



ORANGE COUNTY OPHTHALMOLOGY  
MEDICAL GROUP

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Notice of Privacy Practices

It is our desire to communicate to you new Federal laws (HIPAA - Health Insurance Portability and Accountability Act) written to protect the confidentiality of your health information. We do not ever want you to delay treatment because you are afraid your personal health history might be unnecessarily made available to others outside of our office.

The most significant variable that has motivated the Federal government to legally enforce the importance of the privacy of health information is the rapid evolution of computer technology and its use in health care. The government has appropriately sought to standardize and protect the privacy of the electronic exchange of your health information. This has challenged us to review not only how your health information is used within our computers but also with the Internet, phone, faxes, copy machines, and charts. In accordance, we have developed policies and procedures which make sure your health information will not be shared with anyone who does not require it. Your health information will be used only for the purposes of providing your treatment, obtaining payment and conducting health care operations.

To Provide Treatment:

We will use your Health Information within our office to provide you with the best health care possible. This may include administrative and clinical office procedures to schedule and coordinate care between physician, technician, nurse, and business office staff. In addition, we may share your Health Information with referring physicians, clinical and pathology laboratories, pharmacies or other health care personnel providing your treatment.

To Obtain Payment:

We may include your Health Information with an invoice used to collect payment for treatment you receive in our office or surgery center. We may do this with insurance forms filed for you in the mail or sent electronically. We will be sure to only work with companies with similar commitment to the security of your health information.

To Conduct Health Care Operations:

Your Health Information may be used during performance evaluations of our staff. It is also possible that health information will be disclosed during audits by insurance companies or government appointed agencies as part of their quality assurance and compliance reviews. Your Health Information may be reviewed during the routine processes of certification, licensing or credentialing activities.

Patient Reminders and For Caregivers:

Because we believe regular care is very important to your health, we will remind you of a scheduled appointment or that it is time for you to contact us and make an appointment. These communications may include postcards, letters, and telephone reminders. We may share your health information with those you tell us will be helping you with your home treatment, medications, or payment.

Patient Acknowledgment:

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