

**IRVINE EYE PHYSICIANS AND SURGEONS INC.  
HIPAA NOTICE OF PRIVACY PRACTICES**

Effective Date: April 14, 2003

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.**

If you have any questions about this notice, please contact the Privacy Officer at (949) 753-1163.

**WHO WILL FOLLOW THIS NOTICE:**

The Irvine Eye Medical Group provides eye care related health care services. This notice describes the privacy practices of the Irvine Eye Medical Group, including:

- Any health care professional authorized to enter information into your medical record.
- Any member of a volunteer group we allow to help you while you are a patient.

**OUR COMMITMENT REGARDING HEALTH INFORMATION:**

We understand that health information about you and your health is personal. We are committed to protecting health information about you by complying with all applicable federal and state privacy and confidentiality requirements. Accordingly, we have developed policies, enhanced the controls over our computers and other systems which access and store health data, and educated our workforce about protecting your health information.

The Irvine Eye Medical Group provides eye care services to the community. In doing so, we obtain health information about and from their patients. As we obtain this information, we create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the Irvine Eye Medical Group. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your health information.

We are required by law to make sure that health information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to health information about you; and follow the terms of the notice that is currently in effect.

The Irvine Eye Medical Group strives to protect the privacy and security of your health information during your treatment and after your treatment has ended. The Irvine Eye Medical Group uses electronic record systems and believes they are an important part of improving the quality and safety of the care we provide. Physicians, authorized practitioners, and authorized members of our workforce are given access to these systems so that they can access your information when needed. The Irvine Eye Medical Group has policies, procedures and technical safeguards in place to protect your information from being accessed by anyone other than those authorized.

While our internal information systems are reasonably secure from access by unauthorized parties, e-mail communication between you and the Irvine Eye Physicians and Surgeons Inc. is not secure because it is transmitted through public communication lines (the Internet). There is a possibility that e-mail transmitted using the Internet could be intercepted or received by an unauthorized person. Physicians and staff will not communicate with you using e-mail unless you have authorized us to do so.

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.**

The following categories describe different ways that we use and disclose medical information. For each

category of uses or disclosures we will explain what we mean and give examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use medical information about you to provide you with medical treatment or services. We will provide medical information about you to doctors, nurses, technicians, medical students, residents, or other personnel who are involved in taking care of you. For example, the doctor will need to contact your primary care physician of the state of any eye disease that will have bearing on your overall health. Different units of the medical office also may share medical information about you in order to coordinate the different things you need, such as prescriptions and glasses. We may use and disclose medical information about you in order to communicate with you about available treatment—for example, to send you appointment or prescription refill reminders, or to offer wellness and other educational programs, or to tell you about or recommend possible treatment options or alternatives that may be of interest to you. With your agreement, we also may disclose information about you to others outside the medical office involved in your care. These may include other specialists who are consulted about your treatment or care, home health agencies or medical equipment suppliers who provide services that are related to your care, and your regular physician on record so that they have appropriate information for providing care to you.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, the responsible party (guarantor) on your account, Medicare or other governmental programs, an insurance company or another third party. When you become a patient, we will ask for your agreement to disclose information outside the medical office as necessary to obtain payment for your health care. For example, we may need to give your health plan information about care you received so your health plan will pay us or reimburse you for the care. We may also tell your health plan about a treatment you are going to receive, to obtain prior approval or to determine whether your plan will cover the rest of the treatment.

For Health Care Operations. We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run the medical office and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services the medical office should offer, what services are not needed, and whether certain new treatments are effective. We may also provide information to doctors, nurses, technicians, medical and nursing or other students and other personnel and trainees for review and learning purposes. With your agreement we may also combine the medical information we have with medical information from other health care centers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information, so that others may use it to study health care and health care delivery without learning who you are. If we do so, we only provide them with health information when it is necessary and only after they have signed a written agreement agreeing to protect the privacy of the information.

Business Associates. Sometimes it is necessary for us to hire outside parties (business associates) to help us carry out certain health care operations or services. These services are provided in our organization through contracts with the business associates. Examples include computer maintenance by outside companies, consultants and transcription of medical records by outside medical records services. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do. Similarly, there are other consultants that provide services to us, and may need access to your health information to do their jobs. We require all business associates to appropriately safeguard your information.

Appointment Reminders. We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or health care.

Treatment Alternatives. We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health Related Benefits or Services. We may use and disclose health information to tell you about health related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may communicate medical information about you to a family member or friend who is involved in your medical care or payment for your medical care. If your condition prevents you from being able to state your wishes about such communications, we will use our professional judgment to determine with whom we should communicate. In addition, in the event of a natural disaster or other disaster, we may disclose information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Other Care Providers. With your agreement, we may disclose medical information to health care professionals who have cared or currently are caring for you, such as, a referring hospital and its physicians, rescue squads or a nursing home medical director, for them to use in treating you, seeking payment for treatment, and certain health care operations, such as evaluating the quality of their care and the performance of their staff, providing training, and licensing and accreditation reviews.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. By performing research, we learn new and better ways to diagnose and treat illnesses. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. We also may retain samples from tissue or blood and other similar fluids normally discarded after a medical procedure for later use in research projects. All these research projects, however, are subject to a special review and approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. In some cases, your authorization would be required. In other cases it may not, where the review process determines that the project creates no more than a minimal risk to privacy, obtaining your authorization would not be practical and the researchers show they have a plan to protect the information from any improper use or disclosure. We may also disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the medical office. And if a research project can be done using medical data from which all the information that identifies you (such as your name, social security number and medical record number) has been removed, we may use or release the data without special approval. We also may use or release data for research with a few identifiers retained—dates of birth, admission and treatment, and general information about the area where you live (not your address), without special approval. However, in this case we will have those who receive the data sign an agreement to appropriately protect it. In the event that you participate in a research project that involves treatment, your right to access health information related to that treatment may be denied during the research project so that the integrity of the research can be preserved. Your right to access the information will be reinstated upon completion of the research project.

As Required By Law. We will disclose medical information about you 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 medical information about you

when necessary to prevent an immediate, serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ or tissue procurement or to an organ donation bank, to further organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report endangering disabilities of drivers and pilots;
- to report abuse or neglect of children and vulnerable adults;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if you have authorized that disclosure.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official. Examples of where information may be released to a law enforcement official without your individual authorization include:

- In response to a court order;
- About certain types of wounds or wounds made by certain weapons;
- For medical examiner investigations;
- In emergency situations;
- For child abuse investigations;
- To identify a deceased person;
- About the victim of a crime if, under certain limited circumstances, we are able to obtain the person's agreement; and
- About criminal conduct at the hospital.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about deceased patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state of conduct special investigations.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

#### YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

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 your medical and billing records. To inspect and copy your medical or billing records, you may submit your request in writing to the Irvine Eye Physicians and Surgeons Inc., 15785 Laguna Canyon Road, Suite 300, Irvine, California, 92618. If you request a copy of the information, we may charge a fee for costs of copying, mailing or other supplies associated with your request. 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 the denial be reviewed in certain circumstances. If you so request, another licensed health care professional chosen by the medical office will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Request Amendments. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. To request an amendment, your request must be made in writing and submitted to the Irvine Eye Physicians and Surgeons Inc., 15785 Laguna Canyon Road, Suite 300, Irvine, California 92618. In addition, you must provide a reason that supports your request. We may deny your request if you ask us to amend information that:

- Was not created by us, unless you can show the person or entity that created the information is no longer available to make the amendment. If so, we will add your request to the information record;
- Is not part of the medical information kept by or for the medical office;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

We will notify you in writing if we deny your request. If the request is denied, you have the right to submit a written statement of reasonable length disagreeing with the denial.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of disclosures of medical information about you that were not for treatment, payment or health care operations and of which you were not previously aware. To request this list of accounting of disclosures, you must submit your request in writing to the Irvine Eye Physicians and Surgeons Inc., 15785 Laguna Canyon Road, Suite 300, Irvine, California 92618. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request

should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. If the cost will be greater than \$50.00, 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 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.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing--contact the Irvine Eye Physicians and Surgeons Inc., 15785 Laguna Canyon Road, Suite 300, Irvine, California 92618. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

Right to Request Alternative Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request alternative communications, you must make your request in writing--contact the Irvine Eye Physicians and Surgeons Inc., 15785 Laguna Canyon Road, Suite 300, Irvine, California 92618. We will not ask you the reason for your request. We will accommodate all reasonable requests within our technical capabilities. Your request must specify how or where you wish to be contacted.

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. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

- You may obtain a copy of the notice on the office website.
- You may obtain a copy of the notice by e-mailing the office at [info@drchia.com](mailto:info@drchia.com) to request a copy of the notice.
- To obtain a paper copy of this notice, contact the Irvine Eye Physicians and Surgeons Inc., 15785 Laguna Canyon Road, Suite 300, Irvine, California 92618.

#### CHANGES TO THIS NOTICE

We are required to abide by the terms of our notice currently in effect. We reserve the right to change this notice, and make the 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 in registration and admission areas of the health care units of the medical office, and on our Web site. The notice will contain on the first page, in the top corner, the effective date. In addition, each time you register at or are admitted to a medical office health care unit for treatment or health care services as an inpatient or outpatient, we will have copies of the current notice available on request.

If you believe your privacy rights have been violated, you may file a complaint with the medical office or with the Secretary of the Department of Health and Human Services. To file a complaint, contact the Irvine Eye Physicians and Surgeons Inc., 15785 Laguna Canyon Road, Suite 300, Irvine, California 92618. You may also call the Irvine Eye Physicians and Surgeons Inc. Privacy Office at (949) 753-1163 to discuss your question or complaint. All complaints must be submitted in writing. You will not be penalized for filing a complaint. You may also submit your complaint directly to the Department of

Health and Human Services – Region IX - Office for Civil Rights, U.S. Department of Health & Human Services, 50 United Nations Plaza - Room 322, San Francisco, CA 94102, (415) 437-8310; (415) 437-8311 (TDD), (415) 437-8329 FAX

**OTHER USES OF MEDICAL INFORMATION.**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you give us permission to use or disclose medical information about you for a particular purpose, you may revoke that permission, in writing, at any time by contacting the Irvine Eye Physicians and Surgeons Inc., 15785 Laguna Canyon Road, Suite 300, Irvine, California 92618. If you revoke your permission, we will no longer use or disclose medical 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 are required to retain our records of the care that we provided to you.

**MORE INFORMATION.**

For more information, contact the Privacy Officer at (949) 753-1163.

I hereby authorize the use or disclosure of my individually identifiable health information as described in the "NOTICE OF PRIVACY PRACTICES" document.