

Rancho Santa Margarita Optometry

30212 Tomas, Ste. 170, Rancho Santa Margarita, Ca 92688

Notice of Privacy Practices

This notice describes how your health information may be used and disclosed and how you can access this information. Please read it carefully.

At Rancho Santa Margarita Optometry, we have always kept your health information secure and confidential. However, a new law requires all health providers to maintain your privacy, to give you this notice and to follow the terms of this notice. The law permits us to use or disclose your health information to those involved in your treatment. For example, a review of your file by a specialist doctor whom we may involve in your care.

We may use or disclose your health information for payment of our services. For example, we may send a report of your progress to your insurance company.

We may use or disclose your health information for our normal healthcare operations. For example, one of our staff will enter your information into our computer.

We may share your medical information with our business associates, such as a billing service or materials supplier. We have an agreement with each of our business associates to protect your privacy.

We may use your information to contact you. For example, we may send a newsletter or other information to you by mail. We may also send announcements reminding you of your appointments. If you are not at home, we may leave this information on your answering machine or with the person who answers the phone.

In an emergency, we may disclose your health information to a family member or another person responsible for your care. We may release some or all of your health information when required by law.

If this practice is sold, your information will become the property of the new owner. Except as described above, this practice will not use or disclose your health information without your prior written authorization.

You may request in writing that we not use or disclose your health information as described above. We will let you know if we can fulfill your request.

You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses. As we will need to contact you from time to time, we will use whatever address or phone number you prefer.

You have the right to transfer copies of your health information to another practice. With a written request and 24 hour notice we will mail your files for you. We reserve the right to charge a reasonable fee for this service.

You have the right to see and receive a copy of your health information, with a few exceptions. All we ask is that you give us a written request regarding the information you wish to see. If you also want a copy of your records, we reserve the right to charge a reasonable fee for the copying service.

You have the right to request an amendment or change to your health information. Give us a written request to make the changes. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes but will include your statement in your file. If we agree to an amendment or change, we will not remove nor alter earlier documents, but will add new information.

You have the right to receive a copy of this notice.

If we change any of the details of this notice, we will make the changes available to all patients.

You may file a complaint with the Department of Health Services, 200 Independence Avenue S.W., Room 509F, Washington, DC 20201. You will not be retaliated against for filing a complaint. However, before filing a complaint, or for more information or assistance regarding your health information privacy, please contact our Privacy Officer, Cybill Jung at (949) 589-0900.

This notice goes into effect as of April 14, 2003.

Acknowledgement

I have received a copy of the Notice of Privacy Practices.

Date: _____

Signed: _____ Print Name: _____

If signing as a parent or guardian, please print name of patient: _____