

HARVEY H. YAMAMOTO, OD, INC.

HIPAA NOTICE OF PRIVACY PRACTICES

I. PURPOSE

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. This notice describes the privacy practices at our office.

II. WHAT WE ARE REQUIRED BY LAW TO DO

We are required by law to maintain the privacy of protected health information, to give you this notice of our legal duties and privacy practices regarding your health information and to follow the terms of the notice currently in effect.

III. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Described as follows are the ways we may use and disclose your health information. Your information will be used and disclosed only with your written permission. You may revoke such permission at any time by requesting it in writing.

- A. **TREATMENT:** We may use and disclose your health information for your treatment and to provide you with treatment related health care services. For example, we may disclose your health information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care.
- B. **PAYMENT:** We may use and disclose your health information so that billing and payment may be received from you, an insurance company, or a third party for the treatment and services you received. For example, we may give information to your health plan so that they may pay for your treatment.
- C. **HEALTH CARE OPERATIONS:** We may use and disclose your health information to evaluate and improve our medical care and to operate and manage our office. For example, we may use and disclose information to a peer review organization of a health plan that is evaluating our care. We may also share information with others that have a relationship with you for their health care operation activities.
- D. **APPOINTMENT REMINDER, TREATMENT ALTERNATIVES, AND HEALTH RELATED BENEFITS AND SERVICES:** We may use and disclose your health information to contact you and remind you of your appointment as well as inform you of treatment alternatives or health-related benefits and services available to you.
- E. **INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE:** When appropriate, we may share your health information with a person involved in, or paying for your care (such as your family members). We may notify your family about your location or condition or disclose such information to an entity assisting in disaster relief.
- F. **RESEARCH:** We may use and disclose your health information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another for the same condition. Before we do so, the project needs to go through a special approval process. Even without special approval, we may permit researchers to look at records to help identify patients who may be included in their research, as long as they do not remove or copy any of your health information.
- G. **AS REQUIRED BY LAW:** We will disclose your health information when required to do so by international, federal, state or local law.
- H. **TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY:** We may use and disclose your health information when necessary to prevent a serious threat to the health and safety of yourself, another person, or the public. Disclosures will be made only to someone who can prevent the threat.
- I. **BUSINESS ASSOCIATES:** We may disclose your health information to our business associates that perform functions on our behalf or provide us with services if necessary. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose the information for any other purpose than what is in the contractual agreement with our facility.

- J. **MILITARY AND VETERANS:** If you are a member of the armed forces, we may release your health information as required by military command authorities. If you are a member of a foreign military, we may release your health information to the foreign military command authority.
- K. **PUBLIC HEALTH RISKS:** We may disclose your health information for public health activities to prevent or control diseases, injury and or disability. We may use your health information in reporting births or deaths, suspected child abuse or neglect, medication reactions or product malfunctions or injuries, and product recall notifications. We may use your health information to notify someone who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. If we are concerned that a patient may have been a victim of abuse, neglect, or domestic violence, we may ask your permission to make a disclosure to an appropriate government authority. We will make that disclosure only when you agree or when required or authorized to do so by law.
- L. **HEALTH OVERSIGHT ACTIVITIES:** We may disclose your health information to a health oversight agency for activities authorized by law. These may include audits, investigations, inspections, and licensure. These activities are necessary in order for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- M. **LAWSUITS AND DISPUTES:** If you are involved in a lawsuit or dispute, we may disclose your health information in response to a court or administrative order. We may disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to advise you about such request or by obtaining an order protecting the information requested.
- N. **LAW ENFORCEMENT:** We may release your health information requested by a law enforcement official only if:
 - 1. There is a court order, subpoena, warrant, summons or similar process.
 - 2. If the request is limited to information needed to identify or locate a suspect, fugitive, material witness, or missing person.
 - 3. The information is about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain your agreement.
 - 4. The information is about a death that may be the result of criminal conduct.
 - 5. The information is relevant to criminal conduct on our premises.
 - 6. It is needed in an emergency to report a crime, location of crime or victims, or the identity description, or location of the person who may have committed the crime.
- O. **CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS:** We may release your health information to a coroner, medical examiner, or funeral director to identify a deceased person or cause of death, or other similar circumstances.
- P. **NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES:** We may disclose your health information to authorized federal officials for intelligence and other national security activities authorized by law.
- Q. **ELECTRONIC DATA STORAGE AND SUBMISSIONS:** All system stored patient medical and personal information will be protected through system security measures designed to protect against access by unauthorized persons. Electronic transmissions of patient medical and personal information will also be protected through security measures designed to protect against access by unauthorized persons. Your electronic signature will be considered as valid as your handwritten signature.

IV. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have a right to request a copy your medical records, to request an amendment to your record, to receive an accounting of certain disclosures of your record and/or request confidential communication such as only by mail, no phone calls, etc. All requests must be made in writing to Harvey H. Yamamoto, OD, Inc.

V. CHANGES TO THIS NOTICE

We may change this notice and make it effective for new medical information or information already obtained about you. The current notice will be posted and available at all times. You have a right to request a paper copy of the current notice at any visit or by written request to Harvey H. Yamamoto, OD, Inc.