

Notice of Privacy Practices

Burke Optometry

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This notice describes how medical information about you may be used and disclosed, and how you can obtain access to this information. Please review it carefully.

General Rule

We respect our legal obligation to keep health information that identifies you private. The law obligates us to give you notice of our privacy practices.

Generally, we can only use your health information in our office or disclose it outside of our office, without your written permission, for purposes of treatment, payment or healthcare operations. In most other situations, we will not use or disclose your health information unless you sign a written authorization form. In some limited situations, the law allows or requires us to disclose your health information without written authorization.

Uses or Disclosures of Health Information

Examples of how we use information for **treatment** purposes:

- *When we set up an appointment for you.
- *When our technician or doctor tests your eyes.
- *When the doctor prescribes glasses or contact lenses.
- *When the doctor prescribes medication.
- *When our staff helps select and order glasses or contact lenses.

We may disclose your health information outside of our office for **treatment** purposes, for example:

- *If we refer you to another doctor or clinic for eye care or low vision aids or services.
- *If we send a prescription for glasses or contact lenses to another professional to be filled.
- *When we provide a prescription for medication to a pharmacist.
- *When we phone to let you know that your glasses or contact lenses are ready to be picked up.

Sometimes we may ask for copies of your health information from another professional that you have seen before.

We may use your health information within our office or disclose your health information outside of our office for **payment** purposes. Some examples are:

- *When our staff asks you about health or vision care plans that you may belong to or about other sources of payment for our services and products.
- *When we prepare bills to send to you or your health or vision care plan.
- *When we process payment by credit card and when we try to collect unpaid amounts due.
- *When bills or claims for payment are mailed, faxed or sent by computer to you or your health or vision plan.
- *When we occasionally ask a collection agency or attorney to help us with unpaid amounts due.

We use and disclose your health information for **healthcare operations** in a number of ways. Healthcare operations means those administrative and managerial functions that we have to do in order to run our office. We may use or disclose your health information, for example, for financial or billing audits, for internal quality assurance, for personnel decisions, to enable our doctors to participate in managed care plans, for the defense of legal matters, to develop business plans and for outside storage of our records on the cloud.

Appointment Reminders

We may call to remind you of scheduled appointments. We may send email or text to remind you of scheduled appointments if you approve that method when asked. We may also call to notify you of other treatments or services available at our office that might help you.

Uses & Disclosures without an Authorization

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

- *A state or federal law that mandates certain health information is reported for a specific purpose.
- *Public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the FDA regarding drugs or medical devices.
- *Disclosures to governmental authorities on victims of suspected abuse, neglect or domestic violence.
- *Uses and disclosures for health oversight activities, such as for the licensing of doctors, audits by Medicare or Medicaid, or investigation of possible violations of healthcare laws.
- *Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies.
- *Disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else.
- *Uses or disclosures for health related research.
- *Uses and disclosures to prevent a serious threat to health or safety.
- *Disclosures relating to worker's compensation programs.
- *Disclosures to business associates who perform healthcare operations for us and who agree to keep your health information private.

Other Disclosures

We will not make any other uses or disclosures of your health information unless you sign a written **authorization form**. You do not have to sign such a form. If you do sign one you may revoke it at any time unless we have already acted in reliance upon it.

Your Rights Regarding Your Health Information

The law gives you many rights regarding your health information.

You can ask payment healthcare operations or us to restrict our uses and disclosures for purposes of treatment (except emergency treatment). We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to **Burke Optometry** at the address, fax or email shown at the beginning of this notice.