

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 OF PROTECTED HEALTH INFORMATION

Berg-Feinfield Vision Correction may use your protected health information for obtaining payment for treatment and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless BFVC has obtained your authorization. HIPAA privacy regulations or state law otherwise permits the use or disclosure. Disclosures of your protected health information for the purposes described in this Privacy Notice may be made in writing, orally or by facsimile.

TREATMENT

Your health information may be used by staff members to disclose to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory test and procedures will be available in your medical record to all health professionals who may provide treatment of who may be consulted by staff members.

PAYMENT

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

HEALTH CARE OPERATIONS

Your health information may be used as necessary to support the day activities and management of BFVC. For example, information on the services you received may be used to support budgeting and financial reporting and activities to evaluate and promote quality.

LAW ENFORCEMENT

Your health information can be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

PUBLIC HEALTH REPORTING

Your health information may be disclosed to public health agencies as required to report certain communicable diseases to the state's public health department.

OTHER USES AND DISCLOSURES REQUIRE 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 changed your mind after authorizing a use or 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 to revoke your authorization.

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 your protected health information.
- 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. (Obtainable on our website)

BERG FEINFIELD VISION CORRECTION CENTERS DUTIES

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

RIGHT TO REVISE PRIVACY

As permitted by law, we reserve the right to amend or modify our privacy policies and practices that may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

REQUESTS TO INSPECT PROTECTED HEALTH INFORMATION

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting: Medical Records or Privacy Official. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

COMPLAINTS

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to the information below. If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

CONTACT PERSON

For further information concerning our privacy practices, you may contact:

HIPAA Privacy Officer

Berg-Feinfield Vision Correction

2625 W. Alameda Ave. Suite 208 ● Burbank, CA 91505 ● 818-845-3557