

# Notice of Privacy Practices

**Shinmori Optometry**  
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**This notice describes how medical information about you may be used and disclosed, and how you can obtain access to this information. Please review it carefully.**

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## **General Rule for Uses or Disclosures of Health Information**

We respect our legal obligation to keep health information, that identifies you, private. The law obligates us to give you this notice of our privacy practices. Generally, we can only use your health information in our office or disclose it outside of our office, without your written permission, for purposes of treatment, payment or healthcare operations as defined below. In most other situations, we will not use or disclose your health information unless you sign a written authorization form. In some limited situations, the law allows or requires us to disclose your health information without written authorization.

Examples of how we use information for **treatment** purposes:

- When our technician or doctor tests your eyes and prescribes glasses or contact lenses.
- When our staff helps you select and order glasses or contact lenses.

We may disclose your health information outside of our office for **treatment** purposes, for example:

- If we refer you to another doctor or clinic for eye care or low vision aids or services.
- If we send a prescription for glasses or contacts to another professional to be filled.
- Sometimes we may ask for copies of your health information from another professional that you may have seen before.

We may use your health information within our office or disclose your health information outside of our office for **payment** purposes. Some examples are:

- When we prepare bills to send to you or your health or vision care plan.
- When we process payment by credit card and when we try to collect unpaid amounts due.
- When claims for payment are mailed, faxed, or sent by computer to your health or vision plan.

We use and disclose your health information for **healthcare operations** in a number of ways. Health care operations means those administrative and managerial functions that we have to do in order to run our office. For example, for financial or billing audits, for personnel decisions, to enable our doctors to participate in managed care plans, to develop business plans, and for outside storage of our records.

## **Appointment Reminders**

We may call to remind you of scheduled appointments. We may also call to notify you of other treatments or services available at our office that might help you.

## **Uses & Disclosures without an Authorization**

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never happen at our office at all. Examples of such uses or disclosures are:

- A state or federal law that mandates certain health information be reported for a specific purpose.
- Public health purposes, such as contagious disease reporting and investigation or surveillance.

- Uses and disclosures for health oversight activities, such as for the licensing of doctors, audits by Medicare or Medicaid, or investigation of possible violations of healthcare laws.
- Disclosures for law enforcement, judicial and administrative proceedings.
- Uses and disclosures to prevent a serious threat to health or safety.
- Disclosures relating to workers' compensation programs.
- Disclosures to business associates who perform healthcare operations for us and who agree to keep your health information private.

## Other Disclosures

We will not make any other uses or disclosures of your health information unless you sign a written **authorization form**. You do not have to sign such a form. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it.

## Your Rights Regarding Your Health Information

The law gives you many rights regarding your health information. Please contact Bill Shinmori, Office Manager, at the address, fax or e-mail shown at the beginning of this notice if you want more detailed information or wish to exercise any of these rights.

- You can ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or healthcare operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want.
- You can ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using e-mail to your personal email address. We will accommodate these requests if they are reasonable.
- You can ask to see or to get photocopies of your health information.
- You can ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know got the wrong information, and others that you specify.
- You can get a list of the disclosures that we have made of your health information within the past six years except disclosures for purposes of treatment, payment or health care operations, disclosures made in accordance with an authorization signed by you, and some other limited disclosures.

## Our Notice of Privacy Practices

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time in compliance with and as allowed by law. If we change this notice, the new privacy practices will apply to your health information that we already have, as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office and have copies available in our office.

## Complaints

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or to the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to Bill Shinmori, Office Manager, at the address, fax or e-mail shown at the beginning of this notice. If you prefer, you can discuss your complaint in person or by phone.

## For More Information

If you want more information about our privacy practices, call or visit Bill Shinmori, Office Manager, at the address or phone number shown at the beginning of this notice.