

Peninsula Laser Eye Medical Group
(PLEMG)

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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.

A. How PLEMG may use or disclose your Health Information

PLEMG collects health information about you and stores this information in **your medical chart and in our computer files**. This is your **Medical Record**. This medical record is the property of PLEMG, 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:

- 1. Treatment:** Your health information may be used by our physicians and staff or disclosed to others who are involved in providing your care.
- 2. Payment:** Your health information may be disclosed to obtain payment for the services we provide.
- 3. Health Care Operations:** To operate PLEMG, we may use or disclose your medical information to get authorizations and referrals from your health plan. We may use your medical information for medical reviews, legal services and audits along with fraud and abuse detection, compliance programs, business planning and management. We may also share your medical information with our Business Associates for administrative services. We have a written contract with each of them to protect your medical information. We also share your medical information with health care clearing houses (that process health care claims), other healthcare providers and relevant hospitals.
- 4. Appointment Reminders:** You may be contacted to remind you about your appointments. If unavailable at home, this information may be left on your answering machine or with the person answering the call.
- 5. Sign in Sheet:** You will be requested to sign in when you arrive at our office and your name will be called when you are ready to be seen.
- 6. Notification and communication with family:** With your permission your health information will be disclosed to your family members or personal representative to assist you with your medical care.
- 7. Marketing:** Your medical information will not be used or disclosed for marketing purposes without your written authorization. We may give you information on products or services related to your treatment or provide you with medication samples

8. **Required by Law:** Your health information may be used or disclosed when the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials.
9. **Public Health:** We may and are required by law to disclose your health information to public health authorities for the purposes related to: preventing or controlling disease, injury or disability, reporting child, elder or dependent adult abuse or neglect, domestic violence, Food and Drug Administration problems with products and reactions to medications, disease or infection or exposure. When we report suspected abuse we will inform you or your personal representative promptly unless it is against our best professional judgment.
10. **Health Oversight activities:** We may and are required by law to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure or other proceedings with limitations imposed by Federal and California Law.
11. **Judicial and administrative proceedings:** We may and when required by law disclose your health information in course of an administrative or judicial proceeding authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.
12. **Law Enforcement:** We may and when required by law, disclose your health information to law enforcement officials for identifying, locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes. When required by law, we may disclose information about you to a coroner in connection with investigations of deaths.
13. **Organ or Tissue Donation:** We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
14. **Public Safety:** When required by law, we may disclose your health information to proper authorities to prevent or lessen a serious and imminent threat to the health or safety of a person or the general public.
15. **Specialized government functions:** We may disclose your health information for military or national security purposes correctional institutions or law enforcement officers who have you in lawful custody.
16. **Workers' Compensation:** We may disclose your health information to comply with Workers' Compensation laws with periodic reports to your employer about your condition to the extent your care is covered by Workers' Compensation. We are required by law to report cases of occupational injury or occupational illness to the employer or Workers' Compensation insurer.
17. **Change of Ownership:** In the event this medical practice is sold or merged with another organization, your health information will become the property of the new owner.

A. When PLEMG may not use or disclose your Personal Health Information

Except as noted above, PLEMG will not use or disclose your personal health information, which identifies you **without your written authorization including limitations.**

B. Your Health Information Rights

- 1. Right to request Special Privacy Protections:** You have the right to request restrictions on certain uses and disclosures of your health information, by a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request, and will notify you of our decision.
- 2. Right to request Confidential Communications:** You have the right to request that you receive your health information in a specific way or to a certain location. For example, via email account or to your work address. We will comply with reasonable requests submitted in writing which specify how or where you wish to receive these communications.
- 3. Right to request inspection and copy:** You have the right to inspect and copy your health information, with limited exceptions. You must submit a written request detailing what information you want access to and whether you want to inspect it or get a copy of it. We will charge a reasonable fee, as allowed by California and Federal law. We may deny your request under limited circumstances. If we deny your request to access your child's records or of an incapacitated adult you represent because we believe it would be reasonably likely to cause harm to the patient, you have a right to appeal this decision.
- 4. Right to Amend or Supplement:** You have the right to request we amend or supplement your health information you believe is incorrect or incomplete. You must make a request to amend in writing and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and we will provide you with information about this denial and how you can appeal with this denial. We may deny your request if we do not have the information, if we did not create the information or the information is accurate and complete as is. You also have the right to request that we add to your record a statement of up to 250 words concerning any item you believe to be incomplete or incorrect.
- 5. Right to request an accounting of disclosures:** You have the right to receive an accounting of disclosures of your health information made by this practice with limitations.
- 6. Right to have a copy of this Notice of Privacy Practices:** You have the right to a paper copy of this Notice of Privacy Practices.

C. Changes to this Notice of Privacy Practices

We reserve the right to amend this notice from time to time in the future. We will comply with this written notice until an amendment is made. The revised version will apply to all protected health information that we maintain.

D. Complaints

Any complaints you may have regarding this Notice of Privacy Practices and how PLEMG handles your health information should be directed to our office.

If you are not satisfied with the handling of your complaint by this office, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S. W.
Room 509F HHH Building
Washington, DC 20201

You will not be penalized for filing a complaint.

Effective Date: April 14, 2003