Huntington Optometric Center
100 E. Huntington Dr. #102
Alhambra, CA 91801
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F: (626) 289-1026
Email: info@huntingtonopto.com
Website: www.huntingtonopto.com

Office Policies and Procedures

If you are a new patient, or are a returning patient that has not been seen at our office for more than 3 years, online patient registration is required to be completed before your appointment. This will help minimize time spent in the office. The secured patient form can be found on our website at:
https://compulinkadvantageweb.com/dev/register/accountappts/index/13766

PLEASE NOTE: Upon scheduling your appointment, HOC will now collect credit card information for payment of services, materials, **no shows, and cancellations with less than 24-hour notice will incur a fee of $50.**

CONSENT:

Payment for all professional services rendered and materials is due at the time of service. I understand that I am financially responsible for copay, coinsurance and/or deductible at the time of service and for any materials or services rendered that are determined to be "non-covered services" by my insurance plan. I understand that if my insurance does not pay, or partially pays, the full amount for services and materials dispensed, that I am responsible for any amount not payable by my insurance.

I acknowledge that I am responsible for payment of all services and materials if my insurance denies any claims.

Notification: Credit Reporting Prohibition for Medical Dept

A holder of this medical debt contract is prohibited by Section 1785.27 of the Civil Code from furnishing any information related to this debt to consumer credit reporting agency. In addition to any other penalties allowed by law, if a person knowingly violates that section by furnishing information regarding this debt to a consumer credit reporting agency, the debt shall be void and unenforceable.

***Exceptions to Credit Reporting Prohibition:** Under CA law, the holder of this medical debt contract is permitted to report the debt to consumer credit reporting agencies in the following cases:

- Direct Insurer Payment: When your health insurer pays you directly instead of Huntington Optometric Center and Huntington Optometric Center does not receive your payment within 60 days of the insurers' payment notification to you or one year from the initial billing date, whichever occurs later.
- Cosmetic Surgery Debt: When the medical debt results from cosmetic surgery, as defined in California Health and Safety Code Section 1367.63.

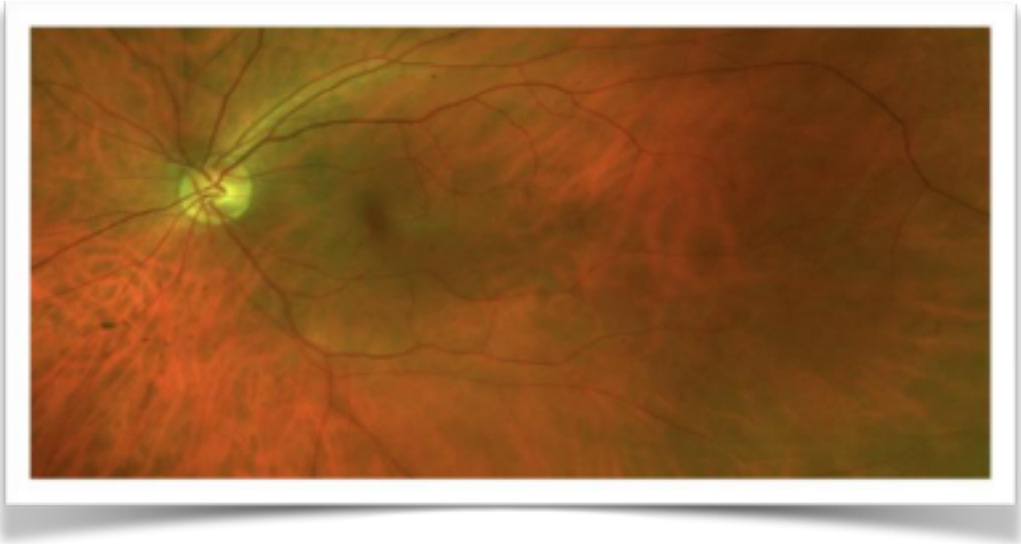
Also, in addition to the aforementioned:

1. Delinquent accounts will be assigned to an outside collection agency for collection action.
2. You may be required to enter into a repayment agreement for any collection accounts with the collection agency prior to scheduling an appointment.
3. In the event legal action is necessary to collect an outstanding balance, you will be responsible for the reasonable attorney fees and legal costs, as permitted by law.
4. Delinquent accounts assigned to an outside collection agency may accrue interest at the legal rate allowed by law.

HOC Optomap Retinal Imaging Policy:

OPTOMAP retinal imaging procedures will now be done ONCE A YEAR for all of our patients at the time of their eye health evaluation.

There is a **$49 co-payment** for the Optomap retinal imaging without insurance.



The images and scans are a quick non-invasive image that:

- DOES NOT REQUIRE DILATING DROPS. You may not need to be dilated today, potentially eliminating a 30-minute wait and avoiding side effects such as blurry near vision and light sensitivity
- Provides the doctor with an in depth view of the retina and optic nerve to confirm the health of your eyes
- Allows your doctor to detect the presence of diseases in their earliest stages, when they are most treatable
- Will be part of your permanent record and will serve as an initial point from which important comparisons can be made, as we follow your eye health in subsequent years.

Contact Lens Evaluation Fee:

All contact lens wearers will have their contact lenses evaluated annually. The evaluation fee is **$85**. If you are refitted to a new contact lens prescription or brand, or are wearing a specialty contact lens the fees will or may be more. The doctor will perform testing to evaluate the health, fit, vision and comfort of the lens on your eye.

HIPAA STATEMENT

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We respect your right to privacy and function to ensure your confidentiality by following federal and state laws concerning protected health information. This Notice describes the manner and means by which Glendale Optometric Center demonstrates the appropriate privacy measures. We are required by applicable federal and state law to maintain the privacy of your protected health information. “Protected Health Information” (PHI) is your individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health plan, your employer, or a healthcare clearinghouse that relates to: (i) your past, present, or future physical or mental health or condition; (ii) the provision of health care to you; or (iii) the past, present, or future payment for the provision of health care to you. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We are also required to notify you following a breach of unsecured PHI. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect September 23, 2013, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. In the event we make a material change in our privacy practices, we will change this Notice and provide it to you.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

In order to administer our benefit programs effectively, we collect, use and disclose PHI for certain of our activities, including payment and health care operations. We may use and disclose PHI about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your PHI to an optician, ophthalmologist or other health care provider providing treatment to you for: (a) the provision, coordination, or management of health care and related services by health care providers; (b) consultation between health care providers relating to a patient; (c) the referral of a patient for health care from one health care provider to another, or (d) recall information. For example, we may disclose your PHI outside our Retail Dispensary for treatment purposes if we refer you to another Retail Dispensary for a prescription for glasses or contacts to be filled or when we phone you to let you know your glasses or contact lenses are ready to be picked up. Sometimes we may ask for copies of your PHI from another professional that you may have seen before us. We also may disclose your PHI to others who may help in your care, such as your

spouse, children or parents.

Payment: We use and disclose your PHI to obtain payment for services we provide to you. This may include: (a) billing and collection activities and related data processing; (b) actions by a health plan or insurer to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under its health plan or insurance agreement, determinations of eligibility or coverage, adjudication or subrogation of health benefit claims; (c) medical necessity and appropriateness of care reviews, utilization review activities; and (d) disclosure to consumer reporting agencies of information relating to collection of premiums or reimbursement.

Health care Operations: We use and disclose your PHI in connection with our health care operations. Health care operations include things such as quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: Other uses and disclosures of PHI not covered by this Notice or applicable laws will be made only with your written permission. In addition to our use of your health information for treatment, payment or health care operations, you may give us written authorization to use your PHI or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your PHI for any reason except those described in this Notice.

Marketing Health Products or Services: We may use or disclose your PHI for marketing purposes without your permission in certain situations, such as when we discuss products or services with you face to face or to provide you with an inexpensive promotional gift related to the product or service. We also may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you where permitted by law. For other types of marketing activities we will obtain your written permission before using or disclosing your PHI.

To You, Your Family and Friends: We must disclose your PHI to you, as described in the Patient Rights section of this Notice. We may disclose your protected health information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care, but only if you agree that we may do so or, if you are not able to agree, if it is necessary in our professional judgment.

Persons Involved in Care: We may use or disclose PHI to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your PHI, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose PHI based on a determination using our professional judgment disclosing only protected health information that is directly relevant to the person's involvement in your health care. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of PHI.

Appointment Reminders and Treatment Alternatives: We may use or disclose your PHI to provide you with appointment reminders (such as voicemail messages, postcards, or letters) or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Legal Obligations and Public Policy Disclosures We may use and/or disclose your PHI as permitted or required by federal, state or local law, in the following situations:

- To organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplants.
- Your PHI may be released if a work force member or business associate believes in good faith that there has been unlawful conduct or violation of professional or clinical standards which are potentially dangerous to one or more patients, workers or the public.
- To military authorities if you are a member of the armed forces (of either the United States or a foreign government).
- To workers' compensation or similar programs to the extent authorized by and necessary to comply with laws relating to workers compensation or other similar programs established by law.
- To public health or legal authorities for public health activities. For example to report births and deaths, or for the prevention or control of disease, injury, or disability, or, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
- In response to a court or administrative order, subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request.
- To law enforcement if asked to do so (1) to identify or locate a suspect, fugitive, material witness or missing person; (2)

regarding the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (3) regarding a death we believe may be the result of criminal conduct; (4) regarding criminal conduct at our facilities; or (5) in emergency circumstances to report information regarding a crime.

- We may disclose PHI to a medical examiner or coroner to identify a dead person or to identify the cause of death. If necessary, we will share PHI with funeral directors.
- We may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or another individual or the public. Under these circumstances, we will only disclose your PHI to the person or organization able to help prevent the threat.
- We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- We may disclose to the FDA health information related to known adverse events with respect to food, supplements, pharmaceuticals, product defects or information to enable product recalls, repairs or replacements.
- We may disclose your PHI to authorized federal officials for intelligence, counter-intelligence and other national security activities authorized by law.
- We may disclose your PHI to a health oversight agency for purposes of 1) monitoring the health care system, 2) determining benefit eligibility for Medicare, Medicaid and other government benefit programs, and 3) monitoring compliance with government regulations and civil rights laws.
- We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws. To the correctional institution or law enforcement official if you are an inmate of a correctional institution or under the custody of a law enforcement official.

PATIENT RIGHTS

Access, Inspect and copy: You have the right to review or get copies of your PHI, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your protected PHI. You may obtain a form to request access by using the contact information listed at the end of this Notice. You may also request access by sending us a letter to the address at the end of this Notice. If you prefer, we will prepare a summary or an explanation of your PHI for a fee.

We may deny your request to inspect and copy your PHI in certain limited circumstances. If you are denied access to your information, you may request that the denial be reviewed. A licensed health care professional chosen by us will review your request and the denial. The person performing this review will not be the same one who denied your initial request. Under certain conditions, our denial will not be reviewable. If this event occurs, we will inform you in our denial that the decision is not reviewable.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your PHI for purposes, other than treatment, payment, health care operations, where you have provided an authorization and certain other activities, for the last 6 years.. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your protected PHI. Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. You may terminate this restriction if you submit the termination in writing, or if we inform you that we are terminating the restriction. Any termination will apply only to PHI created or received after receipt of the termination. In your written request tell us: (1) the information whose disclosure you want to limit; and (2) how you want to limit our use and/or disclosure of the information. In the event that products or services were paid out of pocket in full, at your request, we will not share information about those services with a health plan for purposes of payment or health care operations. "Health plan" means an organization that pays for your medical care.

Alternative Communication: You have the right to request in writing that we communicate with you about your PHI by alternative means or to alternative locations. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Although you may initiate your request verbally, you must make your request in writing. We must reasonably honor your request. However, the request must allow us to communicate and serve you effectively.

Amendment: You have the right to request that we amend your PHI. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

If you disagree with our decision, you may submit your written statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI or in response to a request you made to amend or restrict the use or disclosure of your protected health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your protected health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

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