

Dr Lori L Floyd Inc
24000 Alicia Pkwy #11
Mission Viejo, CA 92691, USA
(949) 768-0331
office@DrLoriFloyd.com
http://www.drlorifloyd.com

Notice of Privacy Practices

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 your health information private. Generally, we can only use your personal health information (PHI) in our office, or disclose it outside 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 PHI unless you sign a written authorization, unless allowed or required by law.

Uses or Disclosures of Health Information

We use PHI for **treatment** purposes when we set up appointments for you, perform medical and vision testing, prescribe eyewear or medication, and/or help you select your glasses. We may disclose your PHI outside of our office for **treatment** purposes if we refer you to another health professional, release your prescription to another health professional, or attempt to contact you about your prescription being ready. We may ask for PHI from other health professionals you have seen.

We may use your PHI inside or outside our office for **payment** purposes when asking about your insurance, billing (by mail or electronically) you or your insurance plan, processing credit card payments, or to aid in collecting unpaid amounts due.

We may use or disclose your PHI for **healthcare operations** in order to perform administrative functions in our office, such as billing, audits, internal quality assurance, personnel decisions, legal matters, and record storage. We may call or mail to remind you of appointments or services available to you.

Uses & Disclosures Without an Authorization

In some limited situations, the law allows or requires disclosure of PHI without your permission. These may include:

- A state of federal law that mandates a report
- Public health purposes, such as contagious disease reporting, and FDA notices regarding drugs or medical devices
- Disclosures to authorities about victims of suspected abuse, neglect, or violence
- For health oversight activities, audits for Medicare or Medicaid, or investigations of health care law violations
- Disclosures for judicial and administrative proceedings, such as in response to subpoenas or court orders
- Disclosures for law enforcement purposes
- Disclosures to medical examiners, funeral directors, or organizations that handle organ or tissue donations
- Disclosures for health related research
- Disclosures to prevent serious threat to health or safety
- Disclosures relating to workers' compensation programs
- Disclosures to business associates who perform healthcare operations for us and agree to keep your PHI private

We will not make any other uses or disclosures of your PHI unless you sign a written authorization 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 Personal Health Information

- 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 you want.
- You can ask us to communicate with you in a confidential way. We will accommodate these requests if they are reasonable, and if you pay for any extra costs.
- You can ask to see or get copies of your PHI. You will be able to review or have a copy of your PHI within 30 days of your

request. You may have to pay in advance for photocopies. In the unlikely event we deny your request, as is lawful in limited situations, we will send you a written explanation, and instructions for obtaining an impartial review of our denial.

- You can ask us to amend your PHI if you think that it is incorrect or incomplete. If we agree, we will amend the PHI within 60 days of the request, and send corrected PHI to whomever you request. If we do not agree, you can write a statement of your own position, and we will include it with your PHI, along with any rebuttal we may write, which will also become part of your PHI.
- You can get a list of any disclosures that we have made of your PHI within the past six years, except for 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. You are entitled to one such list per year without charge, others may require payment in advance. We must respond to your request within 60 days of receipt, but law allows one 30 day extension if we notify you in writing.
- If you wish any of the above, you must make a written request to this office at the address of the office.

Our Notice of Privacy Practices

By law, we must abide by the terms of this notice until we choose to change them. We reserve the right to change these terms at any time in compliance with and as allowed by law. If we do change the terms, they will apply to your PHI that we already have, as well as to any PHI we may generate in the future. Any changes will be made available in this office.

Complaints

If you think we have not respected the privacy of your PHI, you are free to complain to us or to the U.S. Department of Health and Human Services, Office for Civil Rights. If you wish to complain to us, you may do so in person, by phone, or in writing to our office.

For More Information

For more information about our privacy practices, please feel free to contact us in person, by phone, or in writing to our office.