**Notice of Privacy Practices**

Dorit Scharff, OD and Jean Hsu, OD : 408 244-4335

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We respect or legal obligation to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect such information. We are also required by law to notify affected individuals following a breach of their unsecured health information.

**TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**

The most common reasons why we would use or disclose your health information is for treatment, payment, or health care operations. We do not need specific permission to use or disclose your medical information in the following matters, although you have the right to request that we do not.

Examples of how we might use or disclose health information for treatment purposes include:

Setting up or changing appointments including leaving messages with those at your home or office who may answer the phone or leaving voice mails or emails; calling your name out in a reception room environment; prescribing glasses, contact lenses, or medications as well as relaying this information to suppliers by phone, fax, or other electronic means including initial prescriptions and requests from suppliers for refills; notifying you that your ophthalmic goods are ready , including leaving messages with those at your home or office who may answer the phone or leaving voice mails or emails, referring you to another doctor for care not provided by this office; obtaining copies of health information from doctors you have seen before us; discussing your care with you directly or with family or friends you have implied or agreed may listen to information about your health; sending you letters or leaving messages with those at your home who may answer the phone, voice mails, or emails reminding you it is time for continued care. At your request w may provide you with a copy of your medical records via email transmission.

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Examples of how we might use or disclose health information for payment purposes include:

Asking you about your vision or medical insurance plans or other sources of payment; preparing and sending bills to your insurance provider or to you; providing any information required by third party payors in order to ensure payment for services rendered to you; sending notices of payment due on your account to the person designated as responsible party on your account with fee explanations that could include procedures and related diagnoses; collecting unpaid balances either ourselves or through a collection agency, attorney, or district attorney’s office. At the patient’s request we may not disclose heath care information that you have paid for out of pocket. This only applies to those encounters related to the care you want restricted.

**USE AND DISCLOSURES FOR OTHER REASONS NOT NEEDING PERMISSION**

In some other limited situations, the law allows us to use or disclose your medical information without your specific permission. Not all these situations will apply to you: some may never come up at our office at all.

* when a state or federal law mandates that certain health information be reported for a specific purpose;
* for public health reasons, such as reporting of a contagious disease, investigations or surveillances, and notices to and from the FDA regarding drugs or medical devices;
* disclosures to government or law authorities about victims of suspected abuse, neglect, domestic violence, or when someone is or is suspected to be a victim of crime;
* disclosures for judicial and administrative proceedings, such as in response to subpoenas or order of courts or administrative hearings;
* disclosures to a medical examiner to identify a deceased person or determine cause of death or to funeral directors to aid in burial;
* disclosures to organizations that handle organ or tissue donations;
* Uses or disclosures for health related research;
* Uses or disclosures to prevent a serious threat to health or safety of an individual or individuals
* Uses or disclosures to aid military purposes or lawful national intelligence activities
* disclosures of de-identified information;
* disclosures related to a workman’s compensation claim;
* disclosures of a “limited data set” for research, public health, or health care operations;
* incidental disclosures that are a unavoidable by-product of permitted uses and disclosures
* disclosures of information needed in completing forms from a school related vision screening information to the Department of Public Safety, information related to certification for occupation or recreational licenses such as a pilot’s license;
* disclosures to business associate who perform health are operations for our doctors and who commit to respect the privacy of your information. We also require any business associate to require any subcontractor to comply with our privacy policies.
* unless you object, disclosures of relevant information to family members or friends who are helping you with your care or by their allowed presence cause us to assume you approve their exposure to relevant information about your health

**USES OR DISCLOSURES TO PTIENT REPRESENTATIVES**

It is the policy of our doctors ‘offices for our staff to take phone calls from individuals on a patient’s behalf requesting information about making or changing an appointment; the status of eyeglasses, contact lenses, or other optical goods ordered by or for the patient. Our offices will also assist individuals on a patient’ behalf in the delivery of eyeglasses, contact lenses, or other optical goods. During a telephone or in person contact, every effort will be made to limit the encounter to only the specifics needed to complete the transaction required. No information about the patient’s vision or health status may be disclosed without proper patient consent. The doctors’ offices will also infer if you allow another person in an examination room, treatment room, dispensary, or any business area withing the office with you while testing is performed, or discussions held about your vision or health care or your account that you consent to the presence of that individual.

**OTHER USES AND DISCLOSURES**

We will not make any other uses or disclosures of your health information unless you sign a written *Authorization for Release of Identifying Health Information*. The content of this authorization is determined by federal law. The request for signing an authorization may be initiated by our doctors’ offices or by you as the patient. We will comply with your request if it applicable to the federal policies regarding authorizations. If we ask you to sign an authorization you may decline to do so. If you do not sign the authorization, we may not use or disclose the information we intended to use. If you do elect to sign the authorization, you may revoke it at any time. Revocation requests must be made in writing to our office

**YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

The law gives you many rights regarding your personal health information.

You may ask us to restrict our uses and disclosures for purposes of treatment (except in emergency care:, payment or business operations. This request mut be made in writing to our office. We do not have to agree to your request, but if we agree, we must honor the restrictions you ask for.

You may ask us to communicate with you in a confidential manner. Examples might be only contacting you by telephone at your home or using a specified email address. We will accommodate these requests if they are reasonable and if you agree to pay any additional cost, if any, incurred in accommodating your request.

You may ask to review or get copies of your health information. There are a very few limited situations in which we may refuse your access to your health information. For the most part we are happy to provide you with the opportunity to either review or obtain a copy of your medical information. All requests for review or copy of medical information must be made in writing. While we usually respond to these requests in just a day or so, bylaw we have fifteen (15) days to respond to your request. We may request an addition thirty (30) day extension in certain situations.

Health care information you request copies of may be delivered to you in secured electronic formats.

You may ask to amend or change your health care information if you think it is incorrect or incomplete. If we agree, we will make the amendment to your medical record within thirty (30) days of your written request for change sent to our office. We will then send the corrected information to you or any other individual you feel needs a copy of the corrected information. If we do not agree, you will be notified in writing of our decision. You may then write a statement of your position and we will include it in your medical record along with any rebuttal statement we may wish to include.

You may request a list of any non-routine disclosures of your health information that we might have made withing the past six (6) years (or shorter period if you wish). Routine disclosures would include those used in your treatment, payment, and business operations of our offices. These routine disclosures will not be included in your list of disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you must pay them in advance at a fee of $25 per list. We will usually respond to your written request within thirty (30) days but are allowed one thirty (30) day extension if we need the time to complete your request.

You may obtain additional copies of this Notice of Privacy Practices from our business office or online at our website address shown at the beginning of this Notice.

**CHANINGING OUR NOTICE OF PRIVACY PRACTICES**

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to substantially change the notice. We reserve the right to change this notice at any time. If we change this notice, the new privacy practices will apply to your existing health information as well as any additional information generated in the future. If we change this notice, we will post a new notice in our office and on our website.

**COMPLAINTS**

If you think that anyone at the offices of Dorit Scharff/Jean Hsu, OD or Dodd Portman, OD, Inc has not respected the privacy of your health information you are free to complain to us. We are more than happy to try to resolve any concern you may have in writing. If we cannot resolve your concern at that level, you may also file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights, or the State Attorney General’s Office. We will not retaliate against you if you make such a complaint.

Notice Revised and Effective January 2022

**ACKNOWLEDGMENT OF RECEIPT**

In the course of providing services to you, we create, receive, and store health information that identifies you. It is often necessary to use and disclose this health information in order to treat your to obtain payment for our services, and to conduct healthcare operations involving our offices. Our *Notice of Privacy Practices* describes these uses and disclosures in detail.

I acknowledge that I have received the Notice of Privacy Practices from the Offices of Dr Dorit Scharff, OD and Dr Jean Hsu, OD or Dr Dodd Portman, OD, Inc.

Patient Name

Signature

Date

If signing as a personal representative describe relationship to the patient