

# CHAO VISION INSTITUTE

Commitment ♦ Expertise ♦ Integrity

## Notice of Privacy Practices

### **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.**

#### **Chao Vision Institute, Inc. Medical Associates**

Chao Vision Institute, Inc. Medical Associates (CVI) is privately owned and operated by Lawrence Chi Chao, M.D. a Professional Corporation. All patient care is overseen and supervised by Dr. Lawrence Chao M.D., Medical Director. This Notice applies to information and records regarding your health care maintained at CVI.

#### **Our Pledge Regarding Your Medical Information**

CVI is committed to protecting medical information about you. In the ordinary course of receiving treatment and health care services from us, we will gather certain medical information about you to create a record of the care provided to you.

The Privacy Rule under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires us to: (i) maintain the privacy of medical information provided to us; (ii) provide notice of our legal duties and privacy practices; and (iii) abide by the terms of our Notice of Privacy Practices currently in effect.

#### **How We May Use and Disclose Information About You**

We may use and disclose personal and identifiable health information about you for a variety of purposes. Not every use or disclosure will be listed. All of the ways we are permitted to use and disclose information, however, will fall within one of the following categories.

*For Treatment.* We may use health information about you in your treatment. For example, we may use your medical history, such as any presence or absence of diabetes, to assess the health of your eyes. We may also share medical information about you with non CVI providers, agencies or facilities in order to provide or coordinate different things you need, such as history and physical exams, prescriptions, and lab work. We also may disclose medical information about you to people outside of CVI who may be involved in your continuing medical care after you have received care and treatment from CVI such as other health care providers, referring physician, and family members.

*For Payment.* We may use and disclose health information about you to bill for our services and to collect payment from you or your insurance company. For example, we may need to give a payer information about your current medical condition so that it will pay us for the eye examinations or other services that we have furnished you. We may also need to inform your payer of the treatment you are going to receive in order to obtain prior approval or to determine whether the service is covered.

*For Health Care Operations.* We may use and disclose information about you for CVI operations. These uses and disclosures are made for quality of care and medical staff activities, CVI education, and other staff inservices such as to arrange for auditors or consultants to review our practices, evaluate our operations, and tell us how to improve our services. Your medical information may also be used to disclosed to comply with law and regulation, for contractual obligations, patients' claims, grievances and lawsuits, health care contracting, legal services, business planning and development, business management and administration, the sale of all or part of CVI to another entity, underwriting or other insurance activities and to operate CVI. For example, we may review your health information to improve treatment and services to our patients.

*Appointment Reminders.* We may contact you to remind you that you have an appointment or to schedule an appointment.

*Treatment Alternatives.* We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

*Health-Related Benefits and Services.* We may contact you to tell you about the benefits or services we provide.

*Individuals Involved in Your Care or Payment for Your Care.* We may disclose information to anyone involved in your care or in the payment for your care. This includes people and organizations that are part of your "circle of care" -- such as close friends or family members, personal representative, or any individual you identify.

*Disaster Relief Efforts.* We may disclose health information about you to an entity assisting in disaster relief effort so that your family can be notified about your condition, status and location.

*As Required by Law.* We will disclose medical information about you when required to do so by federal or state law such as governmental, licensing, auditing, and accrediting agencies.

*Military and Veterans.* If you are or were a member of the armed forces, we may release medical information about you to military command authorities as authorized or required by law.

*Workers' Compensation.* We may use or disclose medical information about you for Workers' Compensation or similar programs as authorized or required by law. These programs provide benefits for work-related injuries or illness.

*Public Health Disclosures.* We may disclose medical information about you for public health purposes. These purposes generally include the following: preventing or controlling disease, injury or disability; reporting vital events such as births and deaths; reporting child abuse; reporting adverse events or surveillance related to food, medications or defects or problems with products; notifying persons of recalls, repairs or replacements of products they may be using; notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition; reporting to the employer findings concerning a work-related illness or injury or workplace-related medical surveillance; and notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence and make this disclosure as authorized or required by law.

*Legal Proceedings.* We may disclose medical information to courts, attorneys and court employees in the course of conservatorship and certain other judicial or administrative proceedings.

*Lawsuits and Other Legal Actions.* In connection with lawsuits or other legal proceedings, we may disclose medical information about you in response to a court or administrative order or in response to a subpoena, discovery request, warrant, summons or other lawful process.

### **Individual Rights**

Your medical information is the property of CVI; you have the following rights regarding medical information we maintain about you. To exercise any of the following rights, please contact us in writing.

*Right to Request Restrictions* on the ways we use and disclose your health information for treatment, payment and health care operation purposes. You may also request that we limit our disclosures to persons assisting your care or payment for your care. We will consider your request, but we are not required to accept it.

*Right to Request Confidential Communications* by alternative means or at alternative locations. For example, you may ask that we only contact you at home or only by mail.

*Right to Inspect and/or Receive a Copy* of your medical information. CVI may charge you a fee for copying and mailing.

*Right to Request an Amendment or Addendum* if you believe that medical information we have about you is incorrect or incomplete, you may ask us to amend the information or add an addendum (addition to the record). Under certain circumstances, we may deny your request if you ask us to amend information that (i) was not created by CVI; (ii) is not part of the medical information kept by or for CVI; (iii) is not part of the information which you would be permitted to inspect and copy; or (iv) is accurate and complete. When making a written request for amendment, you must state a reason for making the request.

*Right to an Accounting of Disclosures* we have made of your medical information that may not be before April 14, 2003. You are entitled to one accounting within any 12-month period at no cost.

*Right to a Paper Copy* of this Notice. You may ask us for a copy at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

### **Changes to CVI's Privacy Practices and This Notice**

We reserve the right to make changes to our privacy practices and this notice at any time. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice at CVI. In addition, at any time you may request a copy of the current Notice in effect.

### **Questions or Complaints**

If you have any questions about this Notice, please contact **Chao Vision Institute, Inc. Medical Associates at 2500 Alton Parkway Suite 102, Irvine, CA 92606 attention Lawrence C. Chao, M.D.** If you believe your privacy rights have been violated, you may file a written complaint with Chao Vision Institute or with the Secretary of the Department of Health and Human Services. To file a complaint with Chao Vision Institute, contact Chao Vision Institute, Attn: Compliance Officer, 2500 Alton Parkway Suite 102, Irvine, CA 92606. This notice is effective as of April 14, 2003.

***You will not be penalized for filing a complaint.***

### **Other Uses of Medical Information**

Other uses and Disclosures of Personal Information not covered by this Notice will be made only with your written permission. If you provide us with such permission, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose personal information about you 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 will retain our records of the care provided to you as required by law.