

Notice of Privacy Practices
Effective Date: April 14, 2003

This notice describes how medical information about you may be used and disclosed and how you can access this medical information. Please review this notice carefully.

Retinal Consultants Medical Group, Inc. (VRMG) creates a record of the care and services you receive at all of our facilities. We need this record to provide you with quality care and to comply with legal requirements. It is the policy of VRMG to protect the confidentiality, integrity and security of the health and personal medical information of our patients and to prevent unauthorized access to, or unauthorized use or disclosure of such medical information. This policy applies to current and former patients of VRMG.

We are required by law to maintain the privacy of your individually identifiable health information and personal medical information and to provide you with notice of our legal duties and privacy practices with respect to your medical information. Individually identifiable health and personal medical information are any medical information obtained by VRMG in connection with providing healthcare treatment, obtaining payment and related healthcare operations. This relates to past, present and future medical information that VRMG receives from you as our patient.

VRMG collects personal medical information in order to learn about your medical history and medical conditions, to render treatment and to collect payment for our services. We gather this medical information from your patient forms, health questionnaires, insurance cards and other forms that you will be asked to complete from time to time. In addition, we will assemble medical information based on our examinations as well as through discussions and conversations with you, your personal representatives and or your family members. Your healthcare plan or insurance carrier may also provide medical information to our office.

Your medical information is maintained in our offices within our computerized practice management system. We also maintain medical information about you in your medical chart. VRMG limits access to your protected medical information to those employees and business associates who need to know that medical information. With some limitations, you have the right to inspect, amend, copy and receive an accounting of disclosures of your medical and billing records.

I. How VRMG May Use or Disclose Your Medical Information

The law permits us to disclose your medical information for the following purposes:

1. *Treatment.* We may use medical information about you to provide you with caring and quality medical treatment and services. We may share your medical information with a facility such as a hospital, laboratory, pharmacy, diagnostic service or another healthcare provider in order to efficiently coordinate your treatment plan. For example, we may routinely inform your primary care physician about your plan of care and we may disclose your medical information to laboratories, pharmacies and diagnostic facilities so that they may perform procedures and provide supplies requested by our physicians.
2. *Payment.* Your medical information may be used for claims management and to obtain payment from you, your insurance carrier or a third party. We will exchange data with you, your insurance carrier, or a responsible third party to determine if you are eligible for benefits and to secure payment for services we render. We may also tell your insurance carrier about a treatment or procedure that you are going to receive in order to obtain prior approval or to determine whether your plan will cover a specific treatment or procedure.
3. *Health Care Operations.* We may use and disclose your medical information for health care operations. These uses and disclosures are necessary to run the organization and in an effort to continually improve the quality and effectiveness of the care we provide. We may use your information, or combine it with other patients' information, to review our treatments and services, and to evaluate our physicians and staff. Operations include services provided by business associates (BAs), i.e., transcription and information systems maintenance. BAs may be given medical information in order to do their job. Other third parties may inadvertently come in contact with your information in assisting us with operations, i.e., maintenance or testing of medical equipment. We require these outside entities and BAs to appropriately safeguard your information.
4. *Appointment Reminders.* We may use and disclose medical information in order to contact you to remind you that you have an appointment or need follow-up at one of our facilities. We may leave reminder messages for you at your home, either on your answering machine or with a family member. We may also mail postcards, or send email, to you confirming that you have an appointment or need follow-up.

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5. *Treatment Alternatives and Health Related Products.* We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives, health related products or services offered by VRMG, or send you educational materials.
6. *Communication with Friends and Family.* We may disclose your relevant medical information to a close personal friend, a family member who is involved in your care, to someone who helps pay for your care, or to any person you identify. We may use or disclose your relevant medical information to notify your friends or family members of your location, your general condition, or in the event of your death. If you do not want us to use or disclose your medical information for these purposes, you may object by notifying us orally or in writing of your objection. If you are unavailable or unable to object due to incapacity or emergency, our providers and staff will use their professional judgment and common practice to determine relevant medical information to disclose in your best interest.
7. *Required by Law, Judicial or Administrative Proceeding or to Law Enforcement.* We may disclose your medical information as required by law, or in the course of administrative or judicial proceedings. We may disclose your medical information to a law enforcement official for the following reasons:
 - a. In response to a court order, subpoena, search warrant or summons.
 - b. To identify or locate a suspect, fugitive, material witness, or missing person.
 - c. About a death we believe to be the result of criminal conduct.
 - d. About criminal conduct at our facilities.
8. *To Avert a Serious Threat to Health or Safety and for Public Health Purposes.* We may disclose your medical information to appropriate agencies such as DMV or the Food and Drug Administration (FDA) to prevent serious threat to your health and safety, or the health and safety of the public or another person. As required by law, we may disclose your medical information to public health authorities for purposes related to:
 - a. Preventing or controlling disease, injury or disability.
 - b. Reporting child, elder, or dependent adult abuse or neglect.
 - c. Reporting domestic violence.
 - d. Reporting problems with products and reactions to medications.

- e. Reporting disease and infection exposure.
 - f. Reporting deaths.
9. *Deceased Person Medical Information.* In the event of your death, we may disclose your medical information to coroners, medical examiners and funeral directors as necessary to carry out their duties.
10. *National Security, Military Personnel, and Inmates.* We may disclose your medical information to federal officials for military, intelligence, counterintelligence, or other national security purposes. If you are a member of the armed forces, we may disclose your medical information to military command authorities. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or the law enforcement official.
11. *Workers Compensation.* We may disclose your medical information for workers' compensation or similar programs that provide benefits for work related injuries or illness.
12. *Health Oversight Activities.* We may disclose your medical information for activities authorized by law. These oversight activities include audits, investigations, inspections and physician licensure to name a few. The activities are necessary for the government to monitor the health care system, government programs, and compliance with laws.

II. OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of your medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose your medical information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, this will stop any further use or disclosure of your medical information for the purposes that you originally authorized, except if we have already acted in reliance on your authorization.

III. Your Medical Information Rights

You have the following rights regarding medical information we maintain about you:

1. *Right to Inspect and Copy.* You have the right to inspect and request a copy of medical information that may be used to make decisions about your care by submitting a request in writing to our Medical Records department. If you request a copy of your medical information, we may

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charge you for the cost of copying, mailing, or other costs associated with your request. We may deny your request in certain limited circumstances, in which case you may submit a written request for a review of that decision.

2. *Right to Amend.* You have the right to amend your medical information if you feel we have incorrect or incomplete medical information by submitting a request to us in writing to our Medical Records department. You must provide a reason that supports your request. We may deny your request to amend a record if the information was not created by us; if it is not part of the medical information maintained by or for VRMG; or if we determine that the record is complete and accurate. If we deny your request, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record that you believe to be incorrect or incomplete. The addendum will be attached to your medical record.
3. *Right to an Accounting of Disclosures.* You have the right to make a written request to us for a list of those instances where we have disclosed medical information about you (an “accounting of disclosures”) other than for treatment, payment, health care operations, or where you specifically authorized a disclosure. You may submit your written request to our Medical Records department. Your request must state a time period desired for the accounting which may not be longer than six years and may not include disclosures dated before April 14, 2003. The first request in a twelve-month period is free; other requests will be charged according to our cost of producing the list. We will inform you of the cost before you incur any charge.
4. *Right to Request Restrictions.* You may request that we not use or disclose medical information about you for treatment, payment, health care operations, or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. You must submit your request in writing to our Privacy Officer department. Your request must include: what medical information you want to limit; whether you want to limit use, disclosure or both; and to whom you want the limits to apply. We will consider your request but our processes may not be able to accommodate it and we are not legally obligated to agree to your request. We will inform you of our decision on your request.
5. *Alternate Contact Information for Confidentiality Purposes.* You have the right to request that medical information about you be communicated to you in a confidential manner, such as sending mail to an address other

6. than your home. To request alternative methods of contacting you confidentially, you must make a request in writing at the time of service or in writing to our Privacy Officer. We will attempt to accommodate reasonable requests.
7. *Right to a Paper Copy of This Notice.* You have the right to a paper copy of this notice. You may obtain a paper copy of this notice at the front desk of any of our offices. You may also obtain a copy of this notice at our website: www.retinamed.com.

IV. Changes to this Notice of Privacy Practices

VRMG reserves the right to change this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all medical information we maintain, including medical information that was created or received prior to the date of the change. We will provide you with revised notices by posting the current notice in our facilities or by providing copies of the current notice showing the effective date. VRMG is required by law to abide by the notice currently in effect.

V. Contacts for Complaints

For further information about this notice or to make a complaint if you believe your privacy rights have been violated, contact our Privacy Officer. You may also file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights. Our Privacy Officer can provide you the address. Under no circumstances will you be penalized or retaliated against for filing a complaint.

Our Contact Information:

Medical Records
Retinal Consultants Medical Group, Inc.
3939 J Street, Suite 106
Sacramento, CA 95819

Privacy Officer
Retinal Consultants Medical Group, Inc.
3939 J Street, Suite 104
Sacramento, CA 95819
(916) 454-6191