

NOTICE OF PRIVACY

We are committed to maintaining the confidentiality, integrity and security of personal information trusted to us by our patients, past, current and prospective. We want you to know how we protect your information, how we use it to preserve your health as well as your privacy. We hope you will take a moment and review our Privacy Policy.

Dr. Adrian V Pop, OD

YOUR RIGHT TO KNOW

You have the right to know what we do with the personal and confidential information we collect about you in the normal course of our examination, procedures and discussions, as well as written information, the processing and administering of your insurance programs, if you have insurance to assist in paying for your visual needs. Because we value the integrity of our patient relationships, we want to assure you that we are properly safeguarding this important information.

USES & DISCLOSURES OF INFORMATION WITHOUT AUTHORIZATION

The most common reasons why we use or disclose your health information are for treatment, payment or health care operations. Examples of how we use or disclose your health information for treatment purposes are: setting up an appointment for you; testing or examining your eyes; prescribing glasses, contact lenses, or eye medications and faxing them to be filled; showing you low vision aids; referring you to another doctor or clinic for eye care or low vision aids or services; or getting copies of your health information from another professional that you may have seen before us. Examples of how we use or disclose your health information for payment purposes are: asking you about your health or vision care plans, or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency or attorney). "Health care operations" mean those administrative and managerial functions that we must carry out in order to run our office. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; and outside storage of our records.

OTHER DISCLOSURES AND USES WE MAY MAKE WITHOUT YOUR AUTHORIZATION OR CONSENT

In some limited situations, the law allows or requires us to use or disclose your health information without your consent or authorization. Not all of these situations will apply to us; some may never come up at our office at all. Such uses or disclosures are:

- when a state or federal law mandates that certain health information be reported for a specific purpose;
- for public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or medical devices;
- disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;
- uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws;
- disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- uses or disclosures for health-related research;
- uses and disclosures to prevent a serious threat to health or safety;
- disclosures of de-identified information;
- disclosures relating to worker's compensation programs;
- disclosures of a "limited data set" for research, public health, or health care operations;
- incidental disclosures that are an unavoidable by-product of permitted uses or disclosures;
- disclosures to "business associates" and their subcontractors who perform health care operations for us and who commit to respect the privacy of your health information in accordance with HIPAA;

Unless you object, we will also share relevant information about your care with any of your personal representatives who are helping you with your eye care. Upon your death, we may disclose to your family members or to other persons who were involved in your care or payment for health care prior to your death (such as your personal representative) health information relevant to their involvement in your care unless doing so is inconsistent with your preferences as expressed to us prior to your death.

PROTECTION OF YOUR INFORMATION

Reasonable care will be taken to keep pertinent records current, complete and accurate. If you see any inaccuracy in your information we would appreciate your assistance in making correction by contacting us. We will protect all information collected about you, and we will restrict access to your non-public personal information by maintaining physical, electronic and procedural safeguards. We will restrict access to protect data only to individuals who must use it in the performance of their job-related duties. Employees who violate our Privacy Policy will be subject to disciplinary action, which may include termination.

If you have any questions or concerns about our Privacy Policy, please contact us in our office at 1421 North Wanda Street, Suite 110, Orange, CA 92867, United States

Phone: (714) 288-8282,

Fax: (714) 288-8285.

YOUR INDIVIDUAL RIGHTS

You have many rights concerning the confidentiality of your health information.

You have the right:

- **To request restrictions on the health information we may use and disclose for treatment, payment and health care operations.** We are not required to agree to these requests. To request restrictions, please send a written request to us at the address below.
- **To receive confidential communications of health information about you in any manner other than described in our authorization request form.** You must make such requests in writing to the address below. However, we reserve the right to determine if we will be able to continue your treatment under such restrictive authorizations.
- **To inspect or copy your health information.** You must make such requests in writing to the address below. If you request a copy of your health information we may charge you a fee for the cost of copying, mailing or other supplies. In certain circumstances we may deny your request to inspect or copy your health information, subject to applicable law.
- **To designate another party to receive your health information.** If your request for access of your health information directs us to transmit a copy of the health information directly to another person the request must be made by you in writing to the address below and must clearly identify the designated recipient and where to send the copy of the health information.

AP VISION

OPTOMETRY

- **To amend health information.** If you feel that health information, we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, you must write to us at the address below. You must also give us a reason to support your request. We may deny your request to amend your health information if it is not in writing or does not provide a reason to support your request. We may also deny your request if the health information:
 - o was not created by us, unless the person that created the information is no longer available to make the amendment,
 - o is not part of the health information kept by or for us,
 - o is not part of the information you would be permitted to inspect or copy, or
 - o is accurate and complete.
- **To receive an accounting of disclosures of your health information.** You must make such requests in writing to the address below. Not all health information is subject to this request. Your request must state a time period for the information you would like to receive, no longer than 6 years prior to the date of your request and may not include dates before April 14, 2003. Your request must state how you would like to receive the report (paper, electronically).

CHANGES TO THIS NOTICE

We reserve the right to change our privacy practices and to apply the revised practices to health information about you that we already have. Any revision to our privacy practices will be described in a revised Notice that will be posted prominently in our facility. Copies of this Notice are also available upon request at our reception area.

ACKNOWLEDGMENT OF POLICY

I acknowledge that I have read through all of Dr. Adrian V. Pop, OD, Notice of Privacy Practices.

Date: _____

Patient Name: _____

Signature: _____