notified about your condition, status and location.
- **Research.** Under certain circumstances, we may use and disclose PHI for research purposes regarding medications, efficiency of treatment protocols and the like. We will obtain an Authorization from you before using or disclosing your individually identifiable health.
- **Required By Law.** We will disclose PHI when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose PHI when necessary to prevent a serious threat either to your specific health and safety or the health and safety of the public or another person.
- **Organ and Tissue Donation.** If you are an organ donor, we may release PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Workers' Compensation.** We may release PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** Law or public policy may require us to disclose PHI for public health activities.
- **Investigation and Government Activities.** We may disclose PHI to a local, state or federal agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We may also disclose PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI to the correctional institution or law enforcement official.

### **OTHER USES OF PROTECTED HEALTH INFORMATION (PHI)**

Other uses and disclosures of PHI not covered by this notice (i.e. marketing, sales, etc) or the laws that apply to us will be made only with your written permission, unless those uses can be reasonably inferred from the intended uses above. If you have provided us with your permission to use or disclose PHI, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

### **PATIENT RIGHTS**

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. This includes your own medical and billing records, but does not include psychotherapy notes. While your medical record may not be in electronic format, you may request to receive a copy of your records in electronic format. Upon proof of an appropriate legal relationship, records of others related to you or under your care (guardian or custodial) may also be disclosed. To inspect and copy your medical record, you must complete our medical records release form. We may charge a fee for the costs of copying such records & Riverside may take up to 30 days to provide access/copies. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that our Privacy Officer review the denial.
- **Right to Amend.** If you feel that the medical information we have about you in your record is incorrect or incomplete, you may ask us to amend the information, following the procedure below. You have the right to request an amendment for as long as we maintain your medical record. To request an amendment, your request must be submitted in writing, along with your intended amendment and a reason that supports your request to amend. The amendment must be dated and signed by you and notarized. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that (a) Was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (b) Is not part of the medical information kept by or for the Practice; (c) Is not part of the information which you would be permitted to inspect and copy; or (d) Is inaccurate and incomplete.
- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures" we made of PHI to others. To request this information, you must submit your request in writing. Your request must state a time period not longer than six years back and may not include dates before April 14, 2003. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You may request to have restricted sharing of PHI to health plans for "out of pocket" services rendered by Riverside. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care (a family member or friend). We are not required to agree to your request and we may not be able to comply with your request. If we do agree, we will comply with your request except that we shall not comply, even with a written request, if the information is excepted from the consent requirement or we are otherwise required to disclose the information by law. To request restrictions, you must make your request in writing. In your request, you indicate what information you want to limit, whether you want to limit our use, disclosure or both; and to whom you want the limits to apply, (e.g., disclosures to your children, parents, spouse, etc.)
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. To request confidential communications, you must make your request in writing. We may not be able to comply with your request.
- **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.
- **Breach Notification.** Riverside is required to notify affected individuals in case of any breach of their PHI.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with RIVERSIDE and/or with the U.S. Department of Health and Human Services, Office of Civil Rights. All complaints must be submitted in writing, and all complaints shall be investigated, without repercussion to you. To file a complaint with RIVERSIDE, direct your written correspondence to the Privacy Officer at RIVERSIDE, 2801 Park Marina Drive, Redding, CA 96001. 8/25/13