

(DOES NOT NEED TO BE PRINTED AND RETURNED. ONLY PRINT COPY FOR YOUR OWN RECORDS.)

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.

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. "HIPAA" provides penalties for covered entities that misuse personal health information.

As required by "HIPAA", we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment, and health care operations.

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include a physical examination.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- Health care operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be internal quality assessment review.

We may also create and distribute de-identified health information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.

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- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information. You have the right to inspect and copy most of your medical information maintained by us. Normally, we will provide you with access within 30 days of your request. We may charge a reasonable copying fee. In certain limited instances, we may deny you access, for example, when the request is for psychotherapy notes. You have the right to a review of denial of access to your medical information. Any request to inspect and copy medical information should be made to the Privacy Officer.
- The right to amend your protected health information. You have the right to request that we amend your written medical information. For instance, you can request that we correct any errors in your records. We will generally amend your information within (60) days of your request. We can deny your request in certain circumstances, such as when we believe that your information is inaccurate and incomplete. You can file a statement of disagreement or a denial of your request to amendment, to which we may file a rebuttal. Please direct any request to adjust your medical information to the Privacy Officer.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of April 14, 2003 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. Current copies of the Notice of Privacy Practices are available upon request.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

If you wish to see our more detailed Notice of Privacy Practices which includes legal reasons we might be required to disclose your person health information, ask at our front desk, or write to our address below.

Please contact us for more information by writing to:

Privacy Officer
 C/O Monterey Bay Eye Center
 21 Upper Ragsdale Drive, Suite 200
 Monterey, California 93940

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services
 Office of Civil Rights
 200 Independence Avenue, S.W.
 Washington, D.C. 20201
 P: #202.619.0257
 Toll Free: #877.696.6775