

PRIVACY NOTICE
MARK S. WEINTRAUB, O.D
Revised as of 9/20/13

This notice describes how your health information may be used and disclosed, and how you can obtain access to this information. Please review it carefully.

We are required to keep your health information secure and confidential, by law. Also by law, we need to give you this notice and to follow the terms of this notice.

As a patient, you have the right to adequate notice of the uses and disclosures of your protected health information. Under the Health Portability and Accessibility Act (HIPAA), Dr. Weintraub and staff can use your protected health information for:

- a) Treatment: We may use or disclose your health information to a physician or other health care provider providing treatment to you.
- b) Payment: We may use and disclose your health information to obtain payment for services we provide for you.
- c) Health care operations: We may use and disclose your health information in connection with our health care operations. Health care operations include quality assessment and improvement activities, reviewing the competency or qualifications of healthcare professionals, evaluating provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities, entering your treatment information into our computer system.
- d) Emergency Situations: In the event of your incapacity or an emergency situation, we will disclose health information to a family member, or other person responsible for your care, using our professional judgment. We will only disclose health information that is directly relevant to the person's involvement in your health care.
- e) Appointment Reminders: We may use your information to contact you. We may use or disclose your health information to provide you with appointment reminders via e-mail, letter or phone. If you are not home we may leave this information on your answering machine or with the person who answers the telephone.
- f) Business Associates: We may share your medical information with our business associates, such as a billing service. We have a written contract with each business associate that requires them to protect your privacy.
- g) Required by Law: We may use or disclose your health information when we are required to do so by law.
- h) Sale of practice: If this practice is sold, your information will become the property of the new owner.
- i) Your Authorization: Most uses and disclosures that do not fall under treatment, payment, or health care operations will require your written authorization. Upon signing, you may revoke your authorization (in writing) through our practice at any time. You may request in writing that we not use or disclose some or all of your health information as described above. We will let you know if we can fulfill your request.
- j) Neglect or Abuse: We may disclose your health information to appropriate authorities if we reasonably believe that you are a victim of abuse, neglect, or domestic violence or the victim or other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health and safety or that of another.
- k) National Security: We may disclose the health information of Armed Forces personnel to military authorities under certain circumstances. We may disclose your health information to authorized federal officials required for lawful intelligence, counterintelligence and other national security activities. We may disclose health information of inmates or patients to the appropriate authorities under certain circumstances.
- l) Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability.
- m) Communicable Diseases: We may disclose your protected health information, 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.

n) Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws

o) Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of FDA-regulated products or activities including, to report adverse events, product defects or problems, biologic product deviations, to track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

p) Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.

q) Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of our practice, and (6) medical emergency (not on our practice's premises) and it is likely that a crime has occurred.

r) Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

s) Research: We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

t) Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

u) Workers' Compensation: We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally-established programs.

You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses.

You have the right to receive communication about your health information in the manner you prefer. We will also use whatever communication method, number or system you prefer to contact you.

You have the right to transfer a copy of your health information to another practice. Notify us in writing of where you would like us to send a copy of your health information for you.

You have the right to see and receive a copy of your health information, with a few exceptions. Give us a written request regarding the information you want to see. If you would like a digital copy of your records (not available at the present time), let us know which type of file you would like and we will try to meet your needs.

You have the right to request an amendment or change to your health information, in writing. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes you request, but will include your statement in your file. If we agree to an amendment or change, we will not remove nor alter earlier documents, but will add new information.

You have the right to receive a report of who we disclose your information to.

If our privacy and security measures or systems are breached in any way, we will notify you.

You have the right to receive a copy of this notice.

Dr. Mark S. Weintraub is required by law to maintain the privacy of your protected health information. We are required to abide by the terms of this notice as it is currently stated, and reserve the right to change this notice, at any time. The policies in any new notice will not be in effect until they are available within our office or at this site. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may request a revised version by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your appointment.

Complaints: If you have complaints regarding the way your protected health information was handled, you may submit a complaint in writing to this office or the Department of Health and Human Services (200 Independence Avenue, S.W., Room 509F, Washington, DC 20201), online (<http://www.hhs.gov>) or by email (OCRComplaint@hhs.gov). You will not be retaliated against in any manner for a complaint. Contact Information: For further information about Dr. Mark S. Weintraub's privacy practices, please contact Dr. Weintraub at the following address: 1355 4th Street, Santa Monica, CA 90401.