## NOTICE OF PRIVACY PRACTICES

Precision Eye Care Centers 1039 El Monte Ave #K 117 Bernal Rd. #40 Mountain View, CA 94040 San Jose, CA 95119 (650) 967-0140 (408) 362-9789 Office Contact Person: Dr. David Redman

# 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.

#### TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

Your health information may be disclosed for treatment, payment, or health care operations (see long format form at the front desk for detailed examples of disclosure situations). We routinely use this information *inside* our office for these purposes without any special permission. If we need to disclose your health information *outside* of our office for these reasons we will ask you for special written permission.

### USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows / requires us to use / disclose your health information without your permission. (see long form for more details). Unless you object, we will share relevant information about your care with your family and friends who are helping your with your eye care.

#### APPOINTMENT REMINDERS

We may call / write to remind you of scheduled and / or routine appointments. We may also call / write to notify you of other treatments or services available at our office that may help you. Unless you tell us otherwise, we will mail you an appointment reminder on a postcard, and/or leave you a reminder message on your home answering machine or with someone who answers your phone if you are not at home.

#### OTHER USES AND DISCLOSURES

We will not make any other uses / disclosures of your health information unless you sign a written "authorization form." If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do sign one, you may revoke it by written request to above contact person at any time unless we have already acted upon it.

### YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information: You can ask us for the following by written request (you will be responsible for payment required to process requests as needed):

-To restrict uses and disclosures for purposes of treatment.

-To communicate with you in a confidential way per your specific request of mode of communication

-To acquire photocopies of your health information. Photocopies will be provided within 30 days from the date of the request and, by law, our office may submit to you a written notice of an additional 30 day extension if needed.

-To amend your health information if you think that it is incorrect or incomplete pending review by our office within 60 days of the request. If we do not agree, you can write a statement of your position and we will include your health information along with any rebuttal statement

-To get a list of the disclosures made within the past 6 years (see long form for details). You are entitled to one list per year received 60 days from the date of the request with additional 30 day extension if written request is submitted.

-To get additional paper copies of this Notice of Privacy Practices (short and/ or long format) upon request.

# OUR NOTICE OF PRIVACY PRACTICES

Any changes in our Notice of Privacy Practices will be posted on a new notice in our office with copies made available at our office and posted on our web site.

### COMPLAINTS

For complaints regarding the privacy of your health information please contact the U.S. Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written request to the contact person above or, if you prefer, you can discuss your complaint in person or by phone.

# I ACKNOWLEDGE THAT I RECEIVED A COPY OF PRECISION EYECARE CENTERS NOTICE OF PRIVACY PRACTICES.

Patient Name: \_\_\_\_

Signature:

Guardian Name: \_\_\_\_\_ Guardian Signature: \_\_\_\_\_