

ACE EYECARE, Inc.

NOTICE OF PRIVACY PRACTICES

Effective date of Notice:
September 1, 2017

***THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.***

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This notice describes how we protect your health information and what rights you have regarding it.

Our Uses and Disclosures for Treatment, Payment and Healthcare Operations

The most common reason why we use or disclose your health information is for treatment, payment or health care operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you; testing or examining your eyes; prescribing glasses or eye medications and faxing them to be filled; referring you to another doctor or clinic for consultation or treatment; or getting copies of your health information from another professional that you may have seen before us. Examples of how we use or disclose your health information for payment purposes are: asking you about your health and/or vision insurance coverage, preparing and sending bills or claims and collecting unpaid amounts (either ourselves or through a billing service or collection agency). "Healthcare operations" mean those administrative and managerial functions that we have to do in order to run our office. Examples of how we use or disclose your health information for healthcare operations are: financial or billing audits; internal quality assurance; personnel decisions, defense of legal matters, business planning and outside storage of our records.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

- **Help with public health and safety issues.** We can share health information about you for certain situations such as:
 - For public health purposes, such as contagious disease reporting, investigation or surveillance and notices to and from the federal Food and Drug Administration regarding drugs or medical devices.
 - Disclosures to governmental authorities regarding victims of suspected abuse, neglect or domestic violence.
 - Uses and disclosures to prevent a serious threat to health or safety.
- **Do research.** We can use or share your information for health research.
- **Comply with the law.** We will share information about you if state or federal law requires it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- **Address worker's compensation, law enforcement, and other government requests.**
 - When a state or federal law mandates that certain information be reported for a specific purpose.
 - Disclosures for law enforcement purposes, such as to provide information about someone who is suspected to be a victim of a crime; to provide information about a crime at our office, or to report a crime that happened somewhere else.
 - Disclosures relating to Workers' Compensation programs.
 - Uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medi-Cal; or for the investigation of possible violations of health care laws.
 - For special government functions such as military, national security, and presidential protective services.

- **Respond to lawsuits and legal actions.** Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies.
- **Work with a medical examiner or funeral director, or to respond to organ and tissue donation requests.** We can disclose your information to a Medical Examiner to identify a dead person or to determine cause of death, or to funeral directors to aid in burial; or to organizations that handle organ and tissue donations.
- **Disclosure of de-identified information.**
- **Incidental disclosures** that are an unavoidable by-product of permitted uses and disclosures.
- **Disclosures to “Business Associates”** who perform health care operations for us and who commit to respect the privacy of your health information.

Uses and Disclosures for Other Reasons With Your Permission

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- You have both the right and choice to tell us to share information with your family, close friends, or others involved in your care, or to share information in a disaster relief situation. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- We never share your information unless you give us written permission for marketing purposes or sale of your information.
- In the case of fundraising, we may contact you for fundraising efforts, but you can tell us not to contact you again.

Appointment Reminders

We may call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that might help you.

Other Uses and Disclosures

We will not make any other uses or disclosures of your health information unless you sign a written “authorization form”. The content of said form is determined by federal law. Sometimes, we may initiate the authorization process if the use or disclosure is our idea. Sometimes, you may initiate the process if you wish for us to send your information to someone else. If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization form, we cannot make the use or disclosure. If you do sign an authorization form, you may revoke it at any time. Revocations must be in writing. Send them to the office contact person at the end of this notice.

Your Rights Regarding Your Health Information

The law gives you many rights regarding your health information. You can:

- Ask us to limit what we use or share for purposes of treatment (except emergency treatment), payment or healthcare operations. We do not have to agree to this, but if we agree, we must honor the restrictions that you want. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information. To ask for a restriction, send a written request to the office contact person at the address or fax shown at the end of this notice.
- Get a list of those with whom we’ve shared information. You can ask for an accounting of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- Request confidential communications, such as by phoning you at work rather than at home or by mailing health information to a different address. We will accommodate these requests if they are reasonable, and if you

reimburse us for any extra cost. If you want to ask for confidential communications, send a written request to the office contact person at the address or fax at the end of this notice.

- Get an electronic or paper copy of your medical record. By law, there are a few situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 30 days of asking us (60 days if the information is stored off-site). You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation. By law, we can have one 30 day extension of the time for us to give you access or photocopies if we send you written notice of the extension. If you want to review or get photocopies of your health information, send a written request to the office contact person at the address or fax at the end of this notice.
- Ask us to correct your medical record if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know got the wrong information, as well as others that you specify. If we do not agree, you can write a statement of your position that we will include in your health information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have one 30 day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, send a written request, including your reasons for the amendment, to the office contact person at the address or fax at the end of this notice.
- Get a copy of this Notice of Privacy Practices upon request. If you want additional paper copies, send a written request to the office contact person at the address or fax shown at the end of this notice.
- Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- File a complaint if you feel your rights are violated. You can complain if you feel we have violated your rights by contacting us using the information at the end of this form. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

Our Responsibilities

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice any time as allowed by law. If we change this notice, the new privacy practices will apply to your health information that we already have as well as to any future information. If we change our Notice of Privacy Practices, we will post the new notice in our office and have copies available in our office.

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Complaints

If you think that we have 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. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to the office contact person at the address or fax shown at the end of this notice. If you prefer, you can discuss your complaint in person or by phone.

THE FOLLOWING NOTICE IS REQUIRED BY LAW

You may be referred to Empire Eye and Laser or Empire Surgery Center for certain services. Each of the following physicians has a financial interest with Empire Eye and Laser and Empire Surgery Center: Joseph H. Chang, M.D. and Daniel H. Chang, M.D.

Patient's Freedom of Choice

You are free to choose any ophthalmologist you wish for obtaining services that may be ordered or requested for you by any of the ophthalmologists listed above. Potential sources of information concerning alternatives can also be obtained from the Yellow Pages, the internet, or the Medical Board of California. Your ophthalmologist would be happy to discuss any alternatives with you.

The following address is provided for the filing of any complaints relevant to this notice or the services provided: Medical Board of California, 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815.

For More Information

If you want more information about our privacy practices, write or call ACE Eyecare, Inc., 1721 Westwind Dr, Ste B, Bakersfield, CA 93301, ATTN: Referral Clerk, w: 661-215-1006, f: 661-324-1172.