

EAST WEST EYE INSTITUTE

NOTICE OF PRIVACY PRACTICES (Condensed Version)

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.

Uses and Disclosures

Treatment. Your health information may be used by our physicians and staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment.

Payment. Your health information may be used to seek payment from your health plan, other sources of coverage such as an automobile insurer, or credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service for the services provided and the medical condition being treated.

Health Care Operations. Your health information may be used as necessary to support the day-to-day activities and management of East West Eye Institute. For example, information on the services you received may be used to support budgeting and financial reporting and activities to evaluate and promote quality to insure that our practice is meeting state and federal guidelines and laws designed to protect your health care information as well as staff training and performance evaluation.

Law Enforcement. Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections to facilitate law enforcement investigations, and comply with government mandated reporting.

Public Health Reporting. Your health information may be disclosed to public health agencies as required by law. For example, our practice is required to report certain communicable diseases to the Department of Health.

Other uses and disclosures requires your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use of disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

Additional uses of information

Appointment reminders. Your health information will be used by our staff to call/send appointment reminders to you.

Information about treatments. Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health-related goods and services that we believe may interest you.

Individual Rights

You have certain rights under the federal privacy standards. These include:

- ❖ The right to request restrictions on the use and disclosure of your protected health information
- ❖ The right to receive confidential communications concerning your medical condition and treatment
- ❖ The right to inspect and copy our protected health information.
- ❖ The right to request and amend or submit corrections to your protected health information has been disclosed
- ❖ The right to receive an accounting of how and to whom your protected health information has been disclosed
- ❖ The right to receive a printed copy of this notice

Name use within the Office

You will be asked to sign in for your appointments. Your name will be visible to other patients seen the same day. Your name will be called aloud by our staff and physicians in the presence of others in the waiting room.

East West Eye Institute's Duties

We are required to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We are also required to abide by the privacy policies and practices will be applied to all protected health information that we maintain.

Request to Inspect Protected Health Information

As permitted by federal regulation, we require that request to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contracting James Masunaga, Privacy Officer.

Complaints and Contact Persons

If you would like to submit a comment or complaint about our privacy practices or obtain additional information about our privacy practices, you can do so by sending a letter outlining your concerns to the person listed below. You will not be penalized or otherwise retaliated against for filing a complaint.

James Masunaga, Privacy Officer
East West Eye Institute, Inc.
420 East Third Street, Suite 603
Los Angeles, California 90013

Effective date: this notice is effective on April 14, 2003.

Comprehensive Notice of Privacy Practices is available to you upon request.