

## Acknowledgement of Receipt of Notice of Privacy Practice & Communication Consent Form

Patient Name (s) \_\_\_\_\_

### Acknowledgement of Receipt of Notice of Privacy Practice

Signing this document signifies that you have received a copy of our Notice of Privacy Practices.

While providing service to you, we create, receive and store health information that identifies you. It is often necessary to use and disclose this health information to treat you, to obtain payment for our services, and to conduct healthcare operations involving our office. **The Notice of Privacy Practices** you have been given describes these uses and disclosures in detail.

### Email, Text, and Call Consent

I \_\_\_\_\_ (Patient, Parent, Guardian, Head of Household), voluntarily give permission to the Optometric Vision Development Center to communicate with me via email or text regarding me, and/or my child/my family. This communication is important for and could include but is not limited to:

- |                                 |   |
|---------------------------------|---|
| 1. Pre-Appointment Instructions | 5. Contact Lenses Arrival and Pick-up             |
| 2. Appointment Reminders        | 6. Referrals, Exam Reports and Evaluation Letters |
| 3. Contact Lens Prescriptions   | 7. Billing and Payment Information                |
| 4. Insurance Benefits           | 8. Other Office Communications                    |

I give this permission understanding the email may be unencrypted and therefore not secure. Unintended recipients may read email content and attachments. Two-way conversations are Texts through our HIPAA compliant communication system.

**YES**, I give permission to the Optometric Vision Development Center to communicate with me using the following methods. **Please fill in all that apply and check your preferred method:**

- Email: \_\_\_\_\_
- Cell phone number for text (data rates may apply): \_\_\_\_\_
- Alternate phone number used for calls (circle: home / work): \_\_\_\_\_

I acknowledge that I have received The Notice of Privacy Practices and have made the above choice(s) for communication from Optometric Vision Development Center.

\_\_\_\_\_  
Signature Date

If signing as a personal representative of the patient, describe the relationship to the patient:

\_\_\_\_\_  
Print Name Relationship to Patient

# Notice of Privacy Practices

Optometric Vision Development Center  
8950 Villa La Jolla Drive, Suite B128  
La Jolla, CA 92037  
Phone: (858) 453-0442 Fax: (858) 453-5291

Effective: January 1, 2022  
Updated: September 29, 2022

E-Mail: [office.sdvt@gmail.com](mailto:office.sdvt@gmail.com)

---

**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.**

---

## General Rule

We respect our legal obligation to keep health information that identifies you private. The law obligates us to give you 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. 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 such written authorization.

## Uses or Disclosures of Health Information

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

- When our technician or doctor tests your eyes and prescribes glasses, contact lenses or medication.
- When our staff helps you select contact lenses or treats with vision therapy.

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 services.
- If we send a prescription for glasses, contacts or medication to another professional to be filled.
- When we phone, text or email to let you know that your contact lenses are ready to be picked up.
- If we ask for copies of your health information from another professional that you 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 our staff asks you about health or vision insurance coverage, or about other sources of payment.
- When we prepare bills to send to you or your health or vision care plan (sent by mail, fax, or computer).
- When we process payment by credit card and when we try to collect unpaid amounts due.
- When we have to ask a collection agency or attorney to help us with unpaid amounts due.

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

## Office Communication through call, email and text

We may call, email, or text to send pre appointment instructions, remind you of scheduled appointments, let you know when contact lenses have arrived for pick up, share insurance information when requested and timely news. We may also 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. Such uses or disclosures are:

- A state or federal law that mandates certain health information is reported for a specific purpose.
- Public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the Food and Drug Administration regarding drugs or medical devices.
- Disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence.
- 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.
- To comply with legal proceedings, such as a court or administrative order or subpoena.
- To law enforcement officials for law enforcement purposes.
- Disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations.
- Uses or disclosures for health-related research.
- Uses and disclosures to prevent a serious threat to health or safety.
- To government officials for lawful intelligence, counterintelligence and other security purposes.
- Disclosures relating to workers' compensation programs.
- Disclosure to business associates who perform healthcare operations for us and who agree to keep your health information private.
- Sending a thank you to the individual who referred you to our office.

## **Other Disclosures**

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

## **Your Rights Regarding Your Health Information**

You may make a written request to us about any of the following concerning your medical information.

- To put additional restrictions on our uses and disclosure for your medical information. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want
- To communicate with you in a confidential way, such as by phoning you at work or through Hipaa compliant telehealth platforms, 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, and if you reimburse us for any extra cost.
- To see or to get photocopies of your health information. By law, there are a few limited cases in which we can refuse to permit access or copying. We will respond to your request within 30 days. We are allowed a 30-day extension if we notify you in writing. You will have to reimburse us for copies in advance. If we deny your request, we will send you a written explanation and instructions about how to get an impartial review of our denial.
- 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 and send the corrected information to persons who received the wrong information. We are allowed a 30-day extension if we notify you in writing. In some cases, we do not have to agree to your request.
- To receive a list of the disclosures of your health information within the past six years (but not disclosures before August 13, 2013), 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. We will usually respond to your request within 60 days of receiving it. We are allowed a 30-day extension if we notify you in writing. You are entitled to one request per year without charge.

## **Our Notice of Privacy Practices**

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 the law. If we change this notice, we will post the new notice in our office, have copies available in our office and post it on our website.

### **Complaints**

If you think that we have not properly respected the privacy rights, please let us know immediately, you can also contact the Department of Health and Human Services. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to any of our doctors at the address, fax or email 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 or have questions about our privacy practices, please contact our office at the address or phone number shown at the beginning of this notice.