

Spectrum Eye Physicians, A Med Corp.

NOTICE OF PRIVACY PRACTICE

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. This notice is effective 4/1/2003 until further notice.

This medical practice collects health information about you and stores it in a chart and on a computer. The medical record is the property of this medical practice, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

Right to Notice As a patient, you have the right to adequate notice of the uses and disclosures of your protected health information. Under the Health Insurance Portability and Accessibility Act (HIPAA), Spectrum Eye Physicians can use your protected health information for treatment, payment, and health care operations.

a) Treatment - We may use or disclose your health information to a physician or other healthcare provider or family member providing treatment to you.

b) Payment - We may use and disclose your health information to obtain payment for services we provide you.

c) Health care operations - We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competency or qualifications of healthcare professionals, evaluating provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization Most uses and disclosures that do not fall under treatment, payment, health care operations will require your written authorization. Upon signing, you may revoke your authorization (in writing) through our practice at any time.

Emergency Situations In the event of your incapacity or an emergency situation, we will disclose health information to a family member, or another person responsible for your care, using our professional judgment. We will only disclose health information that is directly relevant to the person's involvement in your healthcare.

Marketing We may contact you with information about products or services related to your treatment or care.

Required by Law We may also use or disclose your health information when we are required to do so by law. This may include information required by law enforcement officers, public health or safety officers, coroners, tissue donation organizations, courts of law, government agencies, workmen's compensation requirements, where required by national security, etc. In such cases we will limit information given to that required by law.

Abuse or Neglect We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic

violence or the victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your or other people's health or safety.

Appointment Reminders We may use or disclose your health information to provide you with appointment reminders via phone, answering machine, e-mail, or letter. You may request in writing specific methods of notification, though you may be required to pay extra costs incurred.

Your Rights as a Patient You have the right to restrict (in writing) the disclosure of your protected health information. The request for restriction may be denied if the information is required for treatment, payment, or health care operations, or as required by law.

-You have the right to receive confidential communications regarding your protected health information.

-You have the right to inspect and copy your protected health information. You must make a request in writing, and copying will be subject to a \$20 fee, plus \$0.25 per page.

-You have the right to request that we amend your protected health information. We will approve or deny your written request within 5 working days. In case of denial, you still have the right to request that we add to your record a statement of up to 250 words concerning any item you believe incorrect or incomplete. You also have the right to request an appeal of denial.

-You have the right to receive an account of disclosures of your protected health information.

-You have the right to a paper copy of this notice of privacy practices.

Legal Requirements Spectrum Eye Physicians is required by law to maintain the privacy of your protected health information. We are required to abide by the terms of this notice as it is currently stated, and reserve the right to change this notice. The policies in any new notice will not be in effect until they are posted to this site, or are available within our office. Any changes will affect prior and current health information.

Complaints If you have complaints regarding the way your protected health information was handled, you may submit a complaint in writing to our office.

You will not be retaliated against in any manner for a complaint.

Contact Information For further information or complaints about Spectrum Eye Physicians privacy policies, please contact us at the following address or phone numbers:

Joel Wilhelm

10300 S De Anza Boulevard

Cupertino, Ca 95014

Phone: (408) 252-7310 Fax: (408) 521-0371

If you are not satisfied with the way this office handles a complaint, you may submit a formal complaint to:

Dept. of Health and Human Services

Office of Civil Rights

Hubert H. Humphrey Bldg., Room 509F

200 Independence Avenue, SW

Washington, DC 20201