

OPTIMA OPTOMETRY

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NOTICE OF PRIVACY PRACTICES

OPTIMA OPTOMETRY

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

This Health Insurance Portability & Accountability Act (HIPPA) is a federal program that requires all medical records and other individually identifiable health information uses or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives patients rights to understand and control how your health information is used.

Your protected health information is used and disclosed for healthcare related purposes only. Your health information is disclosed to third party entities for the purpose of treatment, to obtain payment & for healthcare operations.

Your medical/ health information can be disclosed without your written authorization in case of medical emergencies, in situations required by law or when requested by law enforcement or public health agencies.

Besides Treatment, Payment or Healthcare operations, any other uses and disclosures will be made only with your written authorizations. You can revoke that authorization in writing at any time.

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

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 be abide by it unless you agree in writing to remove it.

The right to inspect and copy your protected health information.

The right to amend your protected health information.

The right to receive and accounting of disclosures of protected health information.

The right to obtain a paper copy of this notice from us upon request.

We reserve the right to change the terms of our Notice of Privacy Practices and to make new notice provisions effective for all protected health information that we maintain without prior notice. In case of changes, an updated notice will be posted and a copy will be made available for you.

I have read and understood the notice of privacy practices from Optima Optometry.

Patient's Name: _____

Patient's Signature: _____