

Advanced Optometry of Orcutt  
4850 S. Bradley Rd. Suite A-2  
Santa Maria, CA 93455

Contact person: Dr. William Pimienta

We are required, by law, to maintain the privacy and confidentiality of your protected Health Information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected Health Information and follow the terms our notice that is currently in effect.

### **HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION:**

**Treatment:** We may use and disclose Health Information for your treatment and provide you with treatment related health care services. For example, we may disclose Health Information to doctors, nurses, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

**Payment:** We may use and disclose Health Information so that we may bill and receive payment from you, an insurance company, or a third party for the treatment and services received.

**Health Care Operations:** We may use and disclose Health Information for health care operation purposes. For example, we may use and disclose information to make sure the care you receive is of the highest quality.

**Individuals Involved in your care or payment for your care:** When appropriate, we may share Health Information with a person who is involved in your medical care or payment of your care, such as your family or close friend. We may also disclose information to notify a person responsible for your care in the event of an emergency.

### **SPECIAL SITUATIONS:**

**Workers' Compensation:** We may disclose your Health Information to comply with State Workers' Compensation Laws or similar programs.

**Public Health Risks:** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability, report births or deaths, report child abuse or neglect, report reactions to medications or problems with products; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been a victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required by law.

**Law Enforcement:** We may disclose your Health Information to law enforcement official to comply with a court order, subpoena, warrant, summons or similar process; limited information to identify or locate a suspect, fugitive, material witness, or missing person.

**Deceased Persons:** We may disclose your Health Information to coroners or medical examiners.

**Organ and Tissue Donation:** If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement; banking or transplanting organs and tissues.

**Research:** Under certain circumstances, we may use or disclose your Health Information to researchers conducting research; this process would go through an approval process.

**To avert serious threat to health or safety:** We may use and disclose your Health Information to appropriate persons in order to prevent or lessen an imminent threat to your health or of another person or to the general public.

**As Required by Law:** We will disclose Health Information when required to do so by federal, state or local law.

**YOUR HEALTH INFORMATION RIGHTS:** You have the following rights regarding Health Information we have about you.

**Right to inspect and copy.** You have the right to inspect and copy Health Information that may be used to make decisions about your care or payment for your case. To inspect and copy this Health Information, you must make your request, in writing, to our office.

**Right to Amend.** If you feel that Health Information we have is incorrect, or incomplete, you may ask us to amend the information. To amend this Health Information, you must make your request, in writing, to our office.

**Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to our office.

**Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of your Health Information. However, this office is not required to agree to the requested restriction. To request a restriction to this Health Information, you must make your request, in writing, to our office.

**Right to Request Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communication, you must make your request, in writing, to our office.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. To obtain a copy of this Notice, you must make your request, in writing, to our office.

**Right to Electronic Records.** You have the right to receive a copy of your electronic health records in electronic form.

**Right to Breach Notification.** You have the right to be notified if there is a Breach of Privacy such that your Health Information is disclosed or used improperly or in an unsecured way.

**CHANGES TO THIS NOTICE:** We reserve the right to change this notice and make new notices apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page.

**COMPLAINTS:** If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. All complaints must be made in writing. You will not be penalized for filing a complaint.