

KETCHUM HEALTH

Clinic Manual



KETCHUM HEALTH
University Eye Center

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1.0 INTRODUCTION

1.1 HISTORY OF THE UNIVERSITY

Marshall B. Ketchum University was established in April of 2013 as an interprofessional health education institution. The University is named after Marshall B. Ketchum, M.D., the founder of the Los Angeles School of Ophthalmology and Optometry in 1904, the original degree granting education program.

Marshall Bidwell Ketchum was born in Canada in 1856 and became a pharmacist. In order to further his education, he traveled to the United States to study medicine at the Eclectic Medical Institution in Cincinnati, Ohio graduating in 1882. Following graduation, Dr. Ketchum moved to Dallas, Texas to join a private medical practice. In 1896, he became a faculty member at Nebraska's Lincoln Medical College teaching medicine to inspiring young doctors, eventually transitioning to becoming the head and lead instructor of the Lincoln Optical College until 1903. Dr. Ketchum then moved to Los Angeles and established the Los Angeles School of Ophthalmology and Optometry in March of 1904. This was an exciting time for the profession of optometry, as it was just beginning to develop into a distinct profession separate from general medicine. For many years, Dr. Ketchum worked tirelessly to develop the program and merge several schools into the College, which became non-profit in 1938. He served as President of the School until 1920.

Dr. Ketchum was an esteemed member of the medical community during his time, and was an early leader of the profession of optometry. He strived to create a college with the highest possible quality of education and felt that practitioners of optometry had a deep responsibility to the community and individual patient's visual needs. Ketchum was among the early pioneers of optometry, advocating the use of the retinoscope to determine refractive status of the eye. He is well known for his book, "Ketchum's Lessons on the Eye", published in 1920, that details not only the anatomy of the eye, but details on the medical practice of early optometry. Dr. Ketchum passed away in 1937, and the Marshall B. Ketchum, M.D. Memorial Library was established in his memory later that year. Dr. Ketchum was also awarded SCCO Centennial Honoree in 2004.

The Southern California College of Optometry is the third oldest optometric educational program in existence and the changes have been dramatic since it's founding in 1904, one year after California passed a law regulating optometry. In 1911, the name was changed to the Los Angeles Medical School of Ophthalmology and Optometry at which time the school became incorporated. In 1948 the College was renamed the Los Angeles College of Optometry. The College's name was changed again to the Southern California College of Optometry in 1972. The College moved to a newly built campus in the City of Fullerton in Orange County, California in 1973, some 30 miles from its location in downtown Los Angeles.

In 2013, the institution adopted the name, Marshall B. Ketchum University, to honor Dr. Ketchum's legacy to developing Inter-Professional Education to encompass our expansion into

Interdisciplinary health science educational training. Programs currently within the University include optometry, physician assistant, pharmacy and a graduate degree program in vision science. A College of Pharmacy was established in the fall of 2016. The University is accredited regionally by the Accrediting Commission for Senior Colleges and Universities of the Western Association of Schools and Colleges (WASC). Individual professional programs are also accredited by their national accrediting organization:

1.2 NON-DISCRIMINATION STATEMENT

MBKU is committed to providing an environment in which all individuals are treated with respect and professionalism. In accordance with applicable federal and state laws, it is University policy to prevent the unlawful discrimination against students, applicants for admission, employees, applicants for employment and patients requesting treatment on the basis of race, color, national origin, sex, disability, age or any other characteristic protected by applicable law. The University also prohibits sexual harassment and harassment on any of the above bases (refer to the Prohibited Discrimination, Unlawful Harassment & Sexual Misconduct Policy).

Inquiries regarding the University's equal opportunity policies should be directed to the Vice President for Student Affairs at StudentAffairs@Ketchum.edu for students and the Vice President for Human Resources at HumanResources@Ketchum.edu for employees.

For further information on notice of non-discrimination, please contact the Office for Civil Rights at <https://ocrcas.ed.gov/contact-ocr> for the address and phone number of the office that serves his/her area, or call 1-800-421-3481.

1.3 UNIVERSITY EYE CENTER AT KETCHUM HEALTH

In April 2016, the University Center Eye at Ketchum Health was established at 5460 East La Palma Avenue in the city of Anaheim. The structure is the clinical education facility of Marshall B. Ketchum University, which is home to the Southern California College of Optometry's University Eye Center.

The facility is comprised of two floors of clinical space as well as office space for Advancement and Marketing, Accounting and Faculty Offices. Currently, the first floor is dedicated to optometric care and has 36 examination rooms and four (4) pre-testing rooms with the latest technology and diagnostic equipment. Soon (Summer 2018) the first floor will welcome a medical home, which will train our Physician Assistants and a dispensing pharmacy, which will train our Pharmacists. The services available on the first floor are Primary Care, Cornea and Contact Lenses, Ocular Disease and Low Vision as well as all ancillary support staff such as patient relations, claims and other administrative services. The first floor is home to optical services with its state of the art optical dispensary and fabrication laboratory. The second floor of the facility is comprised of several services; Pediatrics and Vision Therapy, Ophthalmology, and Clinical Research.

1.4 PURPOSE OF THE MANUAL

The Associate Dean of Clinics at Ketchum Health has compiled the University Eye Center Policies and Procedures Manual (the “Manual”). It is to be used by all Faculty, students, staff, volunteers, and the Interns at the clinical sites while delivering care on behalf of Ketchum Health.

The Manual provides all staff and students with guidelines, policies, procedures, and general information about Ketchum Health operations. All staff and students should become familiar and use this Manual as a primary resource. Please refer to it when you have inquiries about any part of the clinic operations.

As the health care environment continues to change, the need to preserve Ketchum Health highest standards of care is more important than ever. This Manual is an essential component of such a goal, and everyone is encouraged to understand and comply with its content.

Questions regarding any elements of the Manual or the operations of the clinic in general, should be addressed to the Associate Dean of Clinics or his/her respective supervisor. Additional resources may be found at Ketchum Health portal at my.ketchum.edu. All Ketchum Health employees, faculty, and interns will be informed and provided access to any changes or revisions to the Manual accordingly.

2.0 PRIVACY AND SECURITY

Executive Summary

As the University Eye Center enters its new era in patient care, a compliance program becomes paramount to the vision of performing with full transparency and accountability. Two purposes are served with the implementation of a compliance program:

- It is a way of communicating to employees, volunteers, patients, payers, government agencies and the public in general, that the institution is committed to compliance and strictly follows federal, state and local laws;
- It is the roadmap to create, implement and enforce policies and procedures that will allow us in turn to create awareness about regulatory mandates.

New laws and statutes are continuously enacted, making the compliance an evolving, ever changing program. Among the topics that could be covered under any compliance program for a health care organization are patient privacy and security, claims reimbursement, coding and billing, marketing, conflict of interest, occupational safety, Anti-Kickback and Stark laws. University Eye Center employees at all levels, as well as managing directors and board members of Marshall B. Ketchum University (MBKU), are responsible for following the law and perform in accordance with the ethics code.

As MBKU-UEC acknowledge that excellence in clinical education and patient care are the priorities of its operations, a well-designed compliance program will allow the University to help protect patient privacy, reduce the chances that an audit will be conducted, minimize billing mistakes, speed up and optimize proper payment claims, and avoid conflicts of interest.

Finally, a compliance program sends a message to all the stakeholders recognizing that the University takes pride in operating at the highest legal and ethical standards.

Legal Framework

Compliance programs are designed to follow federal and state laws. The Office of Inspector General (OIG) of the U.S. Department of Health & Human Services has established compliance program guidance for recipients of federal financial assistance (Medicare- Medicaid), including individuals and small group practices. Although this is a voluntary program, Marshall B. Ketchum University will adopt the guidelines.

The OIG's compliance guidance for small practices was published in 2000 with the main purpose of preventing health care fraud, waste and abuse from providers billing for services for Medicare, Medicaid or any other Government related programs. The Patient Protection and Affordable Care Act of 2010 made mandatory for providers to adopt a compliance plan as a condition of Medicare enrollment.

The HIPAA act of 1996 and its subsequent amendments, including the Omnibus rule, regulated privacy and security of protected health information. MBKU-UEC has a compliance program that addresses privacy and security separately.

Among other laws pertaining to compliance are the Anti-Kickback statutes, the Stark law, EMTALA, CLIA, OSHA, FERPA, DEFRA, ADA. For the purpose of the Compliance Program at the MBKU-UEC, we will focus on the Confidentiality, Availability, and Integrity of protected health information, as regulated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its subsequent amendments.

2.1 HIPAA PRIVACY POLICIES & PROCEDURES

2.1.1 Terms & Abbreviations Used in this Manual

Act	The Act is the Health Insurance Portability & Accountability Act of 1996 and its updates, changes and revisions that are currently in effect.
Business Associate	An outside business or contractor or a subcontractor that assists MBKU-UEC in certain activities or services that involve the use and/or disclosure of PHI.
Breach	Unauthorized acquisition, access, use, or disclosure of PHI that can compromise the Compliance and/or security of this information
Covered Entity	A person or organization that is required to comply with HIPAA regulations.
DHHS	Department of Health and Human Services.
Director	Director of Healthcare Policy Compliance
D-II	De-identified information.
Encryption	The use of technology to render or transform PHI unreadable.
HCP	Health Care Provider.
Health Care Operations	<ul style="list-style-type: none">▪ Conducting quality assessment and improvement activities, contacting of HCPs and patients with information about treatment alternatives and related functions that do not include treatment.▪ Reviewing the competence or qualifications of HCPs, evaluating practitioner and provider performance, conducting training programs (in areas of health care under supervision to practice or improve skills), training of non-health care professionals, accreditation, certification, licensing or credentialing activities.▪ Underwriting, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits.▪ Conducting or arranging for medical review, legal services, and auditing functions.

	<ul style="list-style-type: none"> ▪ Business planning and development, such as conducting cost-management and planning-related analyses. ▪ Business management and general administrative activities of the entity. ▪ Using PHI to conduct education and training sessions with interns and students within campus premises.
HIPAA	Health Insurance Portability & Accountability Act of 1996
HITECH	Health Information Technology for Economic and Clinical Act
Minor	An individual under the age of 18. Refer to Ca. Law for exceptions regarding especial considerations on the age of minors.
NPP	Notice of Privacy Practices
Omnibus rule	HIPAA amendment to the HITECH act of 2009.
Payment	<p>The activities undertaken by a health care provider to obtain or provide reimbursement for the provision of health care. The activities relate to the individual to whom health care is provided and include, but are not limited to:</p> <ul style="list-style-type: none"> ▪ Determinations of eligibility or coverage of health benefit claims. ▪ Billing, claims management, collection activities, obtaining payment under a contract for reinsurance, and related health care data processing. ▪ Review of health care services with respect to medical necessity, appropriateness of care, or justification of charges. ▪ Utilization review activities, including pre-certification and pre-authorization of services. ▪ Disclosure to consumer reporting agencies of any of the following PHI relating to collection of premiums or reimbursement: name and address, date of birth, social security number, payment history, account number, and name and address of the health care provider and /or health plan.
PHI	Protected health information.
PPO	Preferred provider organization.
Telehealth	The provision of healthcare remotely by means of telecommunications technology.
Director	See Section One of the manual.
TPO	Treatment, payment, or health care operations.
Treatment	<ul style="list-style-type: none"> ▪ The provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party. ▪ Consultation between health care providers relating to a patient. ▪ The referral of a patient, for health care, from one health care provider to another.

2.1.2 Protected Health Information

The Act protects any information that it is reasonable to believe could be used to identify an individual. This means information:

- That we created or received about the individual. This includes health information, as well as demographic information (address, phone number, SSN).
- That is collected using digital or electronic means, such as biometrics, retina imaging and facial recognition.
- About the individual's past, present, or future physical or mental health condition.
- About the treatment or services provided in the past, present or to be provided in the future.
- About past, present or future payments for provision of health care to the individual.
- Submitted electronically, such as insurance claims, insurance status inquiries, payments received, and remittance advice, etc.
- Stored on paper, CD, computer, mobile devices (thumb drives tablets, smart phones) microfilm, photographs, or any other permanent manner.
- Stored in the minds of UEC's faculty and staff.

2.1.3 Allowed Uses or Disclosures of PHI without Patient Authorization

No authorization is required for certain uses or disclosures. However, in some cases, we must obtain proof or verification that the request is from an appropriate party. An identification badge, official credentials, official government letterhead stationery, etc., are all considered appropriate identification from individuals or parties unknown to UEC doctors or staff.

All uses and disclosures on the list below must comply with the "minimum necessary" standard.

The following is a list of allowed uses or disclosures of PHI, which *do not* require patient authorization:

- For treatment, payment or health care operations of UEC.
- For the treatment activities of the patient between HCP.
- For disclosures to any health care provider for the payment activities of that provider
- For disclosures to insurance payers when the PHI seek is not related to treatment for which patient has paid the full amount of rendered services in cash.
- To family members, friends or any other unofficial patient representative, after UEC staff has concluded, based on her/his professional judgment that the person asking for the records would have been allowed by the patient to obtain such records. This applies mostly to the release of spectacle and contact lens prescriptions and clinical summaries.
- To minors when they are authorized by law to obtain their own records without permission from their parents or legal guardians (Refers to Ca. State law).

- For disclosures to another covered entity for specific health care operations purposes of the other entity, provided both UEC and the other entity have had relationships with the patient. The disclosure must pertain to the relationship and be:
 - For the purpose of quality assessment and improvement activities, population-based activities relating to improving health or reducing health care costs, case management and care coordination, conducting training programs, and accreditation, licensing, or credentialing activities. OR
 - For the purpose of health care fraud and abuse detection or compliance.
- For disclosures to another covered entity, that participates in the same organized health care arrangement as UEC, for any health care operations activities of the organized health care arrangement.
- When required by a state or federal law.
- To public health authorities to protect the public health.
- To report abuse, neglect, or other domestic violence.
- To government agencies which oversee health activities or regulatory programs (e.g., Medicare, Medicaid, doctor licensing boards, or others that would investigate violations of health care laws or civil rights violations).
- In response to court or administrative orders or subpoenas.
- To law enforcement authorities in specific situations. There must be a valid reason to proceed with these releases and the asking authority must present a written request.
- To Medical Examiners, funeral directors, or vital records officers.
- To prevent imminent threat of harm to the health or safety of the patient or others, such as when the patient is in the emergency room and she/he cannot consent.
- For research purposes, when the PHI has been de-identified or constitutes a “limited data set.” Or when an Institutional Review Board or a Compliance board has granted permission according to the Act.
- Disclosures to correctional institutions and other law enforcement custodial situations.
- Disclosures for workers’ compensation, which is not covered by HIPAA rule.
- To government officials for special purposes (protection of a high-ranking government official, national intelligence activities, military purposes, health of members of the Foreign Service).
- To business associates who have signed formal written agreements with UEC.

An incidental use and disclosure is permissible only to the extent that UEC has:

- Applied reasonable safeguards to protect PHI.
- Implemented the “minimum necessary” standard explained in the next section, where applicable.

Minimum Necessary

The use of PHI is limited to the minimum that is reasonably needed for accomplishing the intended purpose. This applies when we release PHI, request PHI, or otherwise use PHI within the office. For example, if an optical shop calls for a patient’s spectacle prescription, it is appropriate to

release the prescription. It is not appropriate to send a copy of the patient's chart, including exam notes. In most cases, we may not disclose, use or request an entire medical record. The only time the entire record is needed is when it is specifically justified as reasonably necessary to accomplish the task.

Before releasing PHI to anyone, you must:

- Verify the identity of the person requesting the information.
- Verify the authority of the person to have access to the PHI.
- Get any required documentation from the person requesting the PHI (e.g., an authorization form signed by the patient, a subpoena, or a legitimate court order).

If someone contacts you who requests more information than you think is necessary, please involve the Director (described below). He or she may need to discuss our concerns about the disclosure and negotiate an information exchange that meets the needs of both parties.

On the following two pages, you will find some routine and recurring situations when we disclose and request PHI and the guidelines for doing so. It is the responsibility of every doctor and every employee at UEC to strictly follow these guidelines. When in doubt about a specific release, always consult with the Director for guidance.

Please note that the "minimum necessary" standard does NOT apply to uses or disclosures:

- To other health care providers (HCPs) for treatment of the patient.
- To the patient him/herself.
- That are required for standardized HIPAA transactions.
- To the DHHS for enforcement purposes.
- That are required by law.

2.1.4 Guidelines for Releasing PHI

Outside Entity	Purpose	PHI to be Released
Health care providers outside UEC	Reports and referral letters for current/future treatment purposes.	Not limited to minimum necessary. PHI needed is determined by the asking provider
Subpoenas (including criminal, and workers compensation)	Requests for evidence in court proceedings	Not limited to minimum necessary. Could include financial and other related records

Marketing and Fundraising	External marketing, public relations campaigns.	Not allowed unless patient has signed a UEC Authorization Form, which specifically allows the release.
Opticians, optical stores, online retailers	Requests for Rx's.	Patient's name, Rx date, Rx, and expiration date written on Rx.
Primary Eyecare Network	Electronic Medicare billing service.	Patient's name, social security number, billing and services codes.
Third Party Insurance	Payment of patient claims.	All info required on billing form. This varies. Some only need info about materials supplied; others need ICD-10's, depending on patient's coverage. If patient paid cash for the service for which PHI is seek, patient could prohibit releasing it to insurance plans.
Patient Engagement Platforms	Patient recall and appointment reminders.	Patient's name and date of last eye exam.
Vision Services Provider Network	Provision/payment of materials for patient.	Spectacle/CL Rx, spectacle specifications, CL specifications. If patient needs non-covered materials, due to medical necessity, it is acceptable to provide medical information to support claim.
Collection Agency	Collection of overdue payments.	Patient's name, address, phone number, driver's license number, social security number, dates of payments received and methods, balance due. BAA needed.
Hospital or Surgical Center	Surgery scheduling.	Not limited to minimum necessary.
Department of Rehabilitation	Eligibility and allocation of services	Not limited to minimum necessary.

Non-routine disclosures (anything not described in the chart on the previous page) should be discussed with the Director prior to releasing PHI. He or she will determine if the PHI to be released is the minimum necessary to fulfill the request according to these guidelines:

1. Define the purpose of the disclosure.
2. Each type or portion of data to be disclosed must:
 - a. Be relevant to the purpose.
 - b. Not reveal information that is beyond the scope of the purpose.
 - c. Be deemed relevant by the most recent examining doctor.

UEC may consider (if reasonable under the circumstances) a requested disclosure as the “minimum necessary” for the stated purpose when:

- Making disclosures to public officials, if the official signifies that the requested information is the minimum necessary for the stated purpose.
- The information is requested by another covered entity.
- The information is requested by a professional, who is a member of its workforce or is a business associate of UEC for the purpose of providing professional services to the UEC (if the professional signifies that the information requested is the minimum necessary for the stated purpose).
- A person requesting the information for research purposes has provided proper documentation following IRB guidelines.

Guidelines for Requesting PHI

When UEC requests PHI from other entities, the “minimum necessary” standard also applies. The following are the most common situations in which we would be requesting PHI. Please remember that in order to request PHI from a patient’s previous eye doctor, UEC’s office policy requires the patient to sign an authorization form.

Outside Entity	Purpose	PHI to be Requested
Health care providers outside UEC	Records for current/future treatment purposes.	Not limited to minimum necessary.
NVISION or refractive surgery centers	Refractive surgery reports.	Not limited to minimum necessary.
Medicare	Eligibility for services.	Previous date of service, new service dates.
Opticians, optical stores	Requests for previous Rx's filled.	Rx date, Rx, prescribing doctor, expiration date, and supply date, lens material and design, frame name.

State Welfare and Social Disability Determination Services	Eligibility for services.	Previous date of service, eligibility dates for new service. Minimum Necessary principle may not apply, depending on the service being provided
Vision Services Provider Network	Eligibility for services.	Previous date of service, eligibility dates for new service
Hospitals or doctor offices	Surgery or consultation reports.	Not limited to minimum necessary.

Reminder: We ***may not request the entire medical record***, unless it is specifically justified as the amount reasonably necessary to provide service to the patient.

For non-routine requests for PHI, the most recent examining doctor, using his/her best professional judgement, will determine the “minimum necessary” information needed for the stated purpose. Areas of concern or those requiring further clarification should be referred to Director.

2.1.5 Director of Healthcare Policy Compliance & Contact Person

The **Director** is responsible for developing, implementing and updating the HIPAA policies and procedures in this manual accordingly. This officer must monitor all activities related to PHI to be sure that the clinic and all its employees are in compliance with the most current HIPAA and state guidelines and regulations. The Director is the watchdog, who ensures that the workforce is acting within the letter of the law. The Director uses this Policies & Procedures Manual as a guideline, and suggests and coordinates with the Associate Dean of Clinics its revision and the inclusion of updates, when necessary.

The **Contact Person** is responsible for providing information to patients about how UEC protects the Compliance of PHI. The Contact Person also answers questions and receives and processes complaints from patients. The primary concern of the Contact Person is public relations.

The **Administrative Liaison** allows for the flow of information related to HIPAA standards within the organization and contributes to the general awareness process of the regulation among staff. The current Associate Dean of Clinics appoints the Director, the Contact Person and the administrative liaison.

- The current Director is Luis Ospina.
- The current Contact Person is Patient Relations Supervisor, Rachel Merlos
- The current administrative liaison is the Director of Clinic Operations, Michele Whitecavage.

EMPLOYEES ACCESS TO PHI

UEC has implemented an operational electronic medical records system and no hard copies or paper with PHI are stored or retained.

Access to medical records is granted based on the role of the individual, and there is a process in place to ensure that only the individual with legitimate business need to access the record can do it. The software has audit tracking capabilities, and the Director along with the Applications Support Manager monitor access patterns to PHI by individuals on a monthly basis.

Access to Computer-Based PHI is Limited as Follows (role based):

Full-time Faculty	full access
Part-time Faculty and Consultant doctors	full access
All Team leaders (Clinic, Contact Lens & Admin).....	full access
Patient relations staff	access to all but “Exam” screens
Researchers	restricted access
Dispensary staff	restricted access
Interns, students, work study, volunteer’s	restricted access
Device/equipment maintenance personnel	restricted access

Work Stations Physical Security:

All employees at the UEC are trained and asked to closely monitor their workstations to prevent unauthorized access to the system. When leaving their workstations, staff must log off their computers and lock the door if leaving office.

When Faculty is working in consultation rooms open to the general public, no computers should be left unattended, and they must log off the computers that are visible to all individuals.

Use of Patient Forms

HIPAA requires KH-UEC to utilize two different forms for patients: the Notice of Privacy Practices and the Release of PHI Form. These forms are to be used with any individual with whom we will have a “**direct** treatment relationship.”

Our relationship is considered **indirect** when we provide eye care based on orders from another HCP and that other HCP reports the diagnosis or results to the patient. Example of indirect treatment relationships:

- An outside HCP consults with an UEC doctor about a patient, but UEC never sees the patient.

Every time an individual becomes a patient of the UEC, a copy of our Notices of Privacy Practices (NPP) must be given to the patient and we must ensure that we obtain a signed acknowledgment from the patient.

Overview of Forms:

- The Notice of Privacy Practices informs patients of how we use and disclose their PHI. We are legally required to provide one to each patient who seeks our care and services. It also provides patients with information on requesting:
 - Additional restrictions on uses and disclosures of their PHI.
 - Confidential communications.
 - Copies of their records.
 - Changes to their records.
 - Copies of the Log of Disclosures of their PHI.

It is our legal duty to attempt to get a signed receipt from every patient, which states that they received the Notice. We must provide care and services, whether the patient agrees to sign the receipt or not. This could be achieved by electronic means enabled by a function in the EHR system.

- The law, in particular circumstances requires the Patient Authorization Form for specific patients. In most cases, we must provide care and services, whether the patient agrees to sign the form or not. The Patient Authorization Form allows UEC to use or disclose PHI with the patient's permission in very well defined and limited situations.
- For patient documentation purposes, UEC uses an intake form and medical Hx questionnaire. When setting up a new patient's chart, both forms must be incorporated into the electronic file to make them available to faculty and interns during the examination.

2.1.6 Notice of Privacy Practices

UEC's **Notice of Privacy Practices** is a written explanation of how we use and disclose our patients' PHI. Every patient must receive a copy of the Notice; it is unnecessary to give a Notice for every visit a patient makes. A copy of the notice must be:

- Given to each new patient and every returning patient who has not already been given the opportunity to sign one by patient relations staff at the time of check-in.

Exceptions:

- During emergency treatment situations. The Notice may be given when it is reasonably possible after the emergency is over.
- If the initial service is provided electronically, the website is set up so that the patient must acknowledge receipt of the Notice prior to service delivery.

- Posted in the office. We post a copy in the reception area and each of the inner patient holding areas.
- Posted on our website. The Director monitors the process.
- Available in the office for patients and non-patients to take a copy on request.

Once the patient has read the Notice, patient relations staff must ask him/her to sign and date the section of the intake form that relates to the NPP. Patient relations staff will complete the acknowledgement process by entering the appropriate information into the system. The patient may keep the Notice of Privacy Practices.

If the patient refuses to sign the receipt page, we must still provide services and treatment. Enter the date, his/her name, and the following statement on the patient's PHI History Sheet: *"Patient refused to sign receipt of Notice of Privacy Practices."*

If for any other reason, we are unable to get the patient's signed receipt, the attempt and the reason for failure must be documented in the EMR chart accordingly.

2.1.7 Patient Authorization Form

UEC is required to have the patient sign an Authorization Form for uses, disclosures or requests of PHI, unless the use, disclosure, or request is specifically permitted by the Act (see Definitions section: *Allowed Uses or Disclosures of PHI Without Any Authorization from the Patient*). We **may not** withhold treatment if a patient refuses to sign an authorization in most instances. Examples of situations requiring authorization are:

- If the patient is required to undergo a pre-employment visual examination and wants the results sent to the potential new employer.
- Release of PHI to third parties and agencies that are not covered entities.
- If we want to participate in marketing activity, which requires us to release PHI, with two exceptions discussed in *the Marketing Activities* section
- If a patient is trying to enroll in an insurance program and the underwriters require an exam to determine enrollment eligibility.
- If the patient is willing to participate in a research project that includes treatment.

There may be other situations, which require us to use the Authorization Form. The Director will help clarify if you have questions.

An Authorization Form is for a single use, not an open-ended document. Authorizations may be revoked, unless we have conditioned the treatment, payment, enrollment in a health plan, or eligibility for benefits on one of the authorizations (we may only condition treatment, etc. on a research-related authorization, not on any others).

An Authorization Form is not valid if it does not contain all of the required core elements. It is important to use plain, understandable language when filling in the core elements on the form. They are:

- A specific, meaningful description of the information to be used or disclosed.
- The identification of the persons (or class of persons) authorized to make the use or disclosure of the PHI.
- The identification of the persons (or class of persons) to whom the HCP is authorized to make the use or disclosure.
- A description of each purpose of the use or disclosure. If the patient requests an authorization for his/her own purposes, we may state "at the request of the individual."
- An expiration date or event that relates to the purpose of the use or disclosure.
- The patient's signature (or that of their personal representative) and date.
- If signed by a personal representative, a description of his/her authority to act for the patient.

An Authorization Form is defective, and thus invalid, if any of the following defects occur:

- The expiration date has passed or the expiration event has occurred and UEC is aware of the fact.
- Any of the required core elements are omitted or incomplete.
- The authorization has been revoked, and UEC is aware of the fact.
- The authorization violates the requirements for compounding or conditioning authorizations.
- UEC knows that information in the authorization is false.

It is responsibility of each individual (faculty, interns, opticians, and administrative assistants) to make sure that the authorization is presented for signature to the patient or her/his representative, prior to the release of PHI. Patient Relations Supervisor will work in conjunction with the Health

Information Coordinator to ensure that the authorization form is handed out accordingly to all patients when required.

Patients may revoke an authorization in writing at any time, with two exceptions:

- If UEC has already acted in accordance with the authorization.
- If the authorization was given as a condition of obtaining insurance coverage and another law gives the insurer the right to contest the claim or the policy itself.

Completed Authorization forms could be delivered in hard copy, by fax or electronically via email. The Director will ensure that the form is processed following KH internal protocols and he will document the release in the log accordingly.

Authorization forms are not posted on the UEC website.

Note about Requesting Previous Records:

It is the policy of UEC that any time we request previous records from a different physician's office, a patient must sign our Authorization Form. ***Because PHI was generated by another provider***, KH wants the patient to give permission to the other provider to release the PHI. Even though the HHS expressly authorizes the exchange of PHI between providers without patient's authorization, other health care providers are more willing to release information when such authorizations are provided; it makes the process smoother and more clearly defined for everyone.

The Use of Personal Representatives

Some of our patients are unable to personally exercise their rights regarding PHI (e.g., children). Personal representatives are legally authorized to act on behalf of such patients. Our policies and procedures regarding the use of personal representatives are described below.

The following is a list of patients who will need a personal representative:

- Children under legal age, who by law, are not allowed to represent themselves. In California, a minor is an individual under the age of 18. The law has some exceptions.
- Persons who are mentally incompetent due to retardation, injury or illness.
- Individuals deemed wards of the court for custodian or legal purposes.
- Deceased persons.

The validity of an individual serving as a personal representative will be established as follows:

- Presentation of a valid photo ID for identity purposes.
- Presentation of a legal document, which describes the relationship of the individual with the patient. This could be in the form of a birth certificate, custody document, power of attorney, or court appointment.
- If the patient is not present due to incapacity or an emergency circumstance, the examining doctor may exercise professional judgement to determine whether the disclosure is in the best interests of the patient. Only that PHI which is directly relevant to the individual's involvement with the patient's health care will be released. We reserve the right to release PHI that is part of the electronic file and was not created or produced at UEC

A personal representative is to be treated the exact same way you would treat a patient with regard to the PHI of the individual they represent. They have all of the same rights under the Act. UEC will disclose to the personal representative only that PHI, which is necessary to the health care of the patient (minimum necessary).

UEC may disclose PHI about a minor child to a parent, if a state or other law permits or requires that disclosure. UEC may not disclose PHI about a minor to a parent, if a state or other law

prohibits that disclosure. UEC may provide or deny access to a minor child's PHI by a parent as allowed or required by state or other law.

Sometimes parents are not the "personal representatives" of their children. Here are some of those instances:

- When state or other law does not require consent of a parent before a minor can obtain a particular health service, and the minor consents to the health care service, the parent is not the "personal representative" of the minor.
- When a court or the law authorizes someone other than the parent to make treatment decisions for a minor, the parent is not the "personal representative" of the minor.
- When a parent agrees to a confidential relationship between the minor and the physician, the parent does not have access to health information related to that conversation or relationship.
- A physician may choose not to treat a parent as the "personal representative" of a child when he/she reasonably believes in his/her professional judgment that:
 - The child has been or may be subjected to abuse or neglect, or
 - That treating the parent as the child's "personal representative" could endanger the child.

If there is a custody dispute between parents of a minor patient, Ketchum Health will treat both parents as legal representatives of the minor. PHI will be released to either requesting parent unless Ketchum Health is served with a court order prohibiting one of the parents from directing day-to-day care of the patient. In that case, the parent is not considered a legal representative under state law. It is not the Ketchum Health staff's responsibility to mediate between custody disputes or take sides regarding who gets the records when custody conflicts occur. Only Courts decide that.

2.1.8 Patient Request for Restriction on Disclosures

Every patient has the legal right to request restrictions on the release/use of PHI for purposes of treatment (except emergency treatment), payment or health care operations. UEC, however, is not required to agree to the limitation.

Patients are not allowed to request restrictions for the following reasons:

- In emergency circumstances.
- To a family member, other relative or close personal friend involved in the patient's care or payment related to the patient's care.
- To notify a family member or personal representative of the patient's location, general condition, or death.
- With the patient present.

- Made in the best interest of the patient, in emergency circumstances or when the patient is incapacitated
- For disaster relief purposes.
- When required by a state or federal law.
- To public health authorities to protect the public health.
- To report abuse, neglect or other domestic violence.
- To government agencies which oversee health activities or regulatory programs.
- In response to court or administrative orders or subpoenas.
- To law enforcement authorities in specific situations.
- To prevent imminent threat of harm to the health or safety of the patient or others.
- To Medical Examiners, funeral directors, or vital records officers.
- For research purposes.
- Disclosures to correctional institutions and other law enforcement custodial situations.
- Disclosures for workers' compensation.

Patients must submit a request in writing to the Director. This may be delivered in person, by mail, by a courier, by fax, or by e-mail. The Director and the Administrative Liaison then review the request.

A request will be accepted, if it meets the following conditions:

- Withholding the restricted information would not be in opposition to state or federal laws (such as information about child abuse).
- UEC's legal counsel agrees to the restriction on legal grounds.
- The restriction causes no harm to the patient's medical condition, and it is otherwise authorized or required by law

If a request is accepted, the Director will:

- Make a note on the electronic medical record and check the "Restrictions" box.
- Scan the patient's letter and our acceptance letter to the electronic chart.
- Notify any applicable business associates.

The patient will receive the formal letter of acceptance or denial from the Director within two weeks of the receipt of the restriction request.

Whenever the PHI is released, the staff person involved is required to read the restriction letter before using or disclosing any information. If the staff person is unclear as to whether the use or disclosure would honor the intent of the letter, the Director should be consulted.

When the patient has paid cash in full for services rendered at the UEC, (s)he can ask for PHI strictly related to those particular services not to be released to her/his insurance plan. UEC staff will need to comply with this request, and only the exceptions of the law previously explained will apply.

The restricted PHI may be released to provide emergency treatment; however, we must request that the HCP, who receives the information, must not disclose it or use it in any other manner.

A restriction may be terminated by UEC if:

- The patient agrees to or requests the termination in writing (fax and e-mail are acceptable, too). In this case, the Director will document the date and the removal of the restriction on the patient's EMR chart. The termination letter from the patient will be scanned into patient's file
- The patient orally agrees to the termination. The Director will document the oral agreement and its date on the patient's chart.
- UEC informs the patient that we are terminating the agreement. However, it will only be effective for PHI that is created after notification of termination. The Director will document the date and the removal of the restriction on the patient's chart as follows: *"Restriction terminated by UEC only for PHI created after [date]"*. The termination letter to the patient will be scanned into patient's chart
- The Director notifies any applicable business associates.

Patients' Access to their Own PHI

A patient or personal representative has the right to inspect and obtain a copy of his/her own PHI for as long as the records are maintained by Ketchum Health. Some exceptions may apply. Ketchum Health will deny access for a specific reason occasionally.

Procedures:

The patient must submit a written request in person, by mail or electronically (e-mail) to the Director, which(s)he will document in the patient's chart. The Director will respond to the request within 48 hours and will arrange a date with the patient for the transfer/viewing of the PHI within 15 calendar days after receiving written request [Ca. Health & Safety Code § 123110(b)].

- We are allowed one 30-day extension to provide access, if we send written notice to the patient stating the reason for the delay and the date by which they will receive the requested information.
- The "minimum necessary" rule does not apply to requests made by patients or their representatives. We can ask what type of information is needed and release only the pertinent elements accordingly.
- A record of every PHI released must be documented in the patient's file. The Director will maintain a separate electronic log of disclosures, which will be available upon request.

- Printed records will be sent via US regular mail, faxed or emailed. If the patient wishes an expedited service for the printed records, (s)he will be advised of the cost prior to sending.
- PHI that is recorded via telemedicine encounters will be released following these protocols, and no exceptions apply, regardless of the platform used to conduct and record the encounter.

Format of PHI- Encryption

- If the patient requests the records to be released electronically (e-mail), UEC must encrypt the PHI before sending it, regardless the recipient.
- **Duty to Inform.** UEC may, at the request of the patient, send PHI electronically without encryption. The director will explain the patient the risks associated to that practice, and will ensure that patient understand and agrees with the unencrypted communication of PHI
- Records must be produced in the form and format requested by patient, if records are readily producible in such form or format; otherwise in hard copy or in such other form or format as agreed upon with patient.
- If approved, the Director will print the requested PHI from the patient's computer file and will charge a rate not to exceed \$0.25 per page and in any case no more than \$24.00. Fees are to be collected prior to delivery of PHI to patient. The Director, based on professional judgment, can waive the fees associated with the release.
- If the patient wishes to visually review the PHI on the computer screen, access will be allowed only in the presence of the Director at an approved location by management.
- The Director may provide a summary or explanation of the PHI requested, instead of the PHI itself, if the patient agrees to it and to the fees involved. This requires that the examining doctor(s) write and/or approve the summary created

There are a few circumstances, in which the patient will be denied access to PHI. Some denials may not be questioned; others may be reviewable, at the patient's request, by an uninvolved, licensed health care professional.

Non-Reviewable Reasons for Denial of Access:

- The PHI is psychotherapy notes.
- The information is compiled in reasonable anticipation of, or for use in a civil, criminal or administrative action or proceeding.
- UEC is acting under the direction of a correctional institution for that patient's PHI.
- The PHI is created or obtained in the course of research that includes treatment, as long as the research is in progress (provided the patient agreed to denial of access when consenting to participate in the research). Once the research is completed, the denial is suspended.
- The PHI is contained in records that are subject to the Compliance Act, 5 U.S.C. 552a.
- The PHI was obtained from someone other than an HCP under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of information.

If access is denied for one of the non-reviewable reasons detailed above, the Director will send a letter to the individual with a registered return receipt. The letter will explain that access is being denied and the reason for doing so. It will also explain that in these circumstances, the individual cannot appeal the decision. The Director will document the denial on the patient's chart and attach our denial letter to the sheet.

Reviewable Reasons for Denial of Access:

- A UEC doctor, using professional judgement, determines that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person.
- The PHI makes reference to another person (non-HCP) and an UEC doctor determines, using professional judgement, that access to the PHI would reasonably likely cause substantial harm to this other person.
- The request for access is made by the patient's personal representative and an UEC doctor determines, using professional judgement, that access by the personal representative to the PHI would reasonably likely cause substantial harm to the patient.

If access is denied for one of the reviewable reasons detailed above, the Director will send a letter to the individual with a registered return receipt. The letter will explain:

- That access is being denied and the reason for doing so.
- That in these circumstances, the individual has the right to appeal the decision.
- To request an appeal, that the patient must file a written letter with the Director.
- That the request must be submitted in writing (on paper or electronically) to the Director within 30 days. A request is no longer valid 31 days after the date of registered return receipt.

The Director will enter the date the letter is sent on the patient's PHI History Sheet and will attach the letter to it.

If UEC receives a letter of appeal, a review will be held. It is performed by a licensed health care professional, who is designated "Reviewing Official" by the most recent UEC examining doctor. The following guidelines will be followed:

- The Reviewing Official must not have participated in the original decision to deny access.
- The Reviewing Official must be a licensed HCP unacquainted personally or professionally with the patient.
- The Reviewing Official must be trained in optometry or ophthalmology.
- UEC will promptly refer the appeal to the Reviewing Official.
- The Reviewing Official must determine, within 30 days of receipt of the appeal, whether to deny the access, based on the standards outlined in this section.

- UEC, upon receipt of the Reviewing Official's decision will take whatever action is required to satisfy the ruling within two weeks.
- The Director will send a letter to the individual detailing the decision with a registered return receipt.
- The Director will document all proceedings on the patient's PHI history sheet and will attach all related documents.

In any communication with the patient regarding access to PHI, the patient will be informed that he or she may file a complaint, if it is believed that UEC is in violation of the regulations regarding access to PHI. See Part Nine (9) of this manual for details.

2.1.9 Patients' Right to Correct Their PHI

If patients believe that their PHI is inaccurate or incomplete, they are legally entitled to have it corrected. If the University Care Center denies a correction, the patient has the right to disagree in writing, in which case UEC must attach the disagreement to the patient's file and include it whenever the PHI is released to others. UEC may also attach a written rebuttal to the patient's disagreement.

A patient may submit a written or electronic request for a PHI correction to the Director. The request must include the reason to support such a request.

A panel of three doctors: the most recent examining doctor, one other doctor from UEC, and another eye doctor from a non-associated practice in Orange County will review the patient's request for a correction. A correction will be allowed, if it meets the following criteria:

- It does not falsely represent the patient's medical condition, medical history, or treatment history.
- It serves to clarify or correct previously recorded PHI.
- It does not falsely represent the patient's billing history, payment history, or dates of service.
- It does not or will not adversely affect the patient's health or health care in the future.

A denial for correction is allowed if:

- The PHI was not created by UEC.
- Is not available for inspection (see Non-Reviewable Reasons for Denial of Access).
- The PHI is accurate and complete.

The Director will inform the patient of the panel's decision by mail with a registered return receipt within 60 days of the written/electronic request's arrival at UEC. The reason for the acceptance or denial will be included in the written decision. We are allowed one 30-day extension to consider a request for a correction, if we send to the patient written notice of the reason for the delay and the date by which the correction will be made.

If the correction is allowed, the Director will make the appropriate changes in the patient's file. Within 15 days of the ruling, any HCPs, business associates, or other entities named by the patient, who were sent the erroneous/incomplete information will be advised in writing of the correction(s) and a copy of such communication will be forwarded to the patient.

If another HCP informs UEC of an amendment to a patient's PHI, then the Director will make the appropriate amendments to the PHI in UEC's possession.

If the Correction Is Denied:

- The patient may request that UEC provide the patient's original request for change and the denial with any future disclosures of the subject PHI.
- Instructions for filing a Letter of Disagreement will be included with the denial letter to the patient. The disagreement must be submitted in writing (on paper or by e-mail) to the Director within 30 days. This Letter of Disagreement will accompany the patient's PHI for all uses and disclosures thereafter.
- In any communication with the patient regarding denial of changes to PHI, the patient will be informed that he or she may file a complaint, if it is believed that UEC is in violation of the regulations regarding changes to PHI. See Part Nine (9) of this manual for details.

If the Patient Files a Letter of Disagreement:

- The examining UEC doctor may write a rebuttal.
- The Director must send a copy of the rebuttal to the patient.

Documentation:

The Director will document **any and all** proceedings in the patient's file regarding the request for corrections. Some examples are: the date the original request is received, our response to the request and its date, the patient's request to attach the original request should we deny a correction, date rebuttal letter is sent. All of the following documents must be kept in the patient's chart:

- The original letter requesting a correction of the PHI.
- Any denial or acceptance letter from UEC.
- Patient's request to attach request letter to future disclosures, even though UEC denied a correction.
- The patient's Letter of Disagreement.
- UEC's rebuttal.

2.1.10 Accounting of Disclosures

Any time that UEC discloses PHI, an entry must be made in the patient "Log of Disclosures," with a few important exceptions. UEC need not to furnish an accounting of following disclosures:

- For treatment, payment, or health care operations, where the information is not in electronic form
- To the patient him or herself.
- For incidental uses or disclosures as defined in “Allowed Uses or Disclosures of PHI without Any Authorization from the Patient” in the Definitions section of this manual.
- For disclosures that the patient already signed an authorization for.
- To persons involved in the patient’s care or a patient’s personal representative, as long as the PHI disclosed is directly relevant to the individual’s health care.
- To notify or assist in the notification of people involved in the patient’s care about the patient’s location, general condition or death.
- As a “limited data set” for research purposes.
- For national security or intelligence purposes.
- To correctional institutions or law enforcement officials.
- For disclosures that occurred prior to April 14, 2003.

The patient may ask UEC staff for accounting of disclosures of ePHI by any of our business associates; however, UEC may direct patient to business associates for a response.

The entry in the log for each disclosure must indicate the following:

- Date of disclosure.
- The name of the person/organization that received the PHI, along with the address, fax number, or e-mail address, if known
- A brief description of the PHI disclosed (for example: Rx, dates of service, etc.)
- A purpose of disclosure. Or in lieu of the statement, a copy of the written/electronic request for disclosure.

Patients are legally entitled to see their log listing each disclosure of their PHI during any portion of all of the previous six years. The log must also include disclosures to or by business associates of UEC. Events prior to the compliance date of April 14, 2003 do not have to be included.

UEC must temporarily suspend the patient’s right to receive the disclosures made to a health oversight agency or law enforcement official, if the agency or official provides us with a written statement stating that an accounting to the patient would be reasonably likely to impede the agency’s activities. The statement must also include a time period for which the suspension is required. If the agency or official’s statement is made orally, UEC must:

- Document the statement and include the identity of the agency or official making the request on the patient’s PHI History Sheet.
- Temporarily suspend the patient’s right to a copy of the Log of Disclosures.
- Limit the temporary suspension to no longer than 30 days from the date of the oral statement, unless a written statement is submitted during that time.

Each patient is legally entitled to one free log per 12-month period. Any additional requests for logs within a 12-month period will be provided at a cost of \$ 0.25 per photocopied page. The Director must inform the patient of the fee in advance and allow him/her an opportunity to withdraw or modify the request, in order to reduce or avoid the fee.

The patient may request the Log of Disclosures for any period of time less than six years from the date of their request. It must include disclosures to or by business associates of UEC. The Director will simply print the patient's personal Log of Disclosures for the requested time period. If UEC has made multiple disclosures to the same entity for a single purpose for a specified period of time, we may instead report:

- The information for the first disclosure during the specific period of time.
- The frequency, schedule, or number of disclosures made during the specific period of time.
- The date of the final disclosure during the specified time.

The Director will supply the patient with the Log of Disclosures no later than 60 days after receiving the request. We are allowed one 30-day extension to supply the log, as long as we:

- Provide the patient with a written statement of the reasons for the delay.
- Supply a date by which the log will be provided.

The Director will document her name as the person responsible for processing the patient's request, the release date of the log to the patient, the contents of the log by entry dates, and any fees collected on the patient's PHI history sheet.

2.1.11 Complaints about Compliance Practices and Patient Grievances

Patients have the right to file complaints about UEC's PHI policies and procedures, i.e., they may complain if they believe that their right to privacy has been violated, or that UEC is not in compliance with the law. Complaints may be made directly to us or to the Office of Civil Rights in the Department of Health and Human Services, California chapter.

A patient will not be intimidated, coerced, threatened, discriminated against or have any other retaliatory action taken against them for:

- Filing a complaint either with UEC or the OCR.
- Testifying, assisting or participating in an investigation, compliance review, proceeding or hearing.
- Opposing any act or practice that is deemed unlawful by HIPAA, provided the patient has a good faith belief that the practice they oppose is unlawful and the manner of the opposition is reasonable and does not involve a disclosure of PHI.

Patients who have complaints should be referred to our Contact Person, who will assist. The complaint may be communicated in person, by phone, by written notification, by fax or by e-mail/electronic means to our Director.

Upon receipt of a complaint, a panel of the following individuals will investigate the complaint:

- Associate Dean of Clinics
- The Director.
- If patient care is involved, a faculty who did not participate in the care of the patient.

If the investigation confirms that a breach of a compliance related issue occurred, or that UEC acted unlawfully, appropriate corrective action must be taken. Patient will be informed about the actions taken to deal with the complaint and how UEC is preparing to avoid future occurrences of similar incidents, if any. The Director will be responsible for ensuring that these actions are completed.

The investigation committee will also determine whether any harm occurred to the patient as a result of the breach. If harm did occur, UEC must affirmatively mitigate it. Realizing that “mitigate,” means “lessen in intensity, make less severe” (in other words, we can’t undo the harm or make it go away), the committee will define a reasonable course of action. This recommendation will be conveyed to all of the UEC doctors, who will make the final decision about the exact nature of the mitigation. The Director will be responsible for ensuring that the mitigation occurs as directed by the doctors.

A report of the investigation will be issued to the patient within 60 days of the written/electronic complaint’s arrival at UEC. The report will be sent by mail with a registered return receipt. The report must contain the following:

- This statement: *“We appreciate his/her efforts to contact us. We want you to know that we will not discriminate or otherwise retaliate against you for having complained.”*
- Details of the investigative action taken.
- If a breach of the law occurred, UEC’s apologies, as well as details of the corrective action.
- If a breach of the law occurred, UEC’s plan for mitigation, if deemed necessary by the investigation committee.

If the investigation is not completed within 60 days, the patient will be notified in writing of the delay and of the approximate date of completion.

If the investigation determines that the breach was caused by an individual staff member at UEC, due to a failure to comply with this Policies & Procedures Manual, the following will occur:

- The individual will be counseled and the incorrect behavior will be discussed, along with methods for ensuring that it will not occur again in the future.

- The individual will receive a formal warning that should the behavior be repeated, employment will be terminated.
- A three-month progress evaluation of the employee will be held.

The Director will maintain full documentation of the complaint received, the proceedings of the investigations, the report issued to the patient, and any corrective actions taken. The documents will be stored in the locked filing cabinet in the administrative office. A note will be added to the patient's chart referring to the admin file for further details.

The patient may file a complaint with the Secretary of DHHS, if he or she believes UEC is not complying with the requirements of the Act. The Director will supply the necessary information to the patient. The complaint must:

- Be filed in writing, either on paper or electronically.
- Name the HCP who is the subject of the complaint and describe the activities believed to be in violation of the regulations.
- Be filed within 180 days of the time when the patient knew the violation occurred.

Please refer to Ketchum Health "Breach Notification" policy for further information on how to handles breaches.

Patients can also file a formal complaint to administrative personnel for issues related to the quality of services or care received at Ketchum Health. There is a **Patient's Grievance** policy in place, accompanied by a filing form. This form should be made available to any patient willing to file or initiate a grievance process.

Confidential Communication with Patients

Patients are legally entitled to receive their PHI from UEC in a confidential manner. We will attempt to deliver PHI using the method preferred by the patient. Commonly used methods are: private e-mail, regular mail, and occasionally fax machines. Sometimes patients will provide us with an address or location other than their homes.

The patient may identify the preferred method of communication when requesting PHI from the Director. We may not question the reason a patient is asking us to use a particular method. If the records are sent electronically (via email), it is the responsibility of the UEC to encrypt the PHI so it can't be accessed only by unauthorized users. UEC has in place technology that allows for the encryption of PHI in transit. Only authorized personnel are trained in sending encrypted PHI to patients and third parties. Director has the responsibility of assigning and monitoring those roles.

The Director will decide if the patient's request can be reasonably accommodated. If the Director determines that communication with the patient is not reasonably possible, (s)he will discuss alternate methods with the patient.

No fee will be charged to the patient, if the PHI is delivered by regular mail, e-mail, or fax. If any other manner of communication is used and UEC incurs costs to do so, those costs must be reimbursed by the patient. The Director or the contact person must inform the patient in advance of the costs, and ensure payment prior to the communication.

The Director will document the preferred method of communication on the patient's chart.

2.1.12 Compliance by Business Associates

Any of UEC's business associates (individual or company), and any subcontractors they use or hire, that receive PHI from us, or create, maintain, handle, or transmits PHI on our behalf, are now considered covered entities and are required to comply with the Omnibus rule, too. They must safeguard PHI and assure us that they are doing so.

They must also assist us in providing patients with access to their health information and a history of disclosures. This is true for PHI used in the following ways:

- To perform health care functions and operations on behalf of UEC. Examples are billing services, claims processors, medical transcribers, computer services/programmers, record storage companies, recall management services, etc.
- To provide administrative services on behalf of UEC. Examples are legal services, accounting and collection services, consultants, management services, etc.

Business associates, who either generate PHI for UEC or receive PHI from UEC, must remain HIPAA/HITECH compliant while performing on Ketchum Health's behalf. The PHI may be disclosed only to help UEC perform its care functions. The PHI is **not** for the independent use of the business associate. All such associates are required to sign a "Business Associate Agreement." These agreements are distributed, received, and maintained by the Director. Every year, the compliance team will conduct an inventory of all the business associates to determine the need to update our BA agreements.

If any employee of UEC becomes aware that a business associate may have used PHI inappropriately, the Director must be informed immediately. Director will notify Ketchum Health management officials and launch an investigation.

If it is discovered that a business associate inappropriately used or disclosed PHI, then corrective action must occur. Depending upon the severity of the infraction, management officials will determine what restorative actions should occur. The actions may include:

- Requiring the business associate to change its procedures.
- Requiring the business associate to notify the patients affected and to mitigate any harm to them.
- Requiring the business associate to submit proof of its corrective actions and mitigation.
- Termination of UEC's relationship with the associate.

- Notifying the U.S. DHHS, Office for Civil Rights about the problem, if it is not possible to terminate the relationship. Please refer to the “Breach Notification” policy

The Director will maintain full documentation of the proceedings of the investigations, the report issued to the doctors, and any corrective actions taken in the Business Associate’s file in the Administrative office.

The Associate Dean of Clinics and the Director of Healthcare Policy Compliance maintains an updated list of all Ketchum Health business associates

Use of De-identified Information

De-identified information (D-II) is PHI that has been edited, preventing from being used to de-identify a specific individual. This is not as easy as simply withholding a name or birth date.

D-II is not governed by HIPAA because it is no longer considered “individually identifiable.” We are allowed to disclose freely, and use D-II. We may also release PHI to our business associates so that they may de-identify it. Although it is unlikely that UEC will ever need to use D-II, we may do so, for example, if a PPO requires statistical information about the center, or if we decide to provide statistical information about patients for research purposes. D-II is most likely to be used for marketing, business planning, or research purposes.

There are two categories of PHI that may be used for research purposes: D-II and limited data sets, which are described below. It is unlikely that UEC will ever be involved in de-identifying PHI, re-identifying PHI, or creating limited data sets. In the event that it becomes necessary, the Director will review the current guidelines in the Act to ensure compliance before we proceed. At that time, the doctors and the Director will decide who will de-identify PHI, which method will be used, who will re-identify PHI, and/or who will create the limited data sets.

De-Identified Information:

There are two methods for determining if health information is not individually identifiable (de-identified). PHI is de-identified, if:

- (1) An expert (on methods for rendering information “not individually identifiable”) hired by UEC deems information as D-II. This is allowable only if it is determined that the risk is very small that the information could be used alone or in combination with other reasonably available information by a recipient to identify an individual patient. This determination must be made using generally acceptable statistical and scientific principles. The method used and the results must be documented.

OR

- (2) The following identifiers of the patient are removed:
 - Name
 - Address (geographical subdivisions smaller than a state). It is acceptable to use the initial three digits of a zip code.

- Dates, except year, relating to the patient (birth date, exam dates, etc.)
- Age if over 89 and all elements of dates indicative of such age
- Telephone numbers
- Fax numbers
- E-mail addresses
- Social security number
- Medical record numbers
- Health plan beneficiary numbers
- Account numbers
- License/certificate numbers
- Vehicle identifiers and serial numbers, including license plate numbers
- Device identifiers and serial numbers
- Web Universal Resource Locators (URLs)
- Internet Protocol (IP) address numbers
- Biometric identifiers, e.g., fingerprints and voice prints
- Full face photographs and any comparable images
- Any other unique identifying number, characteristic or code

And, UEC does not have any actual knowledge that the information could be used alone or in combination with other information to identify the patient, who is a subject of the information.

Re-Identified Information:

The Director will be responsible for reviewing the current guidelines, if any D-II or limited data sets ever have to be re-identified.

Limited Data Sets:

In some cases, researchers require additional information that might be used to identify an individual. In this case, we create limited data sets by removing the following direct identifiers of the patient and of relatives, employers, or household members of the patient from the PHI:

- Name
- Address (other than city, state and zip code)
- Telephone and fax numbers
- E-mail address
- Social security number
- Medical record numbers, health plan beneficiary numbers, and other account numbers
- License/certificate numbers
- Vehicle identifiers and serial numbers
- Device identifiers and serial numbers
- URLs and IP addresses
- Biometric identifiers, including finger and voice prints
- Full face photographs and any comparable images

Once the above direct identifiers have been removed, the information is called a “limited data set.”

All limited data sets must comply with the minimum necessary standard as well as the other rules for disclosures. Before we can release limited data sets, we must enter into a Data Use Agreement with the recipient, which:

- Establishes the permitted uses and disclosures of the information by the recipient, consistent with the purposes of research, public health, or health care operations.
- Limits who can use or receive the data.
- Requires the recipient to agree not to re-identify the data or contact the individuals.
- Contains adequate assurances that the recipient use appropriate safeguards to prevent use or disclosure of the limited data set other than as permitted by HIPAA and the Data Use Agreement, or as required by law.

Ketchum Health does participate in research activities at this time. When participating in research, the Director, in conjunction with Ketchum Health's IRB, will review current guidelines in the Act and will provide the information to the doctors. We may also need to retain legal counsel at that time.

2.1.13 Marketing and Fundraising Activities

Marketing

Marketing is described as:

- Communicating about a product/service that encourages the recipients of the communication to purchase or use the product/service.
- An arrangement between UEC and any other entity whereby UEC discloses PHI in exchange for direct or indirect remuneration. The PHI disclosed is for the other entity or its affiliate to communicate about its own products/services so as to encourage recipients to purchase or use that product/service.

In most cases, a valid Authorization Form from the patient is required before marketing activities using PHI can be directed to the patient.

The Omnibus rule does **not** consider communications about the following topics as "marketing":

- The participating providers and health plans in a network, the services offered by a provider, or the benefits covered by a health plan.
- The patient's treatment (e.g., recommendations of specific pharmaceuticals or referrals to other providers).
- Case management or care coordination for the patient, or directions or recommendations for alternative treatments, therapies, health care providers, or settings of care to that patient. (e.g., reminder notices for appointments, annual exams, or contact lens refills. As an example, informing a patient who is a smoker about an effective smoking-cessation

program is not marketing, even if that program is offered by a clinic other than that of UEC.)

- Any other communication that describes health-related items or services offered by UEC, or treatment alternative.

The Act does NOT require UEC to seek a patient's authorization for the following two marketing communication circumstances:

- When it occurs face-to-face between UEC doctors or staff and the patient (e.g., when giving sample products during an office visit).
- When it involves a promotional gift of nominal value provided by UEC (e.g., UEC can provide lens cleaning cloths, eyeglass cases, bottles of lens cleaner, etc. with the practice name or a product manufacturer's name on it).

All other marketing activities require a signed Authorization Form from the patient to use or disclose PHI. The marketing authorization must include a statement about direct or indirect remuneration, if there is any.

Fundraising

All fundraising activities regarding PHI from patients at the UE Centers will be conducted in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its subsequent amendments, including the Omnibus rule of 2013

Procedures:

- All fundraising activities will be conducted and coordinated only by the Department of Development and its authorized staff.
- Every patient at the University Eye Centers is provided with a copy of the Notice of Privacy Practices (NPP), and they are given the opportunity to read it and ask questions about its provisions. Clear language about fundraising and marketing communications from UEC is incorporated in the notice, including the right of patients to opt out of receiving such exchanges without creating a burden on their part

The following protected health information (PHI) may be used for fundraising purposes:

- Demographic information, including name, address, date of birth, age and gender
 - Health insurance status, including type of insurance.
 - Department of service
 - Date of service
 - Treating physician
 - Treatment outcome
- Protected Health Information from UECs patients obtained by the Development department should not be stored or recorded after the fundraising activity has concluded.

- If an outside organization is going to be contracted to conduct fundraising activities in any capacity, a business associate agreement must be signed, which will include the privacy and security provisions of the Omnibus rule.

Fundraising Opt Out Procedure

The UECs must ensure that the individual being contacted is given the opportunity to request that there be no further fundraising communications from MBKU-UEC, and that that request will have no adverse effect on her/his care or treatment as a result.

Written materials mailed to patients for the purpose of fundraising must include the following required opt out language:

“If you wish to be removed from future MBKU-UEC fundraising communications, please contact the office of Advancement by telephone (714) 992.7832, or by email at advancement@ketchum.edu .”

Verbal communications/telephone solicitations must also advise patients of the right they have to opt out of fundraising communications.

A process will be created to make sure that individuals who have requested to be removed from future fundraising communications are honored on their request. The Director of Development will keep an updated log of all the opt-out requests available for review.

Before contacting patient for fundraising purposes, the Director of Development must verify that the individual they wish to contact have not opted out.

2.1.14 Retention of Documentation

As the UEC implemented the Electronic Medical Records (EMR) system, all PHI that is collected, produced or received from patients, or third parties on behalf of patients, will be stored in each patient's file and will not be modified, edited, or otherwise deleted from the file it belongs to.

UEC is required to document actions taken as described in this manual. The documentation will be included in the file and must be kept for at least six years from the date of the action, or from the last use of the relevant PHI, whichever is later. The following are examples of many (but not necessarily all) of the activities, documents, and communications that require documentation and retention:

- Uses and disclosures of PHI that require patient authorization.
- Business associate agreements.
- Notice of Privacy Practices.
- Restrictions on uses and disclosures of PHI for specific patients.
- Confidential communication requirements.

- Amendments to PHI.
- Logs of Disclosures of PHI.
- The policies and procedures described in this manual.

Documentation for specific patients is to be kept in their charts. This information should never be deleted. Seven years after the patient's last office visit, the patient's records may be purged except in the case of minors. Minor records must be kept until the age of majority plus seven years. Fifty years after the patient's death, the records may be deleted and/or destroyed entirely. The Director may delegate the archiving and deletion and/or destruction of records to a trained assistant.

Paper files in the administrative office (e.g., previous versions of the Policies & Procedures Manual, business associate agreements, complaints investigations and reports, documentation of associate breaches, etc.) must be held for at least six years. Personnel files must be held for a minimum of six years after termination. When it is appropriate to purge the files, all paper documents must be shredded. The Director may delegate the purging and shredding to a trained assistant.

2.1.15 Changes to Policies and Procedures

Changes will be made to UEC's Privacy Policies & Procedures periodically. Sometimes the updates will be required because of changes in the law. These updates will affect the Privacy Policies & Procedures Manual, as well as some of the forms we distribute to patients. At other times the manual will need to be revised because of operational changes within the practice. *At no time are actual policies or procedures to be changed, prior to the effective date of the change.*

Because we have included a statement in our Notice of Privacy Practices that grants us the right to make changes in our Compliance practices, we may make the changes effective for all PHI that we created or received prior to the effective date of the revision.

When changes in the law occur, the Director will oversee the following activities to ensure that they are completed:

- Amend UEC's Notice of Privacy Practices, so new patients will have the most current information.
- Update any other forms that are affected (e.g., Authorization Form, PHI History Sheet, Business Associate Agreement, etc.)
- Amend this Compliance Policies & Procedures Manual, including re-dating any pages that are changed.
- Update any affected forms and information supplied on UEC's website.
- Post change Notice of Privacy Practices in the reception area, on the website, and have copies available for patients to take home.

- Provide information and training pertaining to the changes for all staff and doctors.

When we need to make procedural changes within the UEC, we are allowed to do so, as long as the changes are still in compliance with the current law. The Director will oversee the implementation of such changes and they may include:

- Revising this Compliance Policies & Procedures Manual.
- Posting the change in the reception area and on the website, as well as making copies available for patients to take home, if the change affects our patients. If the change is for internal procedures with no direct consequences for patients, then there is no need to post the change publicly.
- Providing information and training regarding the changed procedures to all staff and doctors.

When changes are made to this manual each faculty and employee, whose functions are affected by the change, must be re-trained. Updated pages for the manual will be provided to each faculty and employee.

2.2 HIPAA SECURITY POLICIES & PROCEDURES

The policies and procedures described in this manual have been developed for the purpose of compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the HITECH act of 2009, and the Omnibus Rule of 2013.

At the Marshall B. Ketchum University-University Eye Centers (UCC), all employees, students, interns, volunteers, and business associates function with the understanding that protection of our patients' health information is of the highest importance, especially when it could personally identify the individual. This manual describes the policies and procedures to be followed at all times, when the security of protected health information (PHI) is involved.

Statutory Framework:

The federal Health Insurance Portability and Accountability Act (HIPAA) requires Covered Entities (Health Care Providers) to comply with several provisions, including the security rule(45 CFR Parts 164.102, *et al*). This rule consists of three types of safeguards: Administrative, Physical and Technical. Each safeguard has a set of standards and implementation specifications that are being developed in this manual.

The security rule applies only to electronic protected health information (ePHI), unlike the privacy rule which applies to PHI in oral, hard copy, and electronic form. The rule covers PHI **in use** (creation, retrieval, revision, and deletion), **at rest** (database-servers), and **in motion** (transmission). As stipulated in the act, the security rule is technology "neutral" and it does not

recommend any specific type of hardware or software solution. It only requires CEs to take reasonable and appropriate measures to protect against reasonable, foreseeable threats to the organization.

It is the duty and responsibility of each person or entity associated with the University Eye Centers in any capacity to be familiar with the material in this manual and to comply with the requirements detailed within it.

2.2.1 Terms & Abbreviations Used in this Manual

Act	The Act is the Health Insurance Portability & Accountability Act of 1996 and its updates, changes and revisions that are currently in effect.
Business Associate	An outside business or contractor or a subcontractor that assists MBKU-UEC in certain activities or services that involve the use and/or disclosure of PHI.
Breach	Unauthorized acquisition, access, use, or disclosure of PHI that can compromise the Compliance and/or security of this information
Confidential Information	A combination of any information that identifies and describes an individual, including her or her name in conjunction with SSN, PHI, and financial account information
Contingency Plan	Sets out a course of action that is maintained for emergency response, backup operations, and post-disaster recovery
Covered Entity	A person or organization that is required to comply with HIPAA regulations.
DHHS	US Department of Health and Human Services
D-II	De-identified information. Information that does not identify an individual
Disclosure	The release, transfer, provision of access, or divulging Individually Identifiable Protected Health Information (IIPHI) outside of the entity holding such information.
ePHI	Electronic Protected Health Information.
Encryption	The use of technology to render or transform PHI unreadable.
Health Care Operations	<ul style="list-style-type: none"> ▪ Conducting quality assessment and improvement activities, contacting of Health Care Professionals (HCPs) and patients with information about treatment alternatives and related functions that do not include treatment. ▪ Reviewing the competence or qualifications of HCPs, evaluating practitioner and provider performance, conducting training programs (in

	<p>areas of health care under supervision to practice or improve skills), training of non-health care professionals, accreditation, certification, licensing or credentialing activities.</p> <ul style="list-style-type: none"> ▪ Underwriting, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits. ▪ Conducting or arranging for medical review, legal services, and auditing functions. ▪ Business planning and development, such as conducting cost-management and planning-related analyses. ▪ Business management and general administrative activities of the entity. ▪ Using PHI to conduct education and training sessions with interns and students within campus premises.
HIPAA	Health Insurance Portability & Accountability Act of 1996
HITECH	Health Information Technology for Economic and Clinical Act of 2009
IRB	Institutional Review Board
IT Security Incident	Any activity that harms or represents a serious threat to critical systems infrastructure, including computer, telephone and network-based resources.
NPP	Notice Of Privacy Practices
Omnibus rule	HIPAA amendment to the HITECH, 2013.
PHI	Protected health information.
PPO	Preferred provider organization.
Remote Access	Any access to a device on the data network through a non-controlled network
TPO	Treatment, payment, or health care operations.
UEC	University Eye Center
Workforce	Refers to employees, volunteers, trainees, volunteers, work-studies contractors, and other persons under the direct control of the covered entity, whether or not paid by the covered entity, which have access to confidential information.

2.2.2 Administrative Safeguards

(45 CFR § 164.308)

Standards:

1. Security Management Process.

A. Risk Analysis.

Consistent with the provisions of the security rule, MBKU- University Eye Center will conduct a risk assessment to identify, manage and mitigate potential threats and vulnerabilities of its business operations that could affect the confidentiality, integrity, and availability of patient's electronic PHI.

At the University Eye Center, there are individuals, systems and processes that have access to sensitive data. Improper handling of this information could expose PHI of our patients to internal or external threats.

Security Team

A team of key stakeholders has been formed to serve as responsible body in charge of ePHI. They will be responsible for conducting the risk assessment, evaluating its findings and implementing the necessary mitigation steps. The team is comprised of:

- UEC Compliance Officer
- MBKU Director of Information Technology
- UEC Applications Support Manager

Scope of the assessment

The security team will conduct the assessment, which includes the following:

- Identifying individuals, systems and processes that have access to PHI:
 - Local and wide area networks
 - Main servers
 - Bandwidth connectivity and storage
- Determining the risks (potential and real), and situations that exist that may compromise PHI.
- Determining if there are processes or actions taking place that inappropriately exposes sensitive data.
- Assessing current security controls in the Clinic.
- Determining the levels of risk to our practice's electronic systems that contain ePHI:
 - All databases with ePHI
 - All computers that are connected to ePHI
 - BYODs including any mobile computing devices
 - All clinic-owned mobile computing devices or media
- Recommend security controls to mitigate such risk levels

- Document the risk assessment findings.

The risk assessment evaluates the confidentiality (protection from unauthorized disclosure); integrity (protection from improper modification); and availability (chart completion or loss of system or document access) of PHI.

Process Approach

The risk assessment should be conducted in accordance with the methodology described in the National Institute of Standards and Technology (NIST), special publication (SP) 800-30, and within the parameters outlined by the Health and Human Services Department Risk Assessment Tool application.

B. Risk Management

The MBKU-UEC risk management plan consists of six processes that provide the foundation for the organization to protect the confidentiality, integrity and availability of ePHI. All electronic PHI created, received, maintained, or transmitted by personnel at the UEC is subject to this policy. We understand that risk management is a critical element in our business operations and a key part of UEC security control program.

Steps of the Risk Management Plan:

- I. **Categorize information Systems**: allows MBKU-UEC to determine the criticality and sensitivity of the information systems and the information being processed, stored and transmitted. Servers, workstations, medical devices with networking capabilities, BYODs with access to network connectivity, software applications that support patient care, are examples of critical systems that must be categorized.
- II. **Select Security Controls**: Allows for the selection of the appropriate security controls, tailored for the threats and vulnerabilities found after performing a baseline assessment. Authentication procedures for workstation access, encryption at rest (if feasible) /in transit, redundant data back-up procedures, software patches, USB port deactivation are examples of select security controls that must be considered.
- III. **Implement Security Controls**: Allows for the physical implementation of security controls that have been determined to be reasonable and appropriate for the organization.
- IV. **Assess Security Controls**: Allows for the evaluation of the effectiveness in the implementation of the security controls. By using assessment methods and procedures, we determine the extent to which the controls are implemented correctly and operating as intended with respect to protecting ePHI.
- V. **Authorize Information System**: Allows for the acceptance of those identified risks that are deemed tolerable to the UEC.
- VI. **Monitor Security State**: Allows for the continuous evaluation and monitoring of the implemented security controls to ensure that they remain operating effectively and

as intended. Update of the security measures in response to environmental and operational changes that affect ePHI.

Impact Analysis

After evaluating the threat/vulnerability, the security team determines the level of severity or impact of the adverse event based on the following three categories:

- 1. High:** The occurrence of the event will result in severe PHI breach and there is great likelihood of occurrence. Mitigation measures must be implemented immediately.
- 2. Moderate:** The occurrence of the event may result in a violation of laws and internal procedures, and could eventually affect UEC's performance and reputation.
- 3. Low:** The occurrence of the adverse event may result in the potential breach or misuse of PHI, and could minimally affect UEC business operations.

C. Sanction Policy

Any officer, employee, or agent of MBKU-UEC who believes another officer, employee, student or agent of Southern California College of Optometry has breached the facility's Security Policy, or the policies and standards enacted to carry out the objectives of the Security Policy, or otherwise breached the integrity or confidentiality of patient or other sensitive information, should immediately report such breach to his or her superior or to the Clinic Compliance Officer.

Any sanctions following the investigation of improper behavior related to the handling of ePHI will be discussed with the Associate Dean of Clinics in conjunction with HR. As noted in the organization's employee handbook, MBKU-UEC has a progressive discipline policy under which sanctions become more severe for repeated infractions. This policy, however, does not mandate the use of a lesser sanction before MBKU-UEC terminates an employee.

At the discretion of management, MBKU-UEC may terminate an employee for the first breach of the security policy or individual policies if the seriousness of the offense warrants such action.

An employee could expect to lose his or her job for a willful or grossly negligent breach of confidentiality, willful or grossly negligent destruction of computer equipment or data, or knowingly or grossly negligent violation of HIPAA, its implementing regulations or any other federal or state law protecting the integrity and confidentiality of patient information.

For less serious breaches, management may impose a lesser sanction, such as a verbal or written warning, verbal or written reprimand, loss of access, suspension without pay, demotion, or other sanction.

Violation of the facility's security policy or individual policies and standards may constitute a criminal offense under HIPAA, other federal laws, such as the Federal Computer Fraud and Abuse Act of 1986, 18 U.S.C. § 1030, or state laws.

Any employee or agent who violates such a criminal law may expect that MBKU-UEC will provide information concerning the violation to appropriate law enforcement personnel and will cooperate with any law enforcement investigation or prosecution.

Further, violations of the facility's security policy or individual policies and standards may violate professional ethics, and be grounds for professional discipline. Any individual subject to professional ethics guidelines and/or professional discipline should expect MBKU-UEC to report such violations to appropriate licensure/accreditation agencies and to cooperate with any professional investigation or disciplinary proceedings.

D. Information System Activity Review

All employees at MBKU-UEC understand that the use of software, hardware, equipment and any other system, including network and access to the web, is intended solely for the purpose of performing their job responsibilities.

There is no expectation of privacy while using any equipment or system that belongs to MBKU-UEC and management will implement a process to track and review all access activity by employees. The applications support manager will create and maintain a log-in report available for review by management.

Using the audit trail capabilities from our EHR-PM software, the IT department has developed an application that identifies patterns in user's access that in turn will allow the Compliance Officer to apply corrective actions accordingly when such access is deemed inappropriate. The intent is to ensure that all access to PHI by users is conducted for business purposes only.

The application report will be evaluated daily and will be kept on a separate electronic file by the Compliance Officer. Refer to the sanction policy for disciplinary action regarding employees' violations.

2. Assigned Security Responsibility

To ensure accountability on our security process when handling PHI, MBKU-UEC has assigned the role of security officer to different individuals, based on their responsibilities.

The IT Manager will oversee all servers' activity, critical network infrastructure, and web access. The Applications Support Manager will oversee all EHR and practice management software applications that store and/or support PHI, including software patches and updates.

Both individuals will work in conjunction with the Compliance Officer to review security issues and implement mitigation actions.

All policies and procedures regarding security issues will be created, updated and communicated by the compliance officer with input from both, the IT Manager and AS Manager. The risk assessment will be conducted by the risk management team. All IT security purchasing and investment projects will be conducted exclusively by the Director of information technology.

Employees, students, interns and volunteers at the UEC have been notified to communicate with the applications support manager in the event of a security problem.

3. **Workforce Security**

MBKU-UEC shall implement workforce security procedures that require authorization and supervision in managing access to electronic protected health information. These procedures will include audit trail documentation for granting and termination of system access.

- A. Authorization and Supervision: Each supervisor or department chief will request access to PHI by employees under her/his control area to the applications support manager. The goal is to establish a chain of command and a line of authority for accessing ePHI. Employees will be properly communicated about this procedure. No employee will request access to ePHI applications without asking their respective supervisor.
- B. Workforce Clearance Procedure: Access to system infrastructure by employees is only granted on a role-based basis and limited to the scope of their job description. Workforce supervisors shall implement a formal process for screening and requesting access to ePHI system for their members. Consideration of required access to electronic confidential information should be included as part of workforce clearance for hiring, promotion, and transfer of employees into positions requiring such access.
- C. Termination of Access: The process of denying/terminating workforce access to confidential information shall include procedures with authorization for informing application support manager to remove access privileges for specified systems. The process for removal of access shall include procedures that address changes in job duties, transfer of job position, promotions and termination of workforce membership.

4. **Information Access Management**

- A. Isolating health care clearinghouse function. No clearinghouse activities are performed by any individual or group of individuals within the organization; therefore, there are no clearinghouse functions that need to be isolated. UEC has contracted the services of

an independent organization to perform clearinghouse functions on its behalf, and there is a signed business associate agreement in place which covers the Privacy and Security of PHI.

- B. Access Authorization. This is the process of determining whether a prospective data user should be granted access to University Eye Center's patient databases. Access must be granted in accordance with this access and other related guidelines.

No employee may access any confidential patient or other information that they do not have a need-to-know. Prospective data users will not get access unless they have a legitimate, job related need, and such access will be only limited to the minimum necessary to perform their duties.

No employee may disclose PHI or other information unless properly authorized, according to the Confidentiality and Disclosure policies (see Privacy Manual).

- C. Access Establishment and Modification. Is the process of granting access to an authorized data user, and who has been authorized access under UEC's access authorization policy. Department chiefs and supervisors will determine the personnel who need access to patient databases, and such access will be granted by the Applications Support Manager only on a role-based basis. To ensure proper patient care, the Director of IT will provide emergency override access for necessary personnel as determined by department chiefs. The same protocols apply when the employee is transferred to another department or her access needs to be modified.

The Applications Support Manager will suspend access when appropriate to respond to a breach of PHI in coordination with the Compliance Officer. Access shall be modified when notified to do so by the Department's chief or by respective supervisor. Access can also be terminated by the applications support manager when notified to do so by the Department chief, area supervisor, or Human Resources in accordance with the termination procedure.

5. Security Awareness and Training

- A. Security Reminders. As part of our training practices, all employees, students, interns, volunteers and agents working on behalf of MBKU-UEC will be periodically educated about PHI privacy and security issues. The Compliance Officer is responsible for developing, presenting, and documenting training in the following subjects:
- Principles of privacy and security
 - Requirements of HIPAA and all related rules and regulations, including the latest DHHS directives.
 - Secure ePHI transmission.

- Requirement of other federal and state laws regulating health information.
- University Eye Center's policies and procedures regarding health information.
- Procedures for reporting breaches of security and confidentiality of PHI.

This process will be achieved using different options, depending on the individuals selected to receive the training, and could involve email communications, online training using our blackboard platform (Moodle), in-person training, and/or printed materials. The Director of information technology will send quarterly security reminders via email to all clinic personnel, including students and interns.

The training program is conducted at least once a year, and it is updated accordingly depending upon the enactment of new rules and regulations.

- B. Protection from malicious software. The director of IT and his team are in charge of implementing and coordinating all the efforts to keep our critical systems and network infrastructure safe. We have currently installed all available software and hardware, including but not limited to Anti-virus, Firewalls, malware protection, aimed to protect our systems; the IT personnel is constantly upgrading and applying patches as they become available.
- C. Log-in monitoring. Using the audit-trail capabilities of the software that handles PHI, the IT security team, led by the Applications Support Manager and Programmer will monitor all users' log-in attempt and will report discrepancies. The main goal is to identify users who access PHI without having the need to, and apply the corrective measures immediately. All the log-in activity reporting will be kept electronically by the Compliance Officer on a daily basis.
- D. Password management. Computer use is only possible when an individual logs-in and uses a personal password. Each individual is assigned a security level when hired, which allows role-based access to PHI. Passwords should be changed periodically based on threat exposures (e.g., every 30, 60, or 90 days) and staff will not post their passwords on sticky notes by their computers or desks. The password should be at least eight characters long, using a combination of letters, numbers and special characters. Avoid using date of births, phone numbers, or last names.

The Applications Support Manager will be the only individual with security rights to override other users' passwords, in case access is needed due to an emergency.

6. Security Incident Procedures

A. Response and Reporting. At MBKU, we recognize that ePHI may be available at multiple locations and devices, and applications. As we implement new procedures to safeguard PHI and any other sensitive patient information, we will make sure that security incidents are identified, investigated and corrected to the best of our technical capabilities. The incident report will have, at the minimum, the following elements:

1. Date, time and location of the event (device, workstation, application)
2. Name of the individual who discovered the incident.
3. Evidence collected
4. Actions taken to minimize or mitigate potential damages or disruption to system's infrastructure.
5. Policy and procedural changes implemented to avoid recurrence.

When ePHI is breached and it affects more than 500 patients in a single incident, we will start the notification process, as required by federal and state law. Please refer to MBKU "Breach Notification" policy in this manual.

7. **Contingency Plan**

- A. Data backup plan. The Director of Information Technology and his team are responsible for performing daily backups on University Eye Center's network, including all databases on which PHI resides or may reside, shared drives containing application data, general patient information, and other related critical data. All servers are backed up nightly at 23:00 hours.

The IT department will hold weekly backups for four weeks and monthly backups for one year. Each month a second copy of the backups are taken off site to a safe deposit box.

- B. Emergency mode operation plan- MBKU has business continuation plan, which consists of seven steps, as follows:
1. Communication to patients when telephone service is disrupted
 2. Contact lens ordering process
 3. Department area disruption
 4. Interruption of normal processes during exam
 5. Patient relations manual check-in/checkout process

1. Communication to patients when telephone service is disrupted. The purpose of this procedure is to develop a mechanism to communicate with patients when the University's telephone service is down for an extended period of time.

UEC practice management system (NextGen) currently holds over 10,000 patient email addresses and a little over 39,000 cell numbers. In special circumstances when mass communication to patients must be made, an eblast will be sent, using the appointment

reminder software. In the event there is a need to cancel scheduled patient appointments for the next day or two, an email and text message will be sent. Additional methods of communication may include using UECF's website and/or U.S. Mail.

2. Contact lens ordering process. The purpose of this procedure is to ensure that patients are able to order contact lenses during a power outage or when the server is down.

If the patient would like to order contact lenses, and the University Eye Center is experiencing a power outage, or the server is down, the following will occur: patient is present and was examined 1. The intern, using the contact lens materials list, will write the quantity of lenses to be ordered in the column with the appropriate vendor. 2. The staffing faculty using the paper chart will obtain the prescription (RX), complete the contact lens order form, and will give it to the contact lens inventory assistant to place the order. 3. The intern will escort the patient to check-out with the materials list and fee sheet.

Check-out will collect the appropriate fees for the lenses from the patient. 4. The contact lens inventory assistant will call the vendor to place the order. 5. After power is restored, the inventory assistant will enter the contact lens order information into the EMR system.

If the patient is requesting a refill order on the phone, the contact lens inventory assistant will inform the patient of the following: 1. That we are experiencing a power outage and are unable to access his/her medical record. 2. That we can take the order request over the phone and will place the order after the power is restored. 3 That we can take the credit card information over the phone for payment of lenses.

If patient is requesting order status on the phone, the contact lens inventory assistant will inform the patient of the following: 1. that we are experiencing a power outage/server down and are unable to access his/her order. 2. After power is restored, the status of the order will be checked and he/she will receive a call.

3. Department area disruption. The purpose of this procedure is to ensure that patients continue to receive services in the event of a service area interruption. If an emergency or disaster occurs, the university's emergency operations plan will be implemented and will replace this procedure.

PROCEDURE: If the University Eye Center at Ketchum Health has a service area interruption due to fire, earthquake, roof problems, etc., the following steps will be taken:

Accommodating Patients in another Service Area, as follows: 1. The number of appointment slots will be reduced to accommodate patients using exam rooms in other service areas. 2. Patients will be contacted by phone, if it becomes necessary to re-schedule their appointment. 3. Patients receiving urgent care or follow-up care will take priority over routine exams. 4. Exam rooms will be reserved and stocked with supplies (if appropriate) to accommodate patients from the affected service area.

Multiple service area(s) disruption/external relocation required: 1. Notification to patients regarding appointment cancellation, re-scheduling and temporary location will occur by telephone, e-blast, and through U.S. Mail. A general statement may also be posted on UECF's website. 2. Patients requiring immediate follow-up may be referred to local Optometrists and Ophthalmologists.

4. Interruption of normal processes during exam. The purpose of this procedure is to ensure patients continue to receive services in the event of an incident (power outage, server down, minor earthquake, etc.) occurring during the patient's exam. If an emergency or disaster occurs, the university's emergency operations plan will be implemented and will replace this procedure.

PROCEDURE: If Ketchum Health has an interruption that would affect normal processes while the patient is being examined, the staffing faculty will assess the situation, call Patient Relations to report the problem or to obtain information and will follow the following steps:

1. Instruct interns to open exam room doors and remain with the patient. Patients in pre-testing areas will return to exam rooms with interns.
2. Faculty will assign a runner to provide communication to interns.
3. Record all exam data gathered, prior to the incident.
4. Close EMR patient application to save the exam and to prevent potential loss of data.
5. Distribute paper exam form (located in each consultation room) for the intern to record the entire exam.
6. Continue the exam (including dilation exam if applicable) if the patient agrees.
7. If the patient would like to reschedule the exam, or the intern/faculty is unable to complete the exam, the intern will complete the "Reschedule Form" (located in the consultation room) and give it to the service area administrative assistant.

Note: If the exam occurs in Primary Care, the "re-schedule form" will be given to the cashier at check-out.

8. At the end of the exam, the intern will: a) Escort the patient to Optical with the RX form (if applicable). b) Escort patient to check-out with the fee sheet, paper exam form and the Reschedule Form (if applicable) to be scanned by Patient Relations.
9. When power is restored, faculty will document in the patient's OM chart that power was out during the exam to explain the partial OM documentation and paper chart.

5. Patient Relations Manual Check-In/Checkout Process. The purpose of this procedure is to provide the patient relations (PR) staff with a protocol that outlines a business continuation plan in the event of one or all system(s) failures occurs. The procedure will cover the processes to follow when the server is down, affecting NextGen/OfficeMate and

the internet. In addition, it provides the contact information for the Director of Campus Operations in the event there is loss of telephone service, or a power outage.

Daily Procedure: To prepare for the next day's patients, PR staff will print fee sheets and verify insurances for each appointment (walk-in patients will not be accepted, with the exception of patients needing immediate medical attention). Staff will also generate a report listing the next day's schedule of patients by time and will do the following: 1. Print next day fee sheets approximately 2 hours prior to close of business. 2. Determine what paperwork (if any) each patient will need to complete and attach to the patient's fee sheet. 3. Print the report titled "Apt List Contingency Plan" located in the "Patient Relations" memorized reports list. 4. After the report has printed, place it with the next day fee sheets and staff schedule in the black inbox near the copy machine.

Backup Procedure: Call I.T. and notify them of the situation. During regular business hours call Russell Johnson at ext. 7535 or Sam Young at ext. 7481. After hours or weekends, reference the emergency contact list in Patient Relations for home and cell phone numbers.

Check-in. Staff will each have a manual check-in log to write patient names as they check in and will then use the printed list of patients (Apt List Contingency Plan) to check them in by highlighting each name.

Check-out. Service charges need to be calculated and documented on the fee sheet. All payments are to be collected at the time of service; cash and check payments will be processed as usual; credit card payments will be processed using a manual credit card slip, and will be entered and processed in the credit card terminal once the machines are functioning. Manual credit card receipts will be given to the patient at the time of checkout. If the patient requests an itemized receipt, one shall be printed and mailed out once the system is back online.

EHR software. Patient intake, financial policy, and health history forms will be kept in a folder in PR. When the system comes back online, the exam documents will be entered and scanned.

Internet connection. In the event we are unable to verify insurances for the next day's appointments, the following process will be implemented: A staff member will be assigned to come in early to verify that day's insurances; for same day outage, all authorizations will need to be obtained over the phone.

Phone outage. Contact IT-Sam Young at ext. 7481 or for after hours, reference the emergency contact list in Patient Relations for home and/or cell phone numbers, or Lester Yang at ext. 7482 or for after hours, reference the emergency contact list for home and/or cell phone numbers.

Power outage. Contact Campus Operation-Greg Smith at ext. 7456 or for after hours, reference the emergency contact list in Patient Relations for home and/or cell phone numbers, or Anh Nguyen at ext. 7453.

Patient communications. In the event the power outage/server down has a long-term effect, or after receiving instruction from the Associate Dean of Clinics, patient relations staff will call scheduled Primary Care patients to cancel and reschedule their appointment. The administrative assistants for the remaining service areas will contact their scheduled patients.

8. Business Associate Contracts and Other Arrangements

MBKU-UEC conducts its business and operations in a manner consistent with the security rule, always preserving the integrity, confidentiality and availability of patients' information. Sometimes, in order to continue providing quality patient care, MBKU-UEC may allow a business associate to create, receive, maintain, or transmit electronic protected health information on its behalf.

MBKU-UEC will perform a periodic inventory to identify all business associates who have access to PHI in any manner while conducting business on its behalf, and will have agreements in place for any vendor, entity or third party that creates, receives, maintains, or transmits such information. The purpose of these agreements is to obtain satisfactory assurances, in accordance with the standard for business associate contracts or others arrangements of Organizational Requirements of the Security Rule, that the business associate will appropriately safeguard the information.

All business associates who have access to MBKU-UEC protected health information and conduct business on its behalf, will need to comply with the HIPAA security rule and are required to inform its covered entity of any breach of unsecured PHI that it discovers or experiences, and to assist the covered entity by providing requisite information that will facilitate the covered entity's fulfillment of breach notification requirements.

Please see Exhibit 21 for MBKU-UEC standard business associate agreement.

2.2.3 Physical Safeguards (45 CFR § 164.310)

Standards:

1. Facility Access Controls

- A. **Contingency Operations.** We believe that any effective contingency plan must start with preventive measures. In order to plan for potential environmental, human or technical

threats to our network infrastructure and the facilities they reside in, a comprehensive plan is in place.

Our campus has four safety systems:

1. Fire safety;
2. Intrusion alarm;
3. CCTV;
4. Card access.

Each safety system is to be inspected annually by contracted service providers who will maintain, repair and replace physical campus security equipment to include the following:

- Fire sensors
- Fire sprinkler
- Fire alarm monitoring panel
- Motion sensors
- Door contact sensors
- Glass brake sensors
- Intrusion alarm monitoring panel
- Distress/panic alarm buttons
- Surveillance cameras
- Digital Video Recorder (DVR)
- Wiring of all systems
- Proxy cards
- Door card readers
- Monitoring computer system (card access)

In the event of a natural disaster or massive fire, evacuation procedures will be implemented, following the guidelines established by the Safety and Emergency Preparedness committee and local authorities. This committee will decide if continuing providing patient care under the current conditions will be suitable. Personnel assigned by the Director of Campus Safety and Security will conduct safety training, including fire drills, evacuation procedures, and disaster preparedness. They will be the first responders in charge of managing all emergencies and disasters on campus.

- B. Facility Security Plan.** MBKU-Ketchum Health campus facilities are open for students, staff, faculty and administration from 6 am to 1 am. It is the responsibility of the Campus Safety Officer to monitor the access to all campus locations. Only authorized personnel are to use these facilities. Campus Safety will also make sure that the rules and regulations on the facilities are maintained.

There is a security plan enforced by the Director of Campus Safety and Security. Among his duties are:

- Interact positively with campus community members on a daily basis and assist members in identifying potential safety and/or criminal problems.
- Consistently patrol campus on foot as needed.
- Respond to, and manage all emergencies and disasters on campus.
- Observe safety hazards and promptly report them to appropriate persons, as well as responding to all security and fire alarms.
- Unlock/secure appropriate buildings/rooms and facilities as directed.
- When necessary, enforce University Policies, California Penal and Vehicle codes on university property.
- Proactively implement the department's community policing program.

Patrols.

In order to promote high visibility and interaction with our campus community, foot patrols will be conducted whenever possible. Patrols should be intermittent and sporadic as not to develop a pattern that can be tracked and/or anticipated.

During normal operations and given there are no extenuating circumstances there should be at least one Officer on foot patrol at any given time.

- C. **Access Control and Validation Procedures.** Identification cards are issued to all employees and students for identification and security purposes and must be worn at all times while on campus. Campus Safety has the authority to verify the existence of the identification card at any time an employee, student or vendor/contractor is on campus. The card also functions as an access card that is programmed to allow entrance into certain buildings, offices and the parking structure as needed. If an employee or student does not have their card while on campus, access to certain areas can and will be denied. It is the responsibility of Campus Safety to ensure that access cards are not transferred. In the event a student or employee is found using another student or employee's access card, the card will be confiscated by the Campus Safety Department. A MBKU Campus Safety incident report will be completed.
- D. **Maintenance Records.** All activity related to the facilities security and access plan, as well as the incident response, will be documented accordingly. The Director of Campus Safety and Security will ensure that activity logs are maintained and updated accurately.

2. Workstation Use.

Preventative Measures

It is the policy of MBKU-UEC to ensure all members of its workforce have appropriate access to electronic PHI, and to prevent those workforce members who do not have access from obtaining access to PHI. Based on these premises, the following measures will be established:

- Implement, as appropriate, procedures for the authorization and/or supervision of workforce members who work with PHI or in locations where it might be accessed.
- Implement, as appropriate, procedures to determine that the access of a workforce member to PHI is appropriate.
- Implement, as appropriate, procedures for terminating access to PHI when the employment of a workforce ends, changes, or as required by determination made as specified in this security manual.
- All personnel using computers will familiarize themselves with and comply with the facility's disaster plans and take appropriate measures to protect computers and data from disasters.
- Each person using the facility's computers is responsible for the content of any data he or she inputs into the computer or transmits through or outside the facility's system. No person may hide their identity as the author of the entry or represent that someone else entered the data or sent the message. All personnel will familiarize themselves with and comply with the facility's e-mail policy.
- No employee may access any confidential patient or other information that they do not have a need-to-know. No employee may disclose patient or other confidential information unless properly authorized (see the Confidentiality Policy and the Disclosure Policy).
- Employees must not leave printers, scanners or copiers unattended when they are doing work that involves confidential patient or other sensitive information. This rule is especially important when two or more computers share a common printer or when the printer is located in an area where unauthorized personnel have access to the printer.
- Personnel using the computer system will not write down their password and locate it at or near the terminal, such as by putting their password on a yellow "stickie" on the screen, or a piece of tape under the keyboard.
- Each computer will be programmed to generate a screen saver when the computer receives no input for a specified period. Supervisors may specify an appropriate period to protect confidentiality while keeping the computer available for use in conjunction with the Health Information Department and the Applications Support Manager.
- Each user must log off the system if they leave the computer terminal for any period of time.
- As a general rule, PHI in printed form should not leave UEC premises unless it has been de-identified. Each department chief will make sure that staff, interns and students in his/her department are trained regarding this procedure.
- No personnel may download data from the facility's system without the express permission of the department head with notice to the Applications Support Manager.
- No personnel may upload any unauthorized software or data. The Director of Health Information Technology must approve any software or data that an employee wishes to

upload/download. This rule is necessary to protect against computer viruses from being transmitted into the facility's system.

3. Workstation Security*

This Workstation Security policy is based on the following assumptions:

- Any computer/workstation in the facility can access confidential patient information if the user has the proper authorization.
- All computer screens may be viewed by individuals who do not have access to confidential information that may be displayed on the screen.
- Every computer workstation in the facility is vulnerable to environmental threats, such as fire, water damage, power surge, and the like.

In order to ensure the confidentiality, integrity and availability of PHI, MBKU-UEC will implement the following security protocols:

- Personnel logging onto the system will ensure that no one observes the entry of their password.
- After five failed attempts to log on, the system will refuse to permit access and generate a notice to the system administrator.
- Personnel will not log onto the system using another's password nor permit another to logon with their password. Nor will personnel enter data under another person's password.
- All computer users will monitor the computer's operating environment and report potential threats to the computer and to the integrity and confidentiality of data contained in the computer system

*For all portable devices, including laptops, please refer to the remote access policy.

4. Device and Media Controls.

A. **Disposal.** This disposal-destruction policy is based on the following assumptions:

- Protected health information may reside in numerous locations and on different media.
- MBKU-KH has a fiduciary duty to destroy such information in a way it preserves privacy and confidentiality.
- After electronic storage media have been erased, physical characteristics may still exist that would eventually allow data to be reconstructed, making the process more complex.
- Destroying data improperly may harm MBKU-KH collectively, its officers, employees, agents, students and patients.

The device and media disposal process will be handled by the IT department in conjunction with the System Applications Manager and his agents. Any device being decommissioned will be physically taken by the individual assigned by the Director of Information Technology, and stored properly at the Department's storage location.

Due to the complexities of the disposal process, this function is performed by a third party, which is responsible for picking up the media and devices, and securely transports and destroys it, following industry accepted standards. A certificate of destruction is issued after each job is completed.

B. Media-Reuse. By general rule, devices and media that completed their usability lifecycle are disposed accordingly. If a machine, hardware, or any other device is taken out of service and is reused, it will be reimaged prior to being redistributed for general use.

No storage media may be taken from MBKU-UEC premises for reuse outside the clinic location, without taking all the steps necessary to ensure that PHI has been properly destroyed.

C. Accountability. In order to effectively control the movement of electronic systems, workstations, devices, and electronic media within the UEC, we will create and maintain an inventory. At clinic level, the Systems Applications Manager in conjunction with the assistant applications manager will keep an inventory of all the equipment, hardware and peripheral devices that are currently operating and that could store PHI.

The inventory will include, to the most extent possible, model and serial number, location of the device, individual's user name, and maintenance records. This individual will be responsible for updating the list as needed, and will document removal and/or additions to it.

The Director of IT will be responsible for creating and keeping updated an inventory of all the devices, hardware, and electronic media held by the entire organization. He will create a "report card" for each device, and will document the movement equipment.

An individual responsible for maintaining the log regarding upgrades, maintenance and repairs will be designated by the IT Director.

D. Data Backup and Storage. The director of information technology and his team is responsible for performing backups on MBKU's network, including shared drives containing application data, PHI, financial data and critical system information.

- All servers must be backed up nightly.
- Weekly backups will be held for four weeks.
- Monthly backups will be held for one year.
- Each month, a second copy of the backups will be taken off site to a safe deposit box.

2.2.4 Technical Safeguards (45 CFR § 164.310)

Standards:

1. Access Control

A. Unique User Identification. This policy is based on the following assumptions:

- Data, media and computer assets are the physical property of MBKU, wherever located, although patients and others may have rights of access to the data.
- PHI is sensitive and confidential, and a loss or breach of confidentiality of such data may cause severe harm to the subject of the information, to MBKU, and to its officers, agents, and employees.
- We must ensure that access to PHI is limited to minimize the risk of breaches. Only individuals with a legitimate business need to access PHI, should have access to such information. Those with authorized access should have no more access than needed for the performance of their responsibilities.

Department chiefs will submit the name of staff needing access with the respective recommended level required to perform their duties. The System Applications Manager will ensure that prospective data users receive required training before access to the data applications is granted, including but not limited to password management, logging off protocols when leaving workstations, and closing unused applications that might contain PHI.

Access to databases that contain PHI is only granted on a role-based basis, and the Applications Support Manager will create and maintain a log with all the users, their level of access, and the modification of access, including termination of it, as needed.

B. Emergency Access Procedure. We recognize that there will be instances in which an emergency access to workstations and devices will be required by an individual(s) who is not the primary authorized user. Only the Director of Information Technology and his designees will have the ability to override the existing log-in credentials/passwords from current users in an emergency situation.

The emergency events will be only determined by the Associate Dean of Clinics (or the acting Clinic Director), and this individual or her designee will communicate with the Director of IT to activate the emergency access protocol in place. Each occurrence will be documented accordingly by the IT department.

C. Automatic Logoff. Computers and workstations in public areas which might hold PHI should have an automatic logoff feature that triggers after three minutes of inactivity. For offices and workstations located in less exposed areas, it is recommended that the timeout feature is set to work after 10 minutes of inactivity.

A security reminder will be sent on a quarterly basis to all MBKU staff, students and agents highlighting the importance of keeping a good security practices in place, including the need to lock their work stations when they plan to walk away.

2. Audit Controls.

Data users at the MBKU-UEC have no expectation of privacy when accessing data, media, computers, or other devices that belong to the organization and that might contain PHI, wherever located. It is understood that any official from MBKU-UEC has the right to audit and monitor the use of these devices.

Patient management software comes with audit trail capabilities that allows for the tracking of users' activity. In addition to the built-in audit capabilities in the software, the IT department will develop and implement a mechanism to additionally track the users' access to PHI. The Compliance Officer in conjunction with the applications support manager will monitor the activity logs to identify potential misconduct, which could include the sharing of users' IDs, or users not logging off at the end of a work session.

3. Integrity.

A. Mechanism to authenticate electronic PHI. Data integrity is paramount to our business operations and it is also one of the three pillars of the security rule. We have a policy requiring providers to close and finalize patient files within three calendar days. The purpose of this procedure is to ensure, to the most extent possible, that PHI will not be altered, corrupted, or deleted, either unintentionally or maliciously by users.

This mechanism, in conjunction with the audit trail capabilities embedded in the software, and the stand alone program created by the IT department, will allow our security team to address any integrity issues that might arise from our business operations.

4. Person or entity authentication.

In order to verify that a person seeking access to electronic PHI is the one claimed, we will implement and monitor mechanisms that will enable our systems to authenticate who is accessing, reading, altering, or transmitting ePHI. Such procedures include:

- Required user name and password to access work stations and other hardware that might hold PHI.
- Audit trail capabilities embedded in the patient database software.
- Standalone application that tracks users' behavior.

Access to ePHI is granted only on a role based-basis; the department chiefs are responsible for determining who will need access to PHI and will communicate with the Applications Support Manager the name of those individuals to complete the process.

The Applications Support Manager will periodically monitor users' access to systems and applications, and will report any suspicious behavior to the Director of IT and the Associate Dean of Clinics, should corrective or disciplinary need to be initiated.

5. Transmission Security.

Integrity Controls-Encryption- Electronic Communications

The following policy describes the steps required from UEC workforce, agents and interns when communicating PHI electronically. This policy applies to workforce authorized by UEC to access, create, store, respond, or transmit PHI via UEC e-mail system, internally and externally.

MBKU-UEC will make all e-mail messages sent or received, related to the diagnosis or treatment of a patient, part of the patient's medical record, and will treat such e-mail messages with the same degree of confidentiality as afforded to other portions of the medical record. MBKU-UEC will use reasonable means to protect the security and confidentiality of PHI transmitted electronically. Because of the risks outlined above, MBKU-UEC cannot, however, guarantee the security and confidentiality of e-mail communications.

PROCEDURES:

To the most extent possible, all electronic communications and release of ePHI to patients, providers, health plans, state and federal agencies, school districts and to any other requesting third party will be performed by the Compliance Officer-Health Information Coordinator. All other personnel who might need to release PHI will adhere to the following protocols:

- As a general rule, all PHI will be encrypted before being released electronically, unless the patient agrees to receive it unencrypted, and after being explained about the risks of such practice ("Duty to Inform"). UEC staff will document the patient's decision in the medical file.
- PHI will not be transmitted in the subject line of the email message.
- Email communication containing PHI of UEC patients will be transmitted through the MBKU email system using an MBKU email address and may not be transmitted using any other electronic method (other email system, IM, ICQ, FTP, etc).
- If a document that contains PHI is attached to the message, the sender must verify that only the proper information is attached and no unintended information is included.

- Users who communicate PHI via email will comply with all other UEC policies and procedures including, but not limited to, the Confidentiality of PHI Policy and the Minimum Necessary Policy.

A. Patients have the right to request their PHI and Legal Records to be disclosed electronically.

UEC reserves the right to deny the request of release of PHI to the patient. If no other way of communication with the patient is available, UEC will discuss with the Director of Information Technology and the Associate Dean of Clinics the available alternatives for releasing PHI.

B. All requests for release of information via email must be specific and the intended recipient of PHI must be properly identified. Massive emails are not authorized to be sent from the UEC; it is the sole responsibility of the patient to safeguard his/her PHI after it has been released electronically. Since UEC or MBKU have no control of the uses or disclosures after the information has been released to the requesting party, MBKU or UEC will not be held liable for unintended or malicious uses of PHI by third parties.

C. UEC will provide adequate training to email users regarding document security procedures, including password management and encryption methods. UEC has acquired software that handles the encryption process required by law, and each individual sending PHI to a requesting party via email must be knowledgeable with the software capabilities. When in doubt, the individual must communicate with the Compliance Officer to get the information released properly and timely.

To facilitate the exchange of ePHI, we will have Encryption capabilities implemented. This will be attained by using up-to-date commercial software that allows for the encryption of both the body of the email and the attachments.

3.0 AWARENESS AND TRAINING

3.1 HIPAA POLICIES AND PROCEDURES TRAINING

Awareness and training campaigns are essential components of Ketchum Health operations. All faculty, employees, interns, students, and volunteers at Ketchum Health receive training as mandated by law. HIPAA training is conducted at least once a year and is performed using different channels available and designed to achieve the maximum coverage, including video tutorials with certificates after completion.

As part of the onboarding process, new employees at the Ketchum Health are required to watch a video tutorial before engaging in any employment activity related to patient care. Once in clinic, new employees receive a document outlining the general mandates contained in this manual and are encouraged to read it entirely. Depending on their roles, new employees received customized training by the Director aimed to address specific risk topics in their respective areas. The training is conducted in person, and written materials are provided for further documentation.

After reading the training document and having the opportunity to discuss additional materials and ask questions, the employee must sign it. The Director will sign the document as well and will file it in the HIPAA training file. All new employees are explained that compliance with this training mandates is a condition of continued employment with Marshall B. Ketchum University.

When a current employee changes roles within the Ketchum Health, re-training in HIPAA privacy and security policies and procedures must occur, if the new role involves different uses of PHI.

When changes are made to this manual, each faculty and employee whose functions are affected by the change must be re-trained. Updated pages for the manual will be provided to each faculty and employee.

3.2 ROLE-BASED TRAINING

3.2.1 New Faculty, Residents, and Interns

New faculty with Clinic privileges, and interns starting their formal clinical experience at Ketchum Health must familiarize themselves with the basic rules and protocols intended to protect the confidentiality, availability, and integrity of patient information.

- A. **Availability, Integrity and Confidentiality** of the medical record are essential components of the HIPAA rule.
 - i. **Availability.** Faculty must finalize charts within a three-day period after the patient has been seen. Only PHI from finalized charts is permitted to be released to patients or third parties.

- ii. **Integrity.** All data entered in the chart must be accurate and consistent; all charts must be reviewed and signed by the faculty provider and proof of this must be incorporated into the file for claim and billing purposes.
- iii. **Confidentiality.** Medical data should be protected from being seen or used by unauthorized individuals. Users will exercise caution while handling PHI on computers, papers, and verbally, having always in mind that confidentiality must be protected at all times

Make sure all additional exam documentation is properly scanned into patient's file (OCTs, VFs, Op reports, etc.), and review the chart to check for completeness before discarding the documents.

Please refrain from including in the chart personal comments or statements that have no direct association with the nature of the evaluation being performed or are not relevant to the exam outcome. Once the chart is finalized, it becomes a business and legal document as well.

- B. **Workstation Use.** When leaving the exam room or any other workstation, users must close the medical record you are working on and lock the computer. This is to prevent unauthorized individuals to see and edit patient information, and to allow faculty to access the file in another station, if needed.

If you're granted remote access to PHI, you must adhere to the UEC remote access policy terms, and will be responsible for immediately notifying his/her service chief of any breach in the handling of such information.

- C. **Password Management.** Passwords are intended for personal use and they are exclusively assigned to individual users to access the network. Passwords allow the system to authenticate the user, and are the basis for the electronic signature protocol in place. Under no circumstances they will be shared with any employee. Users are expected to change passwords frequently (please contact IT for guidelines on password management).
- D. **Authorizations and Release of PHI.** As a general rule, authorization from patients is always required to release medical information to third parties, including referring doctors or PCPs. HIPAA requires that all PHI releases (except to patients themselves), be documented in the file for tracking purposes.

We can release PHI electronically via email with patients and third parties, including referring doctors, social agencies, and school districts. PHI release via email is permitted only if the information is encrypted. Please see the Director or IT assistant if you want to have any PHI encrypted before it is sent via email.

If you receive a written request for records from attorneys, patient/family advocates, or school district officials, please give all the paper work to the Director for review and processing. To the most extent possible, please make a note in the chart every time you release PHI directly.

- E. **Minimum Necessary Standard** The patient file belongs to Ketchum Health, and we can limit the release of any PHI based on the HIPAA “minimum necessary” standard, unless otherwise required by law. This standard calls for the release or request of only the minimum information necessary to accomplish the intended purpose. The practice of requesting or releasing “all records” is not adequate, unless needed to provide care effectively.

If PHI is subpoenaed or required by any enforcing agency, please refer all requests to the Director to be handled properly. Under very specific circumstances, we can deny access to medical records to patients or other providers or agencies (refer to the Director for details).

- F. **Communications.** If PHI should be shared or released, or if any patient or family member asks for PHI to be communicated in any manner, please refer to the staffing faculty or Director for guidance. Only authorized individuals can release patient’s medical records, with few exceptions, such as spectacle and CL prescriptions given to patients at the end of the evaluation by interns. This also applies to verbal communications, including phone calls.

Please refrain from making statements about patient care in public areas such as halls and lobbies. Phone communications should be used as last resort when sharing PHI; Faculty will use professional judgment and they will determine when it is appropriate to use phone conversations to discuss or release PHI. If a verbal communication with a patient took place, it must be documented accordingly. Keep in mind that oral statements are part of the medical file as well.

Verbal case discussion with school officials, parents or minor’s advocates should be limited and must be documented in the chart immediately. Residents will use their professional judgment, contract clauses (if any), and law guidelines, in determining the extent of PHI to be verbally discussed with third parties different than parents or school officials. Texting of PHI is not allowed due to technical limitations in our system.

- G. **Compliance with Government Programs and Health Plans.** Faculty are expected to participate of government initiatives and incentive programs and adhere to the protocols and guidelines set by health plans regarding billing proceedings.
- H. **Social Media.** The use of social media channels to communicate patient information or make comments about patient encounters is not allowed. Faculty and Interns must

exercise professional judgment when posting information on their blogs that could potentially identify a patient or harm the reputation of the University. Please refer to his/her supervisor for social media guidelines.

- I. **PHI Storage**. Under no circumstances PHI will be saved on personal thumb drives, CDs or any other digital media device. The use of cloud based applications (G-Drive, Dropbox) to save PHI is strictly prohibited. If sensitive patient data needs to be recorded in an external drive, please refer to the IT systems coordinator for assistance.
- J. **Care of Minors**. When examining a minor, a responsible adult, at least 18 years of age (parent, personal representative, or any other responsible authorized person), must be present during the examination. If an adult is not present for some reason, please notify his/her supervisor regarding what protocol you must follow.. Never leave a minor unattended or wandering around while she/he is under his/her care. Please refer to the Ketchum Health Treatment of Minors policy for more guidance on this topic.

3.2.2 Administrative Assistants

It is important to understand that the medical file belongs to Ketchum Health, not to the patient. Following are the protocols to follow when release of protected health information is requested:

a. By patients in person

Always ask patient to fill the Release Form and hand out the release form to the Director for processing. Response is due between five (5) to eight (8) working days. By state law, we have 15 working days to complete the request. By general rule, we don't release information the same day. Director will review the chart and make accommodations on a case-by-case basis.

b. By family members

We can always release spectacle or CL Rx to family members, friends and even co-workers. Beyond that, written permission is required by the patient. Director will review and grant extraordinary releases on a case-by-case basis.

c. By third parties

We need patient's authorization in writing. No exceptions.

d. By payers

By general rule, no written authorization is required (TPO). Allow claims staff to handle the request

e. By enforcement personnel, court officials or public employees

Pending a legal investigation. Always contact Associate Dean of Clinics and/or Director. Never release information based on a verbal statement of authority made by the individual asking for the record.

f. Phone Communications

Always exercise professional judgement. By general rule, no PHI is authorized to be released verbally or over the phone to anyone, including the patient. Only Optometrists or Interns can discuss case management or release PHI verbally to patients or their representatives.

Email Communications

To patients: By general rule, all PHI must be encrypted before sending it electronically. We can release medical records, including CL/Spectacle Rx and billing documents using non-encrypted email only when the patient approves it after she has been informed that there are risks of breaches while the unencrypted the data is in transit ("Duty to Inform"). A note must be made in the chart.

To third parties: PHI must always be encrypted, no exceptions.

Social Engineering

Defined as the practices or techniques used by scammers trying to obtain any type of information to hack the system and penetrate our network infrastructure. Phishing emails, callers claiming to be networks technicians asking for system passwords, thumb drives with malware left to be picked up by KH staff, are all examples of social engineering techniques.

Secret Shoppers

Government or auditing agencies posing as patients trying to measure the level of training, preparedness, and compliance in general, and to determine specifically how well we safeguard patient information.

Documentation

To the extent possible, every release of PHI, or any other communication which involves using or sharing PHI, should be documented in the patient's file. Documentation is the first and most effective line of defense against legal claims or litigation.

3.2.3 Patient Relations

Abbreviations and Terms

Breach: The unauthorized acquisition, access, use, or disclosure of protected health information, which compromises the security, or privacy of such information.

Encryption: the technique for transforming information in such a way it becomes unreadable, which is done through a computer software or computer application.

Identifier: Any piece of information that could be used to identify an individual:

- Individual's name
- SSN
- DOB
- Phone/fax numbers
- Zip Codes
- Medical record numbers
- Certificate/license numbers
- License plate/VIN numbers
- Health plan beneficiary numbers
- Full face photographic images
- Any account numbers.
- email addresses

PHI: Protected Health Information. Information created or received by a health care provider that relates to past, present or future physical or mental health condition, and that identifies the individual.

BA: Business Associate. A person or an entity who is not a member of a covered entity's workforce, that performs , on behalf of a covered entity, a function or activity involving the use or disclosure of PHI.

CE: Covered Entity. Any individual or entity, which is subject to HIPAA regulations

General Guidelines

Use discretion when verifying insurance information.

HIPAA Safeguard: When verifying insurance information, simply ask the patient for the "insurance card" without specifying the type of insurance plan or type. If the patient is at the clinic, provide her/him with a print-out of her insurance information for her to look over to confirm it is correct.

Do not repeat sensitive info with others present.

HIPAA Safeguard: When making appointments either over the phone or in person, checking patients in or out, or helping patients to complete intake forms, please refrain from repeating personal information over. Unless patient relations staff is stationed in their own cubicle or office, far from the ears of others, they should *not* read or repeat back personal information provided by patients.

Have the staff member taking down appointments ask the person who has called to repeat back the information that person has just given his/her staff member--rather than the other way around. That way the person calling for the appointment is saying her personal information out loud rather than the office saying it out loud with others waiting in the reception or check-out area.

Turn over sensitive documents and turn computer screen away.

HIPAA Safeguard: When handling print-outs of patient information (e.g. fee slips, intake forms, medical Hx, copy of insurance cards, etc.) don't leave the documents facing up unattended; all documents containing protected health care information must be placed facing down and away from public reach.

Keep all computer screens turned away from patients' view. Patient relations staff is not supposed to show PHI to patients or patient's representatives directly from computer screens.

Telephone conversations with patients - release of PHI over the phone, or in person

HIPAA Safeguard: Releasing protected health information or any other patient related data over the phone is not allowed, even if you're able to identify the caller. Discussing PHI over the phone with patients, family, friends or third parties (health plans, school districts, social agencies etc.) should be avoided at all times; we need to explain to the caller that patient relations staff are not doctors and, therefore, no details from the chart are allowed to be released verbally. Even when law enforcement personnel or insurance plans representatives call, we don't provide information over the phone. Please refer any request for release of PHI over the phone to his/her supervisor or Director for protocols observance.

Spectacle and contact lens prescriptions are allowed to be released to patients or family members who ask for them. Any other release regarding PHI must be consulted with his/her supervisor first.

Work station use and password management.

HIPAA Safeguard: If you're leaving his/her work station for extended time, you must lock his/her computer following the protocols established by his/her supervisor. Passwords are for personal use and they're not to be shared under any circumstances. Please don't write his/her password on sticky notes and place them near his/her workstation. Make sure you change his/her password frequently (please contact IT for guidelines on password management).

Care of minors.

HIPAA Safeguard: The University Eye Center has a very strict policy regarding the care of minors and this should be clearly explained to parents or guardians who want to leave their minors unattended during the examination. Under limited circumstances, the University Eye Center will allow minors of certain age to be seen without their parents or legal guardians being present. It is not the responsibility of patient relations staff to safeguard any unattended minor. Please refer to his/her supervisor for guidelines.

Release of patient's PHI to family members and friends.

HIPAA Safeguard: In general, release of PHI to third parties requires authorization from the patient or patient's representative. There are certain occasions in which we can release PHI to third parties without previous authorization from patient: spectacle and CL Rx's; certain records such as summary letters or case reports; treatment plans. Patient relations personnel must always refer to the Director or their Supervisor for additional guidelines on these types of releases.

Don't publicize diagnosis and treatment plan at check-out.

HIPAA Safeguard: When creating follow-up appointments for specific conditions, please leave out the diagnosis while communicating the time and date to the patient.

Access to medical files and personal conversations about patients.

HIPAA Safeguard: Access to patient medical files by employees must be justified and only allowed when needed for business purposes, and to the extent required to perform the related treatment or health care operations.

Staff must refrain from engaging in personal conversations in public areas with other co-workers regarding patients seen at the UEC.

Sending PHI to patients via email

HIPAA Safeguard: When a patient requests that PHI be electronically communicated electronically, we must comply and proceed accordingly. However, this release process must follow strict security protocols (encryption) and only authorized personnel are allowed to do it. If a patient requests her/his medical records to be emailed, please refer to the Director.

Social Media

HIPAA Safeguard: The use of social media channels to communicate patient information or make comments about patient encounters is not allowed, and employees must exercise professional judgment when posting information on their blogs that could potentially identify a patient or harm the reputation of the University. Please refer to his/her supervisor for social media guidelines.

Proper disposal of papers and documents containing PHI

HIPAA Safeguard: All papers containing PHI that are discarded, must be destroyed properly, using a shredding device or services of a certified document destruction company. If some papers need to be kept for future tasks, please coordinate with his/her supervisor about the best location to place them until they are used or required.

4.0 CLINIC OPERATIONS

4.1 GENERAL EMPLOYEE POLICIES AND PROCEDURES

4.1.1 Professional Standards and Dress Code

The University's professional atmosphere is maintained in part, by the image that employees present to patients, students, other employees and visitors. Employees are expected to dress neatly and in business attire that is consistent with the nature of the work performed and is appropriate for a professional health care environment. Acceptable clothing for employees includes suits, sport coats, or dress shirts and slacks, blouses and sweaters with skirts or dress slacks or dresses.

Casual sportswear, e.g. jeans, shorts, along with tight fitting leather, tight fitting knits and mini-length skirts or dresses, T-shirts, tank, halter or low-cut tops, and tennis shoes, casual sandals and flip flops are not considered appropriate and should not be worn to work. All clothing should be clean and without rips or holes. This list is an example of inappropriate dress and should not be considered a complete list. Employees who report to work inappropriately dressed may be asked to clock out and return back to work in acceptable attire. Department Directors may issue more specific guidelines beyond these.

Hair must be clean and demonstrate evidence of good grooming and styling. Beards and moustaches, when neat and groomed, are permissible. Jewelry should be conservative. Body piercing that goes beyond normal, conservative ear piercing, does not promote the health conscious image that the University wants to depict to its patients and therefore should be avoided. For the same reason, tattoos are to be covered by clothing.

Because of the presence of patients, employees working in the Clinic are held to a higher standard. Employees who are provided with a uniform should keep them in a neat and clean condition. Employees provided with uniforms must wear them at all times while on duty. Employees are required to return their uniforms in a timely manner upon termination of their employment. If there are any questions as to what constitutes proper attire within a given department, the supervisor or department head should be consulted in advance.

4.1.2 Clinic Appearance and Dress

All Employees must be presentable when reporting to work. Since you will be interacting with patients, the initial impression conveyed is extremely important. The clinical staff and faculty will set the example in applying these standards. If you do not dress appropriately you may be asked to clock out and change his/her attire to meet the profession standards set forth.

The standards of dress for all employees entering the clinic shall be in effect in all clinics during any hour or day that clinics are open. These standards for the clinic apply during Clinical Seminars as well. The dress code applies to all UEC Students, Staff and Faculty.

The Associate Dean of Clinics ultimately determines if an individual's overall appearance is acceptable. If it is decided that the appearance or grooming is unduly distracting or inappropriate for the clinic, the individual may be sent home to change). Disciplinary actions may take place after the first warning.

The following are some examples of both appropriate and inappropriate attire. When in doubt if something is appropriate, it is best to contact the Associate Dean of Clinics prior to wearing it.

- Regular bathing is imperative to each person's appearance. Please present to clinic in a hygienic manner. Anyone found to have any offensive odors may be asked to leave clinic.
- Long hair should be tied back during exams to prevent it falling in his/her face and the face of his/her patients.
- Nail grooming which is profoundly unnatural or inappropriate to a health care environment is not allowed.
- Perfume and after-shave should be used sparingly
- Permanent or semi-permanent tattoos are to be covered and not visible when in the clinic.
- Blouses, shirts and dresses should not be revealing in any way.
- Do not wear short or extremely tight fitting skirts or dresses. Any skirt or slits in the skirt or dress nearing 3+ inches above the middle of the knee is to be avoided.
- Slacks or trousers must be clean, pressed and appropriate for a health care office. The following are inappropriate: shorts, skorts, stirrup or stretch pants, skinny or tight fitting pants.
- Clothing, accessories and overall grooming should be conservative. Men are not to wear earrings while scheduled in the clinic. Earrings placed anywhere other than the ear lobes are not acceptable.
- Socks for men are to be worn at all times.
- Ties for men are to be worn at all times in the clinic
- Hosiery is to be worn with dresses and skirts that are above the knee.
- Footwear should complement his/her professional attire. Inappropriate shoes include sneakers (unless worn with scrubs), sandals, flip-flops and slipper type shoes.
- Denim and leather clothing of any kind should be avoided because it is overly casual.

Note: Please refer to [MBKU Employee Handbook](#) for all other policies and procedures

4.2 UNIVERSITY EYE CENTER

4.2.1 The University Eye Center at Ketchum Health

The University Eye Center at Ketchum Health (UECKH) is the clinical training facility of the Southern California College of Optometry at Marshall B. Ketchum University. The goal of the center is to provide our patient with the highest quality vision care possible. Our providers are licensed doctors of optometry as well as student-interns and train with the latest techniques and procedures in eye and vision care. The University Eye Center is proactive in providing and promoting preventive care for all of our patients. The University Eye Center at Ketchum Health has a number of specialty departments that can help patients from a few months old to 100 years-old. The services offered at UECKH includes Primary Care, Ocular Disease, Low Vision Pediatric Care, Vision Therapy, Contact lenses, and Optical Services. Specialty Clinical Services offered are Dry Eye Clinic, Sports Vision and Myopia Control Clinic.

Comprehensive Examination

At The University Eye Center at KH, a comprehensive eye/vision examination takes approximately 90 minutes. An Intern is under the direct supervision of a licensed Optometrist during all phases of the exam. The comprehensive examination includes the following: Health History Review, Occupational or Educational requirements, Medication reconciliation, Examination of visual system (refraction, eye muscle teaming & focusing), Ocular Health evaluation (external and internal) this includes dilation to examine the retina, Retinal photography and peripheral vision testing.

Faculty

The Faculty at The University Eye Center includes some of the world's top authorities in Family Practice, Cornea and Contact Lens, Pediatrics, Vision Therapy, Low Vision, Ocular Disease and Special Testing (Electrophysiology). In addition to providing the highest quality of patient care, In addition to clinical care, several of our faculty members are actively involved with national research projects such as PEDIG, CITT, dry eye disease, macular degeneration and myopia control.

Payment for Services Overview

The University Eye Center accepts payment for services and materials by cash, check (with current state ID) Mastercard, AMEX, Visa, and Discover Credit cards. UECKH is a paneled provider for Vision Service Plan (VSP), Medical Eye Services (MESC), Medi-Cal, Medicare, and a number of other vision and medical insurance programs. Please check with claims as this list is evolving.

Approach to Customer Service

The first steps to great customer service are easy to do, inexpensive, and generate an immediate positive image of the Clinic.

Step 1 is just simply a smile and a hello when someone walks in the door. Step 2 is just as easy and effective. Ask how you can help someone.

By following these key steps, can translated into a great patient experience. People who have received good service also tend to become ambassadors for our clinic. When dealing with complaints, it is an opportunity to show our patient we are dedicated to our services. Six out of ten individuals would return to a business that handled their complaint satisfactorily. Some research suggests that if we can remedying the complaint efficiently, the patient may increase the referrals.

Always remember to ask the patient(s), how was their visit and thank them for making University Eye Center their eye care provider.

Here are some of the other components of good customer service:

- Respond promptly
- Resolve issues quickly
- Listen
- Keep his/her promises
- Give more than expected
- Help even if it does not have an immediate return for you
- Make sure you and all his/her employees offer this assistance

Clinic Hours

- Monday (8 am to 6 pm)
- Tuesday (8 am to 6pm)
- Wednesday (10 am to 7 pm)
- Thursday (10 am to 7 pm)
- Friday (8 am to 5 pm)
- Saturday (8 am to 5 pm)

Appointment Book colors

- Blue is for Primary Care.
- Gray is for Pediatrics
- Yellow is Contact Lens
- Pink is for Ocular Disease
- Turquoise is for Low Vision
- Purple is for Vision Therapy

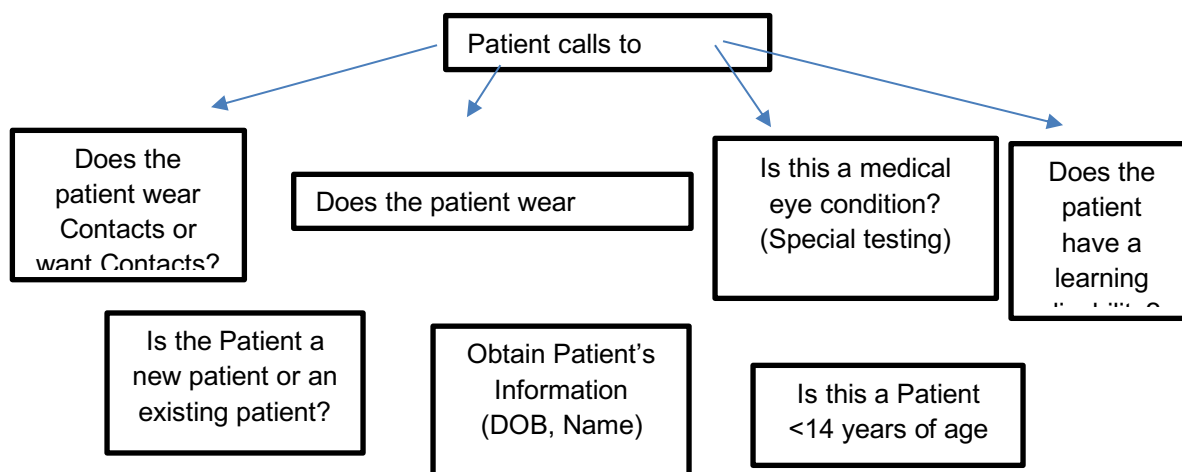
4.2.2 Answering Phones Protocol

The purpose of this protocol is to establish a process in handling phone calls and determine the appropriate department the call should go to.

Procedure:

- Answer the call in a professional manner with a friendly tone and be sure to introduce yourself.
- Try and find as much information from the patient as possible to figure out whether you can help them or where they need to be transferred to.
- Make sure to verify all information before giving out any information.
- Shortell Communicator is the phone system we use to find extensions and to listen to voicemails.

“Thank you for calling Ketchum Health, this is _____. How may I help you?”



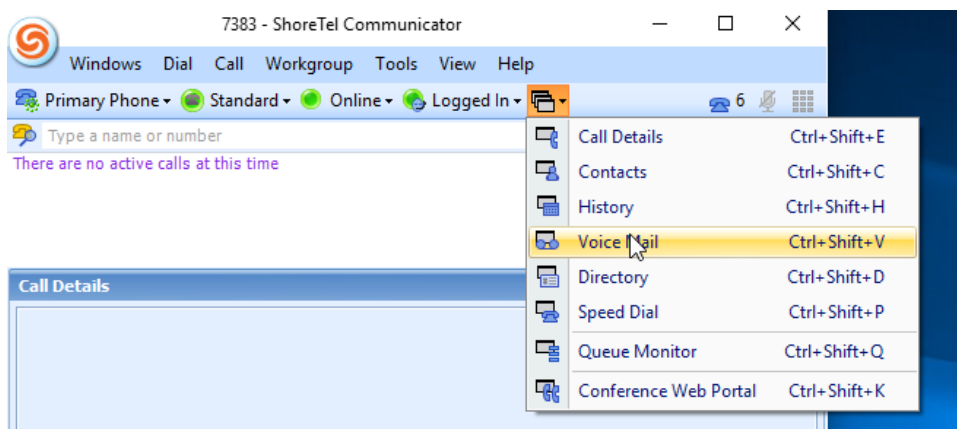
What is a Blind Transfer? A call that is transferred to another department without being introduced to the person that the call is being transferred too.

How to use your phone

- You must log into your phones in order to receive calls. This is done by pressing the log in or log out button.
- Transferring calls
 - a. Make you are on the line that needs to be transferred (it will light up green)
 - b. Press **transfer** + the **extension** and then **transfer again**.
 - c. When done with the day, make sure to log out of your phone.

Listening to Voice Mails

- a. The phone system we use is Shortell, located on your PC.
- b. Double click on the Shortell icon. When it opens, press the **Windows** tab.
- c. The windows tab will have a drop-down window, click **Voicemail**.



- d. The **bolded numbers** are the unheard voicemails.
- e. To **forward** a voicemail to an extension, right click on the voicemail and click forward. You can either type in the extension of the person or you can type in their name.
- f. Once you find the person you are looking for *press send*.
- g. After you have sent the voicemail to the correct person, you can right click on the voicemail and click **move to deleted folder**.

4.2.3 Patient Charting Protocol

The purpose of this protocol is to establish a process when creating a patient's chart.

PROCEDURE:

1. Log into EMR system.
2. Click on "Chart" Icon.
3. Enter the patient's information (Name and Date of Birth) and click on "find" to determine if the patient has a chart.
4. If the patient needs a chart, click on *New*.
5. Complete *Add Patient Information* screen and click Chart.
 - a. SSN
 - b. DOB
 - c. Sex
 - d. Address
 - e. Race
 - f. Preferred Language
 - g. Ethnicity

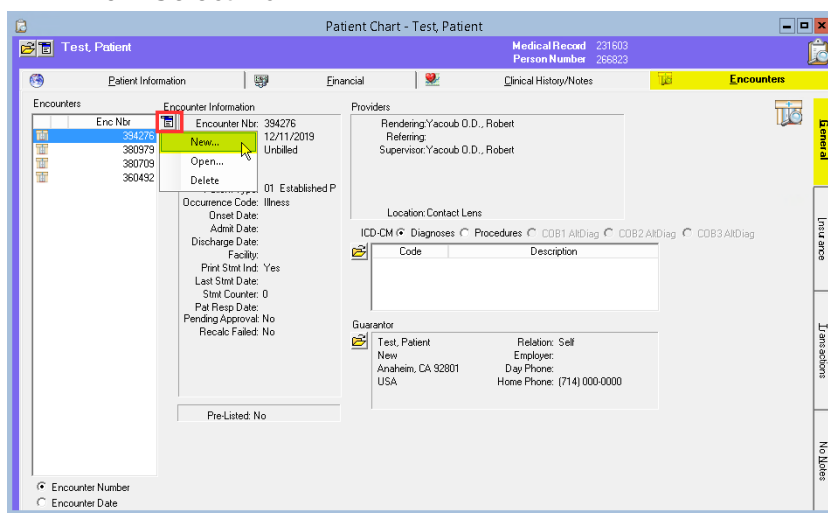
- h. Enter phone numbers
- i. Emergency Contact information
6. If the patient has signed for Privacy Notice, choose *Signed on File* from the dropdown and click *OK*.
7. Do not use *Create Encounter*, unless an encounter is needed for Optical; otherwise close this page.

4.2.4 Creating an Encounter Protocol

Creating an encounter in a patient's chart allows charges to be entered for specific dates and programs.

Procedure:

1. Confirm the following information:
 - a. Is the patient New or Established?
 - b. New: Create chart and have patient complete **Intake Forms**
 - c. **Established:** Locate patient's chart.
 - d. Is insurance being billed?
 - i. Verify and attach insurance to chart
2. In chart, Select *Encounters* tab on top right hand corner.
3. Select *General* tab on the right side of the screen.
4. Right click on *File* icon (see red box in image below)
5. Select *New...*



6. Complete the following fields on *Create Encounter* window.
 - a. Billable Date: Date of service (auto populates to day of)
 - b. Patient Type: Est/New or a specific program
 - c. Rendering: Intern (Staff doctor if there is no intern)
 - d. Supervisor: Staff doctor
 - e. Service Location: Department patient is being seen in.

Note: When creating an encounter for optical, the Associate Dean of Clinic will be selected for both *Rendering* and *Supervisor* fields.

Create Encounter - Test, Patient

Billable Date: 04/10/2020 | Billable Time: | Occurrence Code: Illness | State: | Onset Date: | Onset Time: |

General | Clinical | Billing & Collections | Encounter Specifics | UB | Claims | Marketing | History

Patient Type

<none> | 01 Established Patient | 02 New Patient | 06 Lions Club | 08 Lark Allen | 10 Beacon House | 11 Needy Patient Fund | 13 Litman Fund

Condition Related to Employment: ☐ | Same/Similar Date: | Date Last Seen: | Initial Treatment Date: |

Facility: |

Guarantor: Test, Patient | Relation: Patient

Encounter Types: Billable

☒ Print Encounter On Statements | ☐ Patient is Homebound | ☐ Initial Enc in Series

Service Type: |

Providers

Rendering: |

Supervisor: |

Service Location: |

Healthbridge | Low Vision | No Location | Ocular Disease | Off Site | **Optical Services** | Pediatrics | Primary Eye Care

OK | Cancel

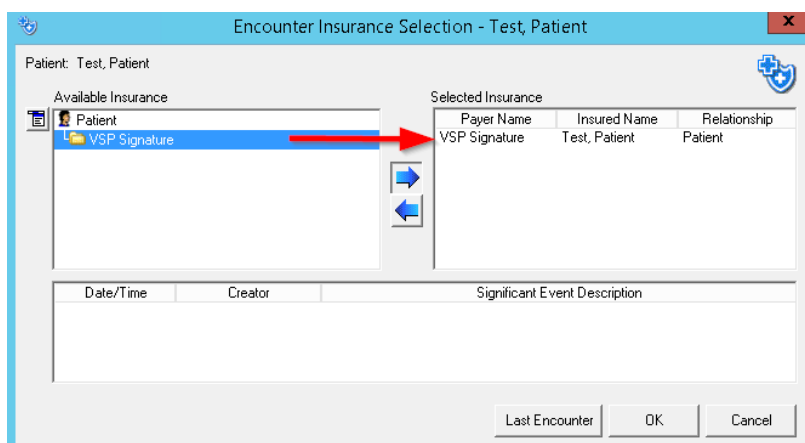
7. Click OK


NextGen

i The encounter has been created. Would you like to attach insurance?

Yes | No

8. Select Yes to attach insurance to encounter or *No* to complete encounter.



9. To attach insurance to encounter, double click on insurance plan from the *Available Insurance* box to move over to *Selected Insurance*.
10. To remove an unwanted insurance plan, select insurance plan from *Selected Insurance* box and click arrow pointing left. 
11. Click OK.

4.2.5 Scheduling an Appointment

Purpose:

The purpose of this protocol is to establish a process in scheduling appointment(s) in NextGen.

Procedure:

1. Determine if the patient is a *New* or *Established* by asking the patient if they are new or returning.
 - a. *New* or *Established*?
 - i. If **Established**, review the chart history to determine if patient has been seen in a particular department.
 - ii. If the Patient is **New**, create a chart.
2. Determine what kind of appointment patient would like to set:
 - a. Patient is having blurry vision and would like a comprehensive eye exam.
 - b. Patient is experiencing pain, discomfort, or a problem that they would like the doctor to focus on.
3. Determine Patient's appointment preference, such as day and time
4. Is the Patient interested in Glasses and/or Contacts Lens?
 - a. If the Patient **only wants glasses**, then schedule the appointment in **Primary Care**.

- b. If the Patients wants **both**, then schedule the appointment in **Contact Lens Department**
5. Is the appointment associated with a **medical eye condition or emergent**?
 - a. Glaucoma
 - b. Cataracts
 - c. Problem Focusing
 - d. Red Eye
 - e. Foreign Body
6. Ask the patient for their insurance information.
 - a. If the appointment is just for an **annual exam**, this would be **covered by Vision Insurances**
 - b. If the appointment is **Medical**, we accept the following
 - i. Blue Cross (PPO)
 - ii. Anthem BlueShield (PPO)
 - iii. Anthem BlueShield (PPO)dical, we accept the following in Contact Lens Department edicare (Non-HMO)
 - iv. Cigna (PPO)

Adding a New Appointment



1. Click the **ApptBook** to access the Clinic Schedule
2. To go to a specific appointment date, **click** on “**Go Today**” icon.
3. Click on a desired appointment slot. In the primary care department, there are 3 time slot options for both AM & PM appointments:
 - a. Annual exams can be placed into the first 2 time slots.
 - b. The 3rd time slot is kept open for DFEs and Follow Ups.
4. Complete the fields as described in **Appendix A** seen below.
 - a. Require fields will be highlighted in red & must be completed to set an appointment:
 - Event/Event Chain
 - Insurance
 - Rendering Physician
 - Staff Doctor
5. To assign a patient to the appointment, double click the “**File**” button of the *Add Appointment* dialog box and select one of the following options:
 - **Access Previous Patient** - Select this option to assign the most recent patient assigned to the new appointment.
 - **Lookup** - Select this option to locate the patient whom you want to assign to the appointment. When you select the **Lookup** option, the *People Lookup* dialog box displays.
6. If the patient is new, click the **New** button on the *People Lookup* dialog box. Then complete the information fields on the *Add Person Information* dialog box.

Note: If the wrong patient's chart is selected, click on the **"File"** button again and select **Clear Patient**.

7. Select an **Event/Event** (Type of Appointment) **Chain** form dropdown (ie: Primary Exam New/Established, DFE/ PC FU.)
8. From the drop-down lists, select the **rendering and referring physicians** in the **Rendering Physician** and **Referring Physician** fields. You can also locate a provider from the *Provider Lookup* dialog box by clicking the **Lookup** button.
9. In the Detail section, enter the copay for the exam, medical insurances information and any important appointment information. (SEE appointment cheat sheet)
10. **Insurance** field document shows how the appointment will be covered. (I.E Cash, Vision Insurance and/or medical insurance)
11. Add insurances and authorization to the appointment. (See Attaching Insurance Verification Protocol)
12. In the **Staff Doctor** box,
 - a. If they are a new patient, this is where you input where/how the patient heard about us.
 - b. If they were an established patient, you would write est.
13. **Scheduling Conflicts** dialog box displays.
 - o Click **Cancel** to return to the *Add Appointment* dialog box and select a different time for the appointment or click **OK** to save the appointment despite the conflict. In certain cases, you might have to override if you have the access.
14. **Click OK** to complete the creation of the appointment.
15. Scan insurance authorizations in Office Mate and place the document into insurance binder.
16. If you click the **Print** button, you can print one or more of the following items for the appointment:
 - o Fee Ticket
 - o Patient Data Sheet
 - o Patient Data Sheet Detail

Rescheduling an appointment:

1. Locate the appointment in the schedule.
2. Right click on the appointment.
3. **Click** on **"Cut."**
4. Find the new appointment slot.
5. **Right click** on the and click **"Paste"**
6. Click **"OK"** to confirm new appointment slot.
7. In the "Reason for appointment reschedule" screen, choose a reason from the drop-down menu. (ie: change of time)

Appendix A

Field	Description
-------	-------------

Date and Time	Select the date and time of the appointment or accept the default date and time.
Event/Event Chain	Select an event or event chain from the drop-down list. This field is required.
Duration	The duration defaults to the value assigned to the event in Scheduling Administration. The application automatically recalculates the duration time when resources with override duration times are selected. You can manually override the duration unless an event chain is selected.
Show all events	Select this option to display all the available events in the Event/Event Chain list.
Resources	<p>The resource defaults from the selected appointment slot, but you can manually select a resource as well. Select the resource(s) for the appointment in the Resource list.</p> <p>When a resource is selected for this event, the default duration time changes only under the following conditions:</p> <ul style="list-style-type: none"> ○ If one of the selected resources has an override duration time. For example, if Dr. Adams is selected, the default duration time automatically changes to 60 minutes. ○ If more than one resource has override duration times, then the default duration time automatically changes to reflect the resource with the greatest duration time. For example, if Dr. Adams and Exam Room 1 are the selected resources, the default duration time changes to 120 minutes, which is equal to the greatest resource duration time override.
Service Location	If an appointment template with a location has been assigned to the slot selected, the location defaults from the template, but you can change it manually if necessary by using the drop-down list of locations. This field is required.
Description	This field is normally left blank during scheduling and populates with the patient's name automatically upon patient selection. You can enter a brief description for the appointment. If a non-patient appointment is being scheduled (a meeting, for example) a brief description can be entered. Any value entered in this field displays on the appointment schedule.
Details	This is available to enter notes about the appointment.
Procedure with Resident	You can designate that this appointment is to be conducted by a resident.
Appointment Kept	You can indicate that the patient showed up and kept the appointment by clicking this check box.
Confirmed	You can indicate that the patient has confirmed the appointment by clicking this check box.

User-Defined fields	The fields that display in this section of the <i>Add Appointment</i> dialog box are fields that are created and named in the Enterprise Preferences for the practice. The information that you enter into these user-defined fields is decided by your practice.
Cancelled	When you access an existing appointment, the Cancelled check box is available. Click this check mark if the patient has canceled the appointment.
Reason	When canceling an existing appointment, select a reason for the cancelation from the drop-down list.

Appointment Details

Procedure

Purpose: To make sure when making an appointment, the correct details are listed in the correct manner.

Procedure:

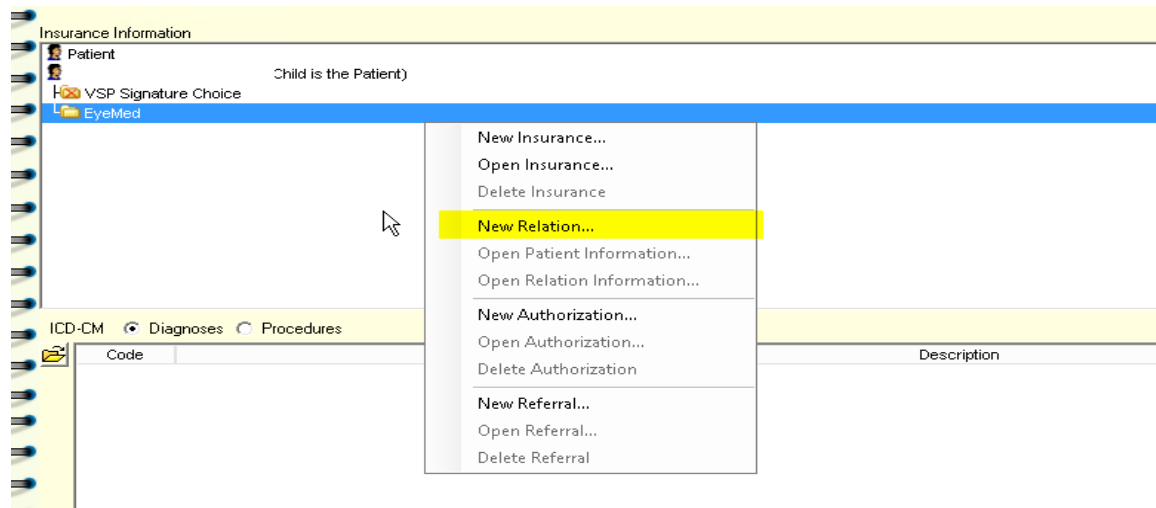
Collect all information over the phone.

- NO *New Addresses*
- Include Address, contact phone number, first & last name and insurance information.

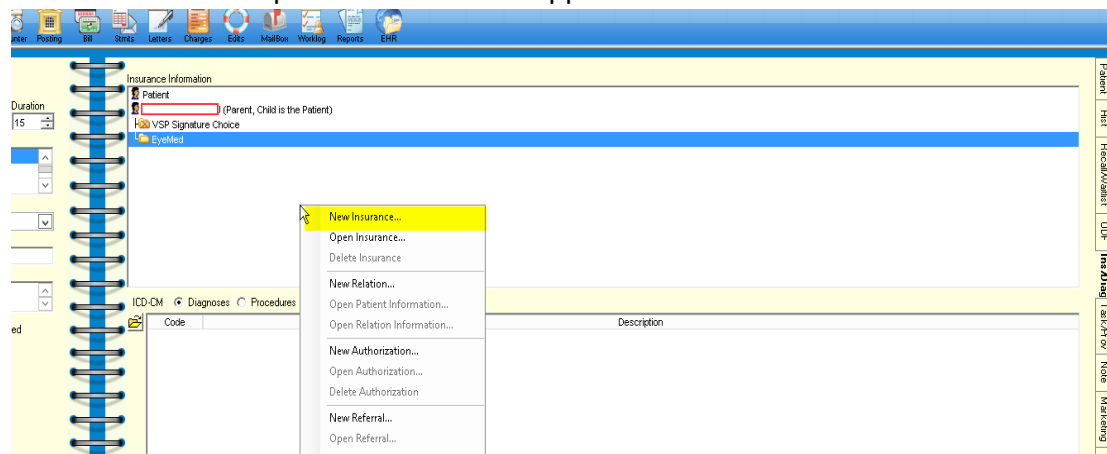
Attaching Insurances

1. Confirm insurance holder's first & last name, DOB, insurance name and full member ID.
2. To the far right of the appointment, there will be 5 tabs. The 5th tab from the top will be Insurance.

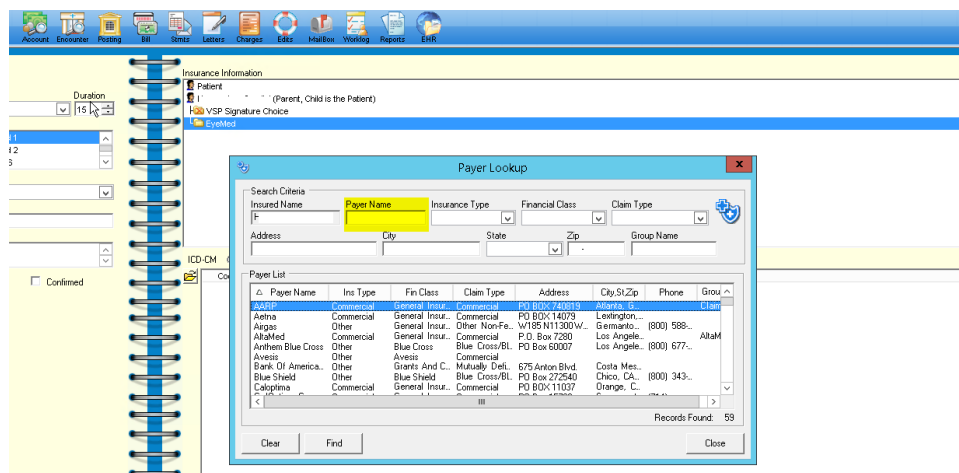
3. A window will open and will show if any insurances have been added.
4. If no insurance has been added and the patient is underage, you will need to Add a relation.
 - a. Right click on patient, a drop-down box will open.
 - b. Click New Relation



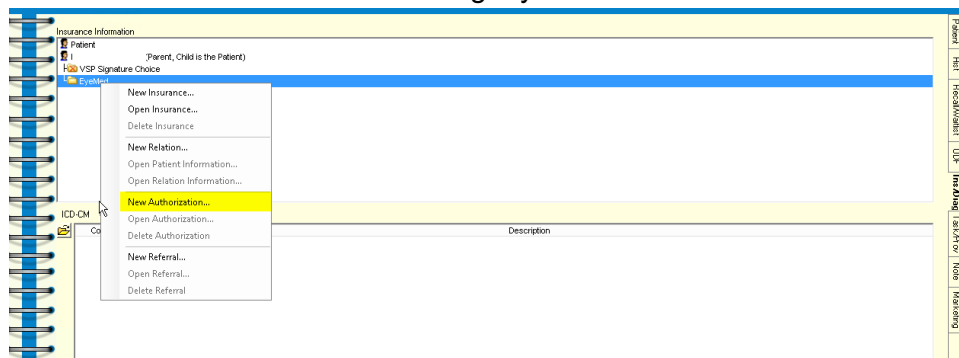
- c. Enter first & last name and DOB of parent or responsible party. (DOB is not needed to add a relation but will help us in the future to not create a duplicate a chart.)
- d. I will get an image for this. I'll try to get some clearer/bigger screen shots as well. There will be a relation drop down in red that will give you options on how the primary of the insurance, is related to the dependent. (ie parent, spouse, other adult).
- e. Choose the relation and click okay at the bottom of the window.
- f. The relation will now appear under the patient name on the insurance tab.
5. Add appropriate insurance under the correct primary
 - a. Right click on the primary insurance name
 - b. A drop-down window will appear.



- c. Click on New Insurance, Payer Look Up will come up where you can *input the insurance name located in the Payer Name Box* (ie: VSP) and click enter.
- d. A drop-down list (Payer List) will appear and will give you different (VSP) options to choose from.



- e. Choose your insurance and a member ID box will appear. You will then input the member ID.
6. Attach authorization number.
 - a. Right click on the appropriate insurance, click on New AuthorizationWe can also do this from the same window where we added insurance, through the authorization tab. I'll get you a screen shot tomorrow.



- b. Add authorization in Authorization Code with the Effective date to Expiration date.
- c. Following the authorization, is the Number of Encounters. This is only used when referring to vision insurances.
 - An encounter is made when a patient comes in within the effective & expiration date.
 - It is used for the number of times a patient comes in within that time period and is using that specific authorization. (ie: Monday the pt comes in for their exam. [1st encounter] Friday the pt comes back to purchase glasses. [2nd encounter])

Information

Signature Cho
ed

Diagnoses

Code

Appointment Details:

1. When adding the details to the appointment, make sure you have verified all insurances before adding them. (ie. vision & medical)
2. If the patient is coming in for a *vision exam*, you would put the copay first and then the name of the vision insurance. If the patient did not give you their medical insurance over the phone, make sure to add a note to SCAN CARDS ahead of all other notes so Patient Relations can catch it.
3. If the patient is coming in for a *Medical Visit; once verified*, you would put the copay first, followed by medical insurance name and notate if it's a PPO. If it is an insurance that we are not contracted with, you would quote the patient according to what type of appointment it may be. (ie: \$35 Anthem PPO)
4. If the patient has *no insurance*, make sure the patient was quoted the correct amount and add a notation. (ie: Q: \$159 Verify No insur.)

Insurance Box

1. At the bottom of the appointment, there will be an insurance box. This must be completed before setting the appointment.
2. This is where you notate what type of insurance we are using. It also lets our front desk know what insurance to attach to the appointment when the patient checks in.
3. Following the insurance name, you are including the date it was verified and your initials.

Below is an example of how the details should look when scheduling an appointment.

The screenshot shows the 'Add Appointment' form with the following fields and annotations:

- Date:** 05/03/2019
- Time:** 1:00 P
- Event/Event Chain:** PC Primary Eye Exam Est
- Duration:** 75
- Resources:** A dropdown menu with a green checkmark icon. Annotation: "Seperates info we need from information we're trying to provide to doctor."
- Description:** A text field.
- Details:** A text field containing "\$10 VSP Advantage // Medical ins: BS PPO \$50 Copay (ok to use for medical visits)".
 - Annotation (pink box): "Actual Insurance Name" points to "VSP Advantage".
 - Annotation (green box): "Only add medical insurance info if you have verified and copays they would pay." points to "Medical ins: BS PPO \$50 Copay".
 - Annotation (blue box): "Let them know if they can use it at this visit or not. Some insurances we do take with an auth and they need to know that." points to "(ok to use for medical visits)".
- Procedure with Resident:** ☐
- Appointment Kept:** ☐
- Confirmed:** ☐
- User Defined Staff Doctor:** A text field.
- Insurance:** A dropdown menu showing "VSP Other 05/02 RM".
 - Annotation (purple box): "Name of Ins we attach, date we pulled it, initials." points to "VSP Other 05/02 RM".

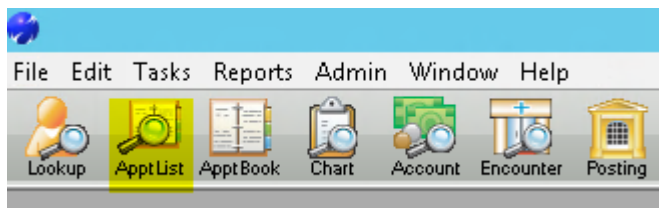
4.2.6 Patient Check-In Protocol

The purpose of this protocol is to establish an efficient check-in process.

Procedure:

1. Greet patient and verify they are checking in for an appointment.
2. Have patient sign in on sign-in sheet.

3. Hand patient any Intake Forms they need to complete (forms are assemble day before when verifying next day appointments)
4. Request patient's ID/DL, vision and medical insurance cards.
5. Scan cards into system and return to patient.
6. Direct patient to have a seat.
7. Click on *App List* icon



8. In the Appointment Lookup screen set Appointment Date to : Today.
9. Search for patient by first or last name.

10. Once appointment is located, right click, and select Check-In from the drop down menu.
11. On the Create Encounter window: Complete the following fields:
 - a. Patient Type: Select if New or Est
 - b. Rendering Physician/Supervisor: Staffing doctor
 - c. Guarantor: Patient if over the age of 18, if not a parent/ guardian/ program must be entered.

Note: The guarantor is the responsible party for the encounter and charges.

Create Encounter - Test, Patient

Billable Date: 05/14/2020 | Billable Time: 09:45 AM | Occurrence Code: Illness | State: | Onset Date: | Onset Time: |

General | Clinical | Billing & Collections | Encounter Specifics | UB | Claims | Marketing | History

Patient Type (dropdown menu open):

- <none>
- 01 Established Patient
- 02 New Patient
- 06 Lions Club
- 08 Lark Allen
- 10 Beacon House
- 11 Needy Patient Fund
- 13 Litman Fund

Condition Related to Employment: | Same/Similar Date: | Date Last Seen: | Initial Treatment Date: |

Facility: |

Guarantor: Test, Patient | Relation: Patient |

Providers:

- Rendering: Ansari O.D., Shora
- Referring: |
- Referring Facility: |
- Supervisor: |
- Service Location: Primary Eye Care

☐ Incident-To Bill Encounter

12. Click OK.

13. In Encounter Insurance window: Move insurance being used for today's visit to the right column. Click AutoFlow.

Encounter Insurance Selection - F

Patient: Richieri, Richard

Available Insurance:

- Patient
- Blue Shield

Selected Insurance:

Payer Name	Insured Name	Relationship
Blue Shield		Patient

AutoFlow | Cancel

14. Patient is now checked in. Page doctor and collect completed forms from patient.

15. Enter all data as promptly as possible so that any prescriptions or exams reports printed in the back by the doctor has accurate patient information.

16. Scan all forms and shred.

17. Make sure to keep communication with patients and doctors if wait time is exceeding 5 minutes.

18. Patients should not be waiting more than 15 minutes. Alert Supervisor if patient is waiting too long.

4.2.7 Verifying Insurance Protocol

The purpose of this protocol is to establish a process in verifying and attaching insurances to appointments. Attaching insurance, allows the patient's exam and/or materials to be covered by their benefits.

Procedures:**Review:****1. Vision Plans Ketchum Health accepts:**

- a. Avesis (guardian)
- b. Davis Vision
- c. Eye-Med
- d. Eye-Med (through Humana, Aetna, Anthem BCBS, Anthem BC)
- e. Envolve (through Healthnet/Medi-Cal)
- f. Humana Comp Benefits
- g. March Vision
- h. Medical Eye Service (MES)
- i. Medi-Cal
- j. Medicare Advantage Plans (PPO) – If they have vision benefits
- k. MetLife through VSP
- l. Spectera
- m. Vision Service Plan (VSP)

2. Medical Plans Ketchum Health accepts:**n. Accepted**

- i. Anthem Blue Cross PPO.
- ii. Cal Optima
 - **Direct**
 - **Community** (Only *Established* patients)

Note: **New patients require referral**

- iii. Cigna PPO
- iv. Blue Shield PPO
- v. Medi-Cal (orange county)
- vi. Medi-Care PPO/ Medicare Advantage

o. By Referral/Pre-authorization only

- i. HealthNet (HMO included)
- ii. Cal Optima
 - Community (If *new* patient: needs referral/pre-auth)
 - Prospect

- iii. Prospect Medical Group
- iv. TriWest VA
- v. AltaMed
- vi. Regal Medical Group
- vii. Southern California United Food & Commercial Workers Union
- viii. QTC Medical Services

Pulling Authorizations/Checking Eligibility

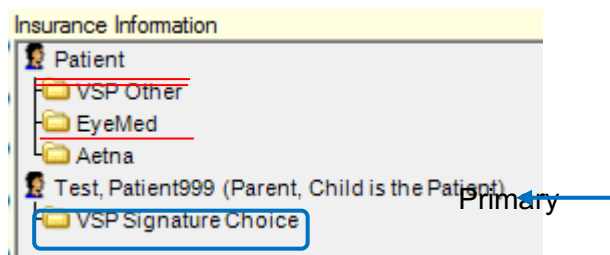
Each insurance requires different fields to be filled in when searching for eligibility.

You may need the following from the *Primary* on the insurance.

- Last name, First name
- DOB
- Member ID number
- Last four digits of SSN

Quick Review:

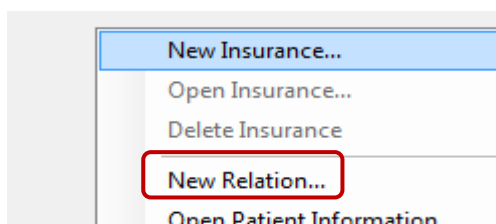
When attaching insurance, if patient is under someone else's insurance, you attach it under the Primary. Do not enter it under your patient.



If there is no Relation, add it in:

Right Click anywhere in *Insurance Information* field.

Select *New Relation...*



Search for Primary as you would a patient. If they are not in our system create a file for them. Enter all required fields. You now have a new relation to place insurance under.

Davis Vision (Versant)

1. Requires Service Date, DOB, Member ID or Last Name to look up the patient.
2. Click search when all required fields are filled in.

3. The next page that will come up is a list of people who match either the member ID or the last name and DOB that was provided.
4. Select the member that you are looking for.

Displaying search Results for : Service Date: 04/03/2020 , DOB: 08/23/1956 , Member ID: 7895763989

Select	Member Information	Relationship	Group/Sub Group	Plan Name/Plan Prefix
<input type="radio"/>	<div>Member Information</div>	Member	THE BOEING COMPANY / 007	MEMBER, SPOUSE, DEPENDENTS/BOJ

[View Detailed Benefits](#) | [Service Record Form](#) | [History](#)

5. Once the member is selected it will take you to the next page. At the top of this page there will be Member Information.
 - Verify member name, DOB and ID match the patient you are looking for.

6. As you scroll down the page you will get to Benefits Details.

- Look for the category **exam**.
- **Verify** the Frequency, Copay Amount and if it is available.

7. If everything eligible, Print Benefits Details located to the right of this screen.

-Note: When you print out the Benefits Detail Sheet, it does not have any of the patient's information.

☐ Frames
 ☐ Contact Lens
 ☐ Spectacle Lens
 Cancel

Benefit Details
 Service Date: 04/03/2020
 Eligibility Verification #:
 Print Benefit Details

BENEFIT MESSAGES

Plan Covered Benefits

Category	Description	Frequency	Copay Amount	Allowed Per Period	Available	Next Available Date	Allowance Remaining
Exam	RefractionExam	Every Jan 1st	\$20	--	Yes	--	--

8. In addition to printing the Benefits Details, at the top right corner of this page, you will print **Vision Care Service Record**.

9. Scan and update insurance information into the patient's chart.

Eye-Med

Requires:

- Last Name, First Name
- DOB
- Date of Service
- Member ID
- Staffing Doctor

Note: With Eye-Med, **Date of Service is date patient has appointment**, NOT the day you're verifying insurance.

Name Search

Member ID Search

Member's Last Name: *
 Member's First Name: *
 Date of Birth: *
 Date of Service: *
* Required Fields

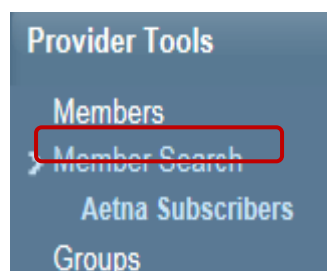
Search

Eye-Med plans will not give authorization codes, like the example below:

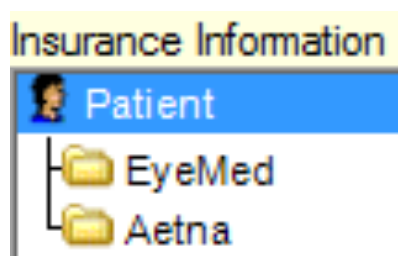
Routine		Additional Purchase	
	Service	Member is Eligible?	Member Eligible As Of*
<input type="checkbox"/>	Exam	Yes	12/01/2015
<input type="checkbox"/>	Lenses	Yes	12/01/2015
<input type="checkbox"/>	Frames	Yes	12/01/2015
<input type="checkbox"/>	Contact Lenses	Yes	12/01/2015
<input type="checkbox"/>	Contact Lens Fit & Follow-up	Yes	12/01/2015

In this case, verify that member is eligible for services and print out the eligibility with *member benefits*. Attach insurance and authorization number when available.

Eye-Med (Aetna)



When patient's medical insurance is Aetna with an Eye-Med Vision plan you pull benefits through the specific Aetna tab. It will be located to the right of the member ID search. Then, continue pulling insurance as usual. Be sure to print eligibility with *member benefits* and attach this insurance as Eye-Med, but also attach Aetna Insurance as a separate insurance. In your *Add Appointment* window. Your patient's insurance options should look like this:



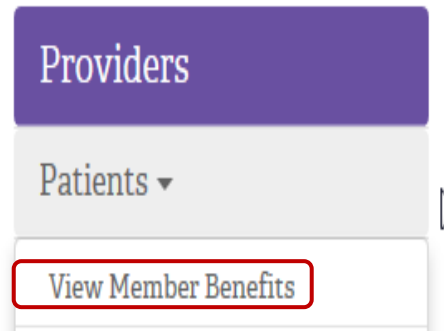
Envolve (through Healthnet/Medi-Cal)

Requires:

- Member ID
- Date of Service
- Physician

Once logged in:

Under *Patients*, choose *View Member Benefits*



Fill in required fields:

Enter Provider Information

Physician	Nakano, Mark,1821072133	▼
Health Plan	Health Net Cal Medi-Cal,HNCA	▼
Date of Service	12/16/2017	

Enter Patient Information

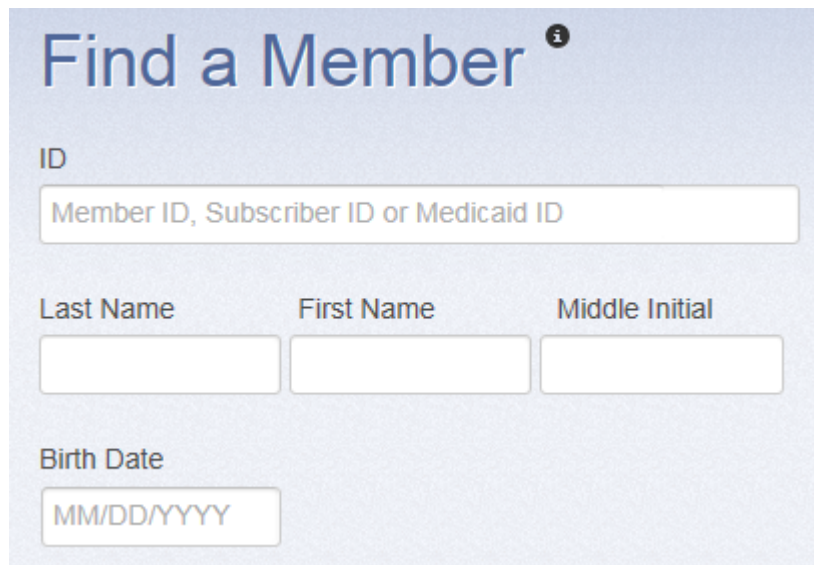
Member ID	55533344A	x
-----------	-----------	---

Envolv Vision *does not* give an Authorization number, only allows you to verify eligibility. Verify patient is eligible for services, print eligibility, attach insurance, and scan.

March Vision

Requires:

- Member ID
- Last Name, First Name
- DOB

A search form titled "Find a Member" with an information icon. It includes a large text input field for "ID" with placeholder text "Member ID, Subscriber ID or Medicaid ID". Below this are three smaller text input fields for "Last Name", "First Name", and "Middle Initial". At the bottom is a "Birth Date" field with a placeholder "MM/DD/YYYY".

Find a Member ⁱ

ID

Member ID, Subscriber ID or Medicaid ID

Last Name First Name Middle Initial

Birth Date

MM/DD/YYYY

This insurance *does* give an authorization.

Review insurance for eligible benefits and pull authorization. Attach insurance and Authorization.

Medical Eye Service (MES)

Requires:

- Member ID (Also happens to be Primary's *full* SSN)

Or

- Last Name, First Name
- DOB

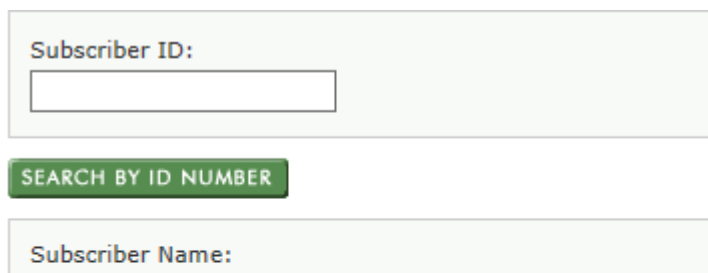
Note: All information needed is for Primary on the insurance.

Simply click on one of the corresponding buttons below:

Verify your patient's eligibility

Enter/Submit a claim

Always try both methods. If Member ID does not work, try searching by name and DOB. Sometimes ID numbers change or patients give shortened names instead of legal names. (i.e. Mike for Michael)

A form section for searching by ID number. It includes a label "Subscriber ID:" followed by a text input field. Below this is a green button labeled "SEARCH BY ID NUMBER". At the bottom is a label "Subscriber Name:" followed by a text input field.

Subscriber ID:

SEARCH BY ID NUMBER

Subscriber Name:

This insurance *does* provide authorization number. Verify eligibility of service needed for specific patient. Pull authorization, attach insurance and authorization to appointment, and scan.

Medi-Cal

Requires:

- Full Member ID (There should be 5 digits after the letter)
- DOB
- Issue Date (Found on Medi-Cal Card)
- Service Date (Today's date)

Note: When scheduling, let the patient know they need to bring their Medi-Cal ID or letter from Medi-Cal that shows card information with correct Issue Date. This is **required** to bill, if they do not have it they will have to reschedule for a different date when they are able to provide their card.

Once logged in:

Click on *Single Subscriber*

Transaction Services

You are logged in as: 1720101876

Elig Claims eTAR Prgms

- Single Subscriber
- Multiple Subscribers
- Lab Services Reservation System (LSRS)
- SOC (Spend Down) Transactions

Fill required fields.

Eligibility Verification

You are logged in as: 1720101876

Swipe Card:
* Subscriber ID:
* Subscriber Birth Date:
* Issue Date:
* Service Date:

* Indicates Required Field

SUBMIT

CLEAR

Medi-Cal *does not* give authorizations. Verify patient is eligible for benefits.

- Patients are covered for Exam and Glasses for every 2 years.
- If it has been more than a year but less than two years, they can be eligible for interim benefits. (SEE interim benefits protocol)

Attach insurance and scan.

Medicare Advantage Plans (PPO) – If they have vision benefits


*Medicare Member ID is a 9 digit number including numbers and letters.

Requires:

- Member ID (HICN)
- Last Name
- First Name

Or


- Member ID (HICN)
- Last Name
- DOB

* HICN: 

* Last Name:

* Provide at least one of the following:

First Name:

Date of Birth: 

In *Optional Details* change date of service range:

Optional Details

The allowable date span is up to 12 months in the past and up to four months in the future, based on today's date.

Select one of the default date options below:

- ☐ Date of service 12/16/2016 through 04/16/2018
- ☐ Date of service 12/16/2017
- ☒ Provide date of service below

← Choose this bubble

From Date: 

To Date: 

*Today's Date to

Last Day of the Month

1. We pull for the rest of the month in case they come back for a follow
2. We re-verify if their follow up is scheduled for the next month.
 - a. Medi-Care does not give authorizations. Verify Eligibility, attach insurance, and scan.
3. When pulling insurance, you are verifying that the insurance is active, not an HMO and whether Medicare is the primary payer or a secondary payer.
4. **For an eye exam**, if Medicare is the primary payer, (with a medical diagnosis) Medicare will cover 80% of the services. The secondary insurance will cover the rest leaving the patient balance with a \$20 fee.
 - The **refraction is NOT** covered by Medicare & secondary payer.
 - Usually a curtesy senior discount, (20% off) is applied leaving the patient balance of \$16.

Spectera

- Requires:
- Date of Service
- Subscriber ID

Or

- Last Name
- DOB

Or

- Last 4 of SSN
- DOB

Fill in Required Fields:

Verify Member Eligibility / Start Order

Location

UNIVERSITY EYE CENTER AT KETCHUM HEALTH (ANAHEIM, C... ▼

Provider

MARK SAWAMURA ▼

Date of Service

☒ Subscriber ID

☐ Last name and date of birth

☐ Last four(4) digits of SSN and date of birth

Spectera *does not* give authorizations. Insurance is verified and attached when scheduling appointment and **must be re-verified day of** to make sure benefits have not been used since appointment was scheduled.

- Have patient sign print-out of insurance eligibility when checking in. Scan signed eligibility.
- Let the patient know the reason for their signature:

“Your signature allows us to bill this insurance. States that you have not used it elsewhere and if used elsewhere, you are responsible for any balances your insurance did not cover.”

Vision Service Plan (VSP)

- Requires:
- Last Name, First Name
- Last 4 of SSN

Or

- Member ID Number
1. Click on **eInsurance** tab
 2. Check Eligibility
 3. Look Up Method: Member
 4. Member search will come up



Click *Member Search*

Check Eligibility
Select Lookup Method
☒ Member ☐ Gift Certificate

Enter required fields:

Member Search
First Name: Last Name:
DOB: mm/dd/yyyy
Member ID: Last 4 SSN or Full ID Only As of Date 12/16/2017 mm/dd/yyyy
 [Valid Search Combinations](#)

Name and last 4 of SSN is usually enough information.

- Entering DOB will get you a more detailed search.

Some VSP plans are only searchable by a unique Member ID Number.

- If patient does not know their Member ID Number:
 - Patient can call employer or insurance to find out.
 - You can call VSP to verify eligibility and request Authorization over the phone.

VSP Medicaid plans are only searchable through their Medi-Cal number.

- **Only up to the letter**, last 5 digits are not entered.

(i.e. 12345678A99999)

1. Verify patient's eligibility and pull benefits.
2. Select all that apply, or you can also choose to pull *All Services*.
3. Click **Authorize Benefits**

VSP Choice Plan hide ▲						
	Benefit Type	All Services	Exam	Lens	Frame	Contact Lens Exam Services
Availability		Yes	Yes	Yes	Yes	Yes
Authorize Benefit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Authorize Benefits for VSP Choice Plan Select services to be included in the authorization

- VSP **does give Authorizations** and has many *Benefit* types. When attaching insurance make sure you are attaching the correct type of VSP.

VSP Choice Plan, as shown above.

You are also able to search Benefit type on Authorization:

Benefit VSP Choice Plan® **Client Name** ZIPPO MANUFACTURING CO.
Network Choice **Lab Use** Must use plan designated contract laboratory.
Low Vision Criteria Applies see VSP Manual.
Retinal Screening Charge the lesser of \$39.00 or U&C
PLAN DETAILS
Co-payments Exam \$10.00 Material \$25.00

Attach insurance and Authorization. Scan.

Vision Insurances

- a. VSP
- b. Spectera
- c. Davis
- d. Eyemed
- e. MES
- f. March
- g. Medical (Not HMO)
- h. Medicare (Not HMO)
- i. Med-cal
- j. Caloptima
- k. Anthem BC
- l. Cigna
- m. Blue Shield

Note: Certain insurances require extra steps even though we are providers (I.E Referrals)

Fee Sheets Colors:

- Contact Lens: Yellow
- Low Vision: Tan
- Primary and Ocular Disease: Gray
- Pediatric and Vision Therapy: Pink
- Specialty Service Clinics?

Appointments that do not need insurances attached:

- a. DFE
- b. CL follow ups
- c. VA QTC
- d. Crittenton Patients
- e. Cash
- f. School Contracts

4.2.8 Ketchum Health Forms Protocol

The purpose of this protocol is to establish a process in preparing the next day appointments and attaching the necessary forms.

Procedures:

1. Attach the insurances authorizations to the Fee Sheets.

2. Determine what forms the patients need to complete by reviewing Office Mate.
3. In Office Mate, look for the forms and the last time the forms were completed.
4. Forms are completed at Comprehensive Examination appointments.
 - All **new patient** must complete the following:
 - Intake Form
 - Financial Policy
 - Health History Form
 - All patients that have not completed the New Patient Packet in the **last three years** must complete the following:
 - Intake Form
 - Financial Policy
 - Health History Form
 - Any patient that has been seen within the three years, must complete the following:
 - Health History Form once a year at their annual exam (Blue For >14 and Purple for <14)
 - Verify verbally if patient is still living at the same address and can still be reached at the phone number we have on file.
 - Ocular Disease Appointments, all Patients must have a current Health History Form on file within the last year.
 - Low Vision Appointments must have a current Large Print Intake form and Financial Policy form on file that is less than 3 years old. LV Patients do not need to complete a Health History Form.
 - QTC (VA Patients) do not need to complete forms but do need their ID scanned.
 - OCT scan patients (usually outside referrals) complete only the Intake and Financial Policy forms.

Verifying MEDICARE

Purpose: The purpose of this protocol is to establish a process in verifying and attaching Medicare to appointments. Attaching insurance, allows the patient's exam and/or materials to be covered by their benefits.

Medi-Care PPO

When verifying Medi-Care you are looking for:

- Is it active? Eligibility date to Term date.
- Is it an HMO? (not contracted w/ HMO plans)
- Looking for an MSP (Medi-Care Secondary Payer)

-You want to make sure Medicare is the *primary payer*.

IMPORTANT: Only if there is a medical diagnosis, Medi-care will cover 80% of the eye exam services. With a secondary payer, it will cover the 20% that is left. Medicare & the secondary does not cover a refraction leaving the patient with a balance.

IMPORTANT: The only time Medi-Care will cover an annual exam is if the secondary payer is straight Medi-cal. (ie: Medi/Medi)

***The picture below represents an active Medi-Care Plan we take. The areas highlighted are what we are looking for when verifying.

Noridian Medicare Portal

Home Contact Us Help

Eligibility Benefits Inquiry MBI Lookup Inquiry

Eligibility Benefits Response

New Inquiry

Print Page

Beneficiary:

Gender: M

DOB:

Date of Death:

Medicare Number:

Transaction ID: 234522745

Provider/Supplier: MARSHALL KETCHUM UNIVERSITY

NPI: 1720101876

PTAN: WY1110A

TIN or SSN: 951644593

From Date of Service: 03/20/2020

To Date of Service: 03/31/2020

Related Inquiries

View Claim Status

View All Eligibility HMO/MCO MSP HHEH Hospice Hospital/SNF ESRD Preventive MDPP

Eligibility

Part A - Beneficiary Details

Effective Date: 03/01/2008

Termination Date:

Part B - Beneficiary Details

Effective Date: 03/01/2008

Termination Date:

3/20/2020 Eligibility or MBI Lookup - Noridian Medicare Portal

Enrollment and Disenrollment Date: 01/01/2020

Part D enrollment prescription drug coverage: OT

PBP Plan Number: 201

PBP Plan Name: WellCare Wellness Rx

Contract Address:

HMO/MCO

Managed Care Organization Benefit Information

Eligibility information for this category is not on file on the date for this inquiry.

MSP

Medicare Secondary Payer Benefit Information

Eligibility information for this category is not on file on the date for this inquiry.

Medi-Cal (secondary payer)

When verifying Medical you are looking for:

- Name matches the full member ID given (must have 5 #'s after the letter)
- Medi-Care Number is present under Medi-Care ID (circled in red)
- In Eligibility Message, you are looking for “*Must be billed to Medicare before billing Medi-Cal.*”

Pictured below is an example of a medical supplement to Medi-Care. The highlighted areas are what we are looking for as a supplement.

Name: M N		
Subscriber ID: 9 C		
Service Date: 03/24/2020	Subscriber Birth Date: 06/19	Issue Date: 03/24/2020
Primary Aid Code: 60	First Special Aid Code:	
Second Special Aid Code:	Third Special Aid Code:	
Subscriber County: 30 - Orange	Medicare ID: 1 2	
Primary Care Physician Phone #: 714	Service Type: R	
Trace Number (Eligibility Verification Confirmation (EVC) Number): 9 G		
<p>Eligibility Message:</p> <p>SUBSCRIBER LAST NAME: MURGA, EVC #: 91711H0VGG, CNTY CODE: 30, PRMY AID CODE: 60, MEDI-CAL ELIGIBLE W/ NO \$OC/SPEND DOWN, HEALTH PLAN MEMBER: CALOPTIMA, MEDICAL CALL (800)463-0935, HCP: CALOPTIMA DIRECT ADMINISTRATIVE CALL: (888)587-7277, PCP: CALL: (714)246-8500, PART A, B AND D MEDICARE COV W/MEDICARE ID #1EJ5GEGH72, MEDICARE PART A AND B COVERED SVCS MUST BE BILLED TO MEDICARE BEFORE BILLING MEDI-CAL, MEDICARE PART D COVERED DRUGS MUST BE BILLED TO THE PART D CARRIER BEFORE BILLING MEDI-CAL, CARRIER NAME: SILVERSCRIPT INSURANCE CO. COV: R.</p>		

Aetna Medicare Adv

Steps on how to verify Medicare Advantage w/ Aetna:

1. Sign into Navanet with the username and password given to you by your supervisor.
2. Hoover your cursor over *Workflow*.

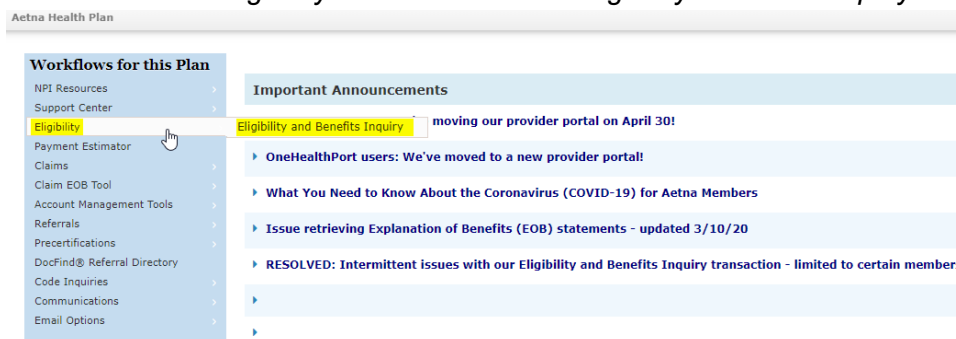
3. Hoover over *My Health Plan*.

4. Under my health plan you will then click on *Aetna Health Plan*.



5. Workflows for this plan will come up.

6. Click on *Eligibility* and then click on “*Eligibility & Benefit Inquiry.*”



7. Eligibility and Benefits Patient search will pop up

8. Enter in all that is required:

- Full Member ID
- Last name/ First Name
- DOB

9. Click on search on the right bottom hand corner.

Eligibility and Benefits: Patient Search

10. The patient's health benefit coverage will open

- Check to make sure the plan is a PPO (located on the top right corner)
- Check to make sure there is not a remaining deductible.

The screenshot displays the Aetna Health Plan member portal. At the top, it shows the member is active as of 01/01/2020. The member ID is MEBPSQFQ, and the group is AE46705000700012 THE BOEING COMPANY. The service date is 03/21/2020. The primary care provider is not selected, and the type is Preferred Provider Organization (PPO).

The main section is titled "Health Benefit Plan Coverage" with a service date of 03/21/2020 and an eligibility begin date of 01/01/2018. It is divided into "In-Network" and "Out-of-Network" sections. Both sections show a deductible of \$350 per calendar year for the family. The "In-Network" section also shows \$0 remaining for the family. The "Out-of-Network" section shows \$350 per calendar year for the family. The "In-Network" section also shows \$0 remaining for the individual. The "Out-of-Network" section shows \$350 per calendar year for the individual. The "In-Network" section also shows \$0 remaining for the individual.

Category	In-Network	Out-of-Network
Deductible:	\$350 per Calendar Year Family Benefit Date: 01/01/2020 to 12/31/2020 Plan Date: 01/01/2020 to 12/31/2020 • DED INCLUDED IN OOP	\$350 per Calendar Year Family Benefit Date: 01/01/2020 to 12/31/2020 Plan Date: 01/01/2020 to 12/31/2020 • DED INCLUDED IN CATAS OOP
Remaining	\$0 Remaining Family	\$0 Remaining Family
Individual	\$350 per Calendar Year Individual Benefit Date: 01/01/2020 to 12/31/2020 Plan Date: 01/01/2020 to 12/31/2020 • DED INCLUDED IN OOP	\$350 per Calendar Year Individual Benefit Date: 01/01/2020 to 12/31/2020 Plan Date: 01/01/2020 to 12/31/2020 • DED INCLUDED IN CATAS OOP
Remaining	\$0 Remaining Individual	\$0 Remaining Individual

UHC Medicare Adv

Steps on how to verify Medicare United Health. Care Advantage:

1. Login into Optum for UNC Advantage with the member ID & password given to you by your supervisor.
2. Once logged in, the eligibility link will pop up. Enter everything that applies.
 - Member Id (usually UHC member ID)
 - DOB
 - Today's date to the last day of the month

***Required**

***Confirm Payer Name (Insurance Company)/Payer ID** ⓘ

UnitedHealthcare - 87726 X ▾

***Member ID**

***Date of Birth** ⓘ

MM/DD/YYYY

First Date of Service ⓘ

MM/DD/YYYY

Last Date of Service ⓘ

MM/DD/YYYY

Leaving the date blank defaults to today's date & returns current, past or future policies; or enter date range up to 6 years in the past or 12 months in the future.

[More Search Options](#) **Search**

3. Click Search
4. Policy Status will come up. The highlighted portion is what you are looking for when verifying.
 - Effective date to Term
 - Member ID
 - Insurance Type (PPO)

POLICY STATUS ACTIVE POLICY

EFFECTIVE - TERM DATES ⓘ

01/01/2020 -

SELECTED INSURANCE DETAILS

MEMBER ID	GROUP NUMBER	PAYER	PAYER ID
061403167	13520	UNITEDHEALTHCARE	87726
PLAN DESCRIPTION	PAYER STATUS	INSURANCE TYPE	FUNDING TYPE
LPPO-UNITEDHEALTHCARE GROUP MEDICARE ADVANTAGE (PP)	Primary	Preferred Provider Organization (PPO)	Fully Insured
COORDINATION OF BENEFITS	CONSUMER DRIVEN HEALTH PLAN	HSA ⓘ	HRA ⓘ
Not Applicable	NO	NO	-
CLAIMS ADDRESS			
UNITEDHEALTHCARE P.O. BOX 31362 SALT LAKE CITY, UT 84131-0362			
SERVICE COORDINATOR INFORMATION			
NAME	PHONE	EMAIL	
To be assigned	Please call 877-842-3210	-	

5. From this screen, you want to scroll down till you get to Most Popular Services, underneath the copay tab.
6. If the patient is being seen for a *medical visit*, you need to check the SPECIALST VISIT.
7. If the patient is being seen for an *Annual Exam*, you need to go to ADD SERVICE.

- This is where you will ADD the vision service to the plan. (you will always manually add the vision service)

COPAY / COINSURANCE **THERAPY COVERAGE** **VENDOR COVERAGE**

NETWORK STATUS
Based on your [provider selection](#) and primary specialty (OPHTHAL) your network status for this member is **Out-of-Network**.

VIEW BENEFIT INFO FOR:
Individual

Qualified Medicare Beneficiary (QMB) are not responsible for [Medicare cost sharing](#) under CMS regulations. Participating care providers cannot balance bill dual eligible members, including QMB, if Medicaid is responsible for covering cost-sharing amounts.

Looking for a Service that isn't listed in the table?
Click the button to select additional services beyond what is displayed in the table below.

+ ADD A SERVICE

SERVICE	COPAY	CO-INS	SERVICE LEVEL DEDUCTIBLE	SERVICE LEVEL DEDUCTIBLE YTD/REMAINING	STATUS
Most Popular Services					
Chiropractic	\$0.00 / visit	0%	-	- / -	Active
Emergency Services	\$0.00 / visit	0%	-	- / -	Active
Hospital In-Patient	\$0.00 / visit	0%	-	- / -	Active
▼ Hospital Out-Patient	View Details	View Details	-	- / -	Active
Physician Visit	\$0.00 / visit	0%	-	- / -	Active
▼ Specialist Visit	\$0.00 / visit	0%	-	- / -	Active
Urgent Care	\$0.00 / visit	0%	-	- / -	Active
+ Add a Service					

1. The Year-to-Date information provided reflects all claims processed. Please note, however, there may be claims that are pending that are not reflected in these totals.

8. Once you click on ADD SERVICE, it will take you to SEARCH FOR OTHER SERVICES.

SEARCH FOR OTHER SERVICES

<input type="checkbox"/> Audiology Exam	<input type="checkbox"/> In-Vitro Fertilization	<input type="checkbox"/> Pulmonary Rehabilitation
<input checked="" type="checkbox"/> Behavioral Health	<input type="checkbox"/> MRI/CAT Scan	<input type="checkbox"/> Radiation Therapy
<input type="checkbox"/> Cardiac	<input checked="" type="checkbox"/> Medical Care	<input type="checkbox"/> Rehabilitation
<input type="checkbox"/> Cardiac Rehabilitation	<input type="checkbox"/> Medically Related Transportation	<input type="checkbox"/> Rehabilitation - Inpatient
<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> Neurology	<input type="checkbox"/> Routine Physical
<input type="checkbox"/> Cognitive Therapy	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Speech Therapy
<input checked="" type="checkbox"/> Dental Care	<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Surgical Assistance
<input type="checkbox"/> Diagnostic Lab	<input type="checkbox"/> Pediatric	<input type="checkbox"/> Transplants
<input type="checkbox"/> Diagnostic X-Ray	<input checked="" type="checkbox"/> Pharmacy	<input type="checkbox"/> Virtual Visits
<input checked="" type="checkbox"/> Durable Medical Equipment	<input type="checkbox"/> Physical Medicine	<input checked="" type="checkbox"/> Vision (Optometry)

RESET **CLOSE** **APPLY**

9. Look for VISION and click the box to select it. (demonstrated in the above picture)

10. Click APPLY.

11. It will then take you to the COPAY Page.

12. Make sure in *additional services*, vision was added.

13. This is where it will tell us what the copay for the exam will be and if there is a deductible.

COPAY / COINSURANCE	THERAPY COVERAGE	VENDOR COVERAGE			
<p>NETWORK STATUS</p> <p>Based on your provider selection, and primary specialty (OPHTHAL) your network status for this member is Out-of-Network .</p> <p>Out-of-Network ▼</p>	<p>VIEW BENEFIT INFO FOR:</p> <p>Individual</p>	<p>Qualified Medicare Beneficiary (QMB) are not responsible for Medicare cost sharing under CMS regulations. Participating care providers cannot balance bill dual eligible members, including QMB, if Medicaid is responsible for covering cost-sharing amounts.</p>			
<p>Looking for a Service that isn't listed in the table? Click the button to select additional services beyond what is displayed in the table below.</p> <p>+ ADD A SERVICE</p>					
SERVICE	COPAY	CO-INS	SERVICE LEVEL DEDUCTIBLE ⓘ	SERVICE LEVEL DEDUCTIBLE YTD/REMAINING ⓘ	STATUS
Additional Services					
✓ Vision Optometry	✓ ADDED \$0.00 / visit	0%	-	- / -	Active

14. Make sure you print this page out, update and scan into the patient's chart.

4.2.9 Professional Courtesy Policy & Fee Adjustments Protocols (Patients)

The purpose of this policy is to provide guidelines for extending professional courtesy discounted or free-of-cost services to Ketchum Health physicians, employees, students, and their immediate family.

Scope

All MBKU clinics and affiliated facilities, including satellite health care centers.

Definitions

“Professional Courtesy Discount” is a discount extended to physicians, MBKU employees, students, interns, and their immediate family members (other than those who are Federal Health Care Program beneficiaries) *

“Immediate Family” is defined to include spouse, registered domestic partner and children (no age limit).

Policy

Ketchum Health may extend a professional courtesy discount (up to the total customary fee charged by the facility to regular patients), if the following conditions are met:

1. Ketchum Health adopts this professional courtesy policy which is approved by the Associate Dean of Clinics.
2. The discounts are consistently offered and applied to all individuals listed in the discount schedule, and in a manner that does not take into account directly or indirectly any group member's ability to refer to, or otherwise generate Federal health care program business for the physician directly or Ketchum Health.
3. The health care items and services provided are of a type routinely provided by the facility.
4. The discount recipient (or immediate family member) is not a Federal Health Care Program beneficiary (e.g., Medicare, Medicaid, Tricare, Champus), or has a PPO insurance coverage for which a co-pay must be charged, unless KH makes a good faith determination of financial need.
5. The discount does not violate the federal anti-kickback statute or any federal or state law or regulation governing billing or claims submission.
6. Professional courtesy discounts and fee waivers can be extended to individuals outside the group listed on a case-by-case basis. Ketchum Health does not engage in routine discount practices, or waive co-payments as a general procedure in its business operations. Before granting the discount or waiving the fee, Ketchum Health reviews the

request to determine the insurance status and financial need of the individual requesting it*.

***C.F.R. 42 U.S.C. 1320a-7a.**

PROCEDURES

1. Ketchum Health offers professional courtesy discounts on a voluntary basis, and it is not obligated to extend such discounts. Ketchum Health may discontinue this program at any time and without previous notice.
2. Professional courtesy discounts go into effect on the first day of hire. Medical care necessary due to workplace accident, injury, or exposure will be directed to MBKU's Worker's Compensation provider.
3. Routine services does not include vaccinations, ancillary laboratory tests or radiologic services, or costs incurred due to outside referral care.
Note: Please be advised that you may be financially liable if we provide services outside of your insurance coverage.
4. General medical examinations will not be rendered to enrolled students in the Physician Assistant program. Optometric examinations will be provided to the general student population, regardless of the program in which they are enrolled.
5. Ketchum Health has a policy regarding the collection, access, use, release, and disposal of Protected Health Information (PHI). Given the sensitivity of many medical conditions and the information collected related to such conditions, it is up to the individual to determine whether or not to be seen onsite. Ketchum Health will exercise due diligence protecting the confidentiality, integrity and availability of PHI.

Discount Programs of Ketchum Health.

There are multitudes of discounts that patients can qualify for at Ketchum Health and they are:

Insurance Discount Codes

- VSP
 - VSP patient = 30% off the 2nd pair. (Same Day purchases)
 - VSP 20 percent discount
 - VSP 30 percent discount- same day
 - VSP CL 15 percent discount
- Eyemed
 - EyeMed 20 Percent Discount
 - EyeMed 30 Percent Discount

- EyeMed 40 Percent Discount
 - EyeMed CL 10 Percent Discount
 - EyeMed CL 15 Percent Material Discount
 - EyeMed CL 15 Percent Services Discount
- Davis
 - Davis Vision CL 15% Material Discount
 - Davis Vision Discount
- Spectera
 - Spectera 20 percent discount
 - Spectera 30 percent discount
 - Spectera discount
- Medicare
 - 20% off all services that are not being billed to Medicare.
- Cash Payment Discounts
 - Patient who purchases premium products will get 25% discount. (Optical)
 - When you purchase a 2nd pair = 20 % off on Same Day materials (Optical)
 - Senior Discount (> 62 years)
 - a. 20% off all serves.
 - Latino Health Access (LHA) patients
 - a. 50% off all services
 - CL second pair glasses 20 % discounts
 - When the patient purchases contact they get 20 % off glasses or Sunglasses (Plano)
 - College discount
 - a. 20 % off on materials and 50% off on services (Except Contacts)
- Professional Courtesy
 - Chief of Department Reduction
 - Chief of Service Fee Waiver
 - 2nd Year Waiver Free FP Exam
 - Military Discount 20 % on Services and Materials (Except Contacts)
 - My Life collection Package 15%
- Kinsbursky Employees
 - Kinsbursky Employee 30% Discount
 - Kinsbursky Employee Discount
 - Kinsbursky Family 30% Discount
- Employee and Student Discount

- Fee waiver Cat 1
- Fee waiver Cat 2
- Fee waiver Cat 3
- Fee waiver Cat 4
- Fee waiver Cat 5

Sliding Fee Scale, Grant, and Voucher Application Protocol

To establish an efficient process to qualify a patient for the Sliding Fee Scale program.

Based on income information presented by a patient. This will determine the amount of discount the patient may receive.

Procedures:

1. Patient completes Sliding Fee application.
 - a. Patient's name must be noted
 - b. Date of birth of patient
 - c. Enter Gross Wages
 - d. Enter Total house hold income
 - e. Enter number of house hold legal depends
 - f. Signature
2. Supervisor or Lead will review data against the "Sliding Fee Scale Income Guidelines."
3. Gross Income and the number of legal dependents will determine the amount of discount.
4. Levels of Discount
 - a. 25 %
 - b. 50%
 - c. Grant 25%
 - d. Grant 50%
 - e. VSP Voucher
5. Upon approval, Supervisor or Lead signs application.
6. Enter an alert in the chart:
 - a. Level of discount that the patient has been awarded.
 - b. Amount of time that the SFS/Grant/Voucher will be good for.
 - c. Expiration date on Alert

Note: The Sliding Fee Scale (SFS) only applies to services. Materials are purchased at retail cost.

7. At the time of checkout if SFS, adjust amount with SFS Adjustment or if Grant, update the guarantor to *Patient Grant Funds*

PATIENT CANCELLATION & NO SHOW POLICY

To recover loss of revenue due to a patient not notifying the Eye Care Center of an appointment cancellation 24 hours in advance.

Procedure

The Patient Relations supervisor will generate a monthly cancellation/no show report and will forward it to the Director of Clinic Operations who will conduct the following:

1. Review the report to determine the number of occurrences.
2. Any patient who has missed two or more appointments within a two (2) month period without 24 hour advance notice, will be mailed a letter with the notification that any further occurrence will result in a regular office visit fee (\$50) being charged.
3. If the patient exhibits the same behavior after the initial letter, the Claims department will be directed to generate a bill/statement with the following code: "Patient Cancelled Fee", SIM "CC04". A certified return receipt letter will be generated and mailed by the Director of Clinic Operations to the patient with the explanation of the office visit fee, accompanied by the bill/ statement. The letter will also inform the patient that he/she will be unable to make future appointments until the fee is paid. The Patient Relations supervisor will place a "no appointments until bill is paid" alert in the patient's file in NextGen.
4. After payment is received, the alert will be removed and the patient will be able to make appointments.

CareCredit

To describe the process by which the Eye Care Center will perform a CareCredit transaction.

Definition:

CareCredit is a healthcare credit card offering a personal line of credit that can be used as a payment option for healthcare treatments and procedures not covered by insurance. Approval is based on the patient's credit history and is solely determined by CareCredit.

Patients participating in the CareCredit program with the UEC will have a no interest payment plan provided their balance is paid in full within (as listed in Step 10) of purchase. CareCredit will charge interest to the patient's account if the remaining balance is not paid within the period, other charges may apply.

PROCEDURE:

1. Sign into Carecredit.com with the ID and Password that was provided to you by the Patient Relations Supervisor.
 2. Collect CareCredit card and two forms of ID from patient
 - p. State Issued ID or Driver's License
 - q. Debit Card/Credit Card/Other form of ID
- (Note: Forms of ID must have full name and an expiration date)
- c. The card member **must** be present at the time of purchase.
 3. Clicking **New Transaction** will take you to the Process Transaction page



PROVIDER CENTER

Welcome
Transactions Reports Support ROSA H.

Dashboard

New Transaction

4. In *Transaction Type* drop down menu choose "**Purchase.**"

Process Transaction

TRANSACTION TYPE

 Purchase	 Refund	 Authorization Only	 Forced Purchase
---------------------	------------	---------------------------	---------------------

ACCOUNT NUMBER

Swipe or enter card number

Q LOOK UP ACCOUNT

Continue

Cancel

5. For *Account Number* enter 16-digit CareCredit card number
6. Card Present: select Yes
7. Click *Continue*
8. Enter transaction amount
9. In *Program* drop down menu select:
 - r. **6 Months for purchase over \$200**
 - s. **8 Months for purchases over \$400**
 - t. **12 Months for purchases over \$600**
10. Click *Submit*
11. If approved, Click *Print Receipt* and two receipts will be automatically printed
12. On the merchant copy, make sure you:
 - a. Notate DL # & expiration date for both forms of ID

- b. Must sign off to confirm transaction
- 13. At the end of your shift, you must print "Credit Card Transaction" report.
 - u. Click on Reports, which is located on the top right corner.
 - v. Recent Transactions.
- 14. Report and Merchant copies are submitted with your closing Batch documents to claims.

Note: If the charge is declined, inform the patient to contact CareCredit directly at 866-893-7864

Refund

- 19. You must complete a "Refund Authorization Form" before refund can proceed.
- 20. Director of Clinical Operations must sign form.
 - a. Must present documentation as to why the refund is being requested.
- 21. Once you have the form signed, then log into the CareCredit web site.
- 22. Click on "Transact"
- 23. Click on "Process Transaction"
- 24. In *Transaction Type* drop down menu choose *Refund*.
- 25. For *Account Number* enter 16-digit CareCredit card number
- 26. *Card Present*: select *Yes*
- 27. Click *Continue*
- 28. Enter transaction amount
- 29. Click *Submit*
- 30. If approved, Click *Print Receipt* and two receipts will be automatically printed
- 31. On the merchant copy, make sure you:
 - a. Notate DL # & expiration date for both forms of ID
 - b. Must sign off to confirm transaction
- 32. At the end of your shift, you must print "Credit Card Transaction" report.
 - a. Click on *Reports*, which is located on the top right corner.
 - b. Click on *Recent Transactions*, click *Print*.
- 33. Report and Merchant copies are submitted with your closing Batch documents to claims.
- 34. Email claims of the Refund completed through CareCredit so that they may apply refund in system.
- 35. Add note of refund to encounter visit.

4.2.10 Check out Protocol

To establish an efficient process when checking out a patient upon completion of their appointment. In addition, demonstration of proper protocol when collecting payments for services rendered.

Procedure:

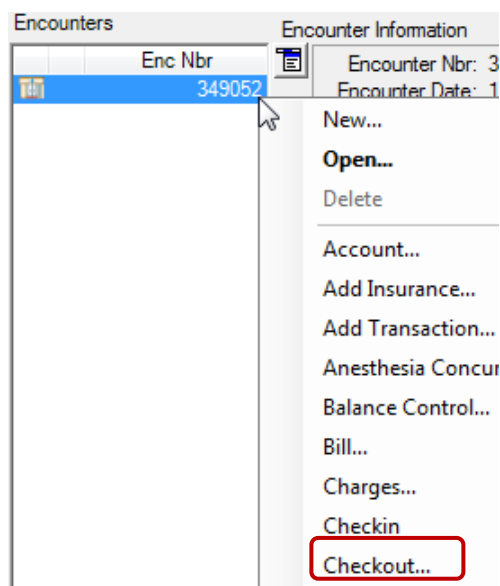
At the end of patient's exam, the Intern will escort the patient to Checkout.

- 1. Make sure Batch is active prior to starting process. (See Batch protocol)

2. Before processing, please review the fee sheet for the following:
 - a. Staffing doctor's signature is on fee sheet
 - b. Intern's signature (legibly as it's needed to update NextGen)
 - c. SIM Codes (Charges on front of fee sheet)
 - d. Proper CPT codes (Selected on back of fee sheet)
3. Click on Chart Icon.
4. Search patient by the chart number on fee sheet
5. Once chart is located, click on *Encounters* tab.
6. On the left side of the chart, locate and click on the File icon

The screenshot displays the 'Encounter Maintenance' interface. At the top, a purple header reads 'Test, Pat'. Below it, a section titled 'Encounters' contains a table with columns 'Enc Nbr' and '349052'. A red circle highlights a file icon in the 'Enc' column. The main form area is divided into several sections: 'Patient Type' (dropdown set to '01 Established Patient'), 'Remarks', 'Complaints', 'Admit Date', 'Discharge Date', 'Initial Treatment Date', 'Facility', and 'Encounter Types'. On the right, the 'Providers' section includes 'Rendering' (dropdown set to 'Nakano O.D., Mark'), 'Referring' (dropdown set to 'Nakano, Mark'), 'Referring Facility', 'Supervisor' (dropdown set to 'Nakano, Mark'), and 'Service Location' (dropdown set to 'Primary Eye Care'). Red boxes highlight the 'Patient Type' dropdown, the 'Rendering' dropdown, the 'Referring' dropdown, and the 'Service Location' dropdown.

7. Update the following information in *Encounter Maintenance* screen:
 - a. Patient Type: (i.e. Established, New, CSUF, Latino Health)
 - b. Rendering: Student who performed the exam
 - c. Supervisor: Staffing Doctor who *signed* fee sheet
8. Click **OK** to save changes.
9. Right click on encounter to start checkout process.
10. Under the option menu, click on *Checkout*.



11. The *Encounter Insurance Selection* screen will pop up, if correct insurance is not attached, this is the time to correct it.
12. Click *Autoflow*.
13. Enter CPT codes selected on back of fee sheet
14. Click *Autoflow*

In *Charge Posting* screen, add SIM codes (Charges on front of fee sheet)

15. Click *Next* each time a new SIM code needs to be entered
16. Click *Autoflow* when finished.
17. In *Balance Control*, you will either disseminate fees to the insurance company or collect from patient. Review insurance authorization to determine where to allocate the correct amounts.

Note: In the example below, the patient had a comprehensive exam. The VSP Authorization noted that the patient has a copy of \$20

Balance Control - Test, Pat

Encounter ID: 349052 Patient Name: Test, Pat
 Encounter Date: 12/14/2017 Guarantor Name: Test, Pat
 Enc Status: Unbilled

Insurance	Insured	Policy Nbr	CoPay	Deductible
VSP Other	Test, Pat	Test	\$0.00	\$0.00

Date/Time	Creator	Significant Event Description
12/14/2017 3:27...	Merlos, Rachel	Encounter charge deleted. SIM: TSVL110 Price: \$120.00 Rendering: Nakano O.D., Mark Encou...
12/14/2017 3:27...	Merlos, Rachel	Encounter charge deleted. SIM: TS01 Price: \$139.00 Rendering: Nakano O.D., Mark Encounter...
12/14/2017 3:27...	Merlos, Rachel	Encounter charge deleted. SIM: TS14 Price: \$20.00 Rendering: Nakano O.D., Mark Encounter...

Charge Information

SIM	SIM Desc	Amount	Ins1 Amt	R	Ins2 Amt	R	Ins3 Amt	R	Pat Amt	Ln Item Bal
F01A	Comp Exam New Patient Without DFE	139.00	119.00	✓	0.00		0.00		20.00	139.00
F14	Determine Refractive State	20.00	20.00	✓	0.00		0.00		0.00	20.00
			\$139.00		\$0.00		\$0.00		\$20.00	\$159.00

Remove \$20 from Ins 1 Amt
 (Manually change the \$139 to \$119)
 Patient now responsible for that \$20 difference

Prorate OK Cancel

18. Click **OK**

19. Payment Entry screen allows the staff to adjust the fees that are applicable and collect payments.

20. Under *Pay*, enter the amount the patient is **paying**. Be sure to enter the amount when the balance is due.

Note: If patient does not pay for any reason (i.e. card declined, forgot wallet), you do not enter anything under *Pay*. Click *Clear* and close window. This will leave the patient a balance of \$20 for us to collect later.

21. Click *Recalc* to update the left side of the screen.

Recalc Xfer Cre COB

Rendering	Qty/Charge	Allowed	%	Pay	Adj	Balance
Nakano O.D....	139.00			20.00		119.00
Nakano O.D....	20.00					20.00

Now updated

Payer: Patient Clm Reasons:
 Tracking:
 Date: 12/14/2017
 Pay Amt: 20.00
 Adj Amt:
 Acct Credit:
 Enc Credit:
 Pay Code:
 Adj Code: CA Endowment Pmt
 CA Endowment-Low Income Grant - 03176
 Care Credit Payment
 Cash Payment
 Check Payment
 Children's Vision Therapy Pmt 03144
 Citi-Art Research Grant Pmt 03247
 Community Development Block Grant Pmt

Next Open

Date	SIM	
12/14/2017	F01A	Comp Exam New Patient Without DFE
12/14/2017	F14	Determine Refractive State

22. Select Pay Code (Method of Payment) from drop down menu
23. If paying with Credit Card or Check include Tracking: (Last 4 digits on Card, Check number).
24. Print receipt for patient.
25. Enter Recall

4.2.11 Patient Relations-Handling Special Groups

Latino Health Access Appointments

To provide diabetic eye examinations to a cohort of patients that are part of a diabetes self-management course. Latino Health Access is a community based organization in Santa Ana, California. Patients from the community who are diabetic or pre-diabetic are recruited to participate in a 12 session educational program that focuses on improving awareness of the disease through exercise, focus groups and medical visits. SCCO and Latino Health Access have a long running partnership to provide eye examinations to their referred patient base.

Contact Person: Guillermo Alvarez, Program Coordinator, LHA

On-site Clinical Coordinator: Rachel Merlos

SCHEDULING:

Jarnagin Center for Primary Eye Care

Summer quarter: Friday AM

Fall, winter and spring quarter: Monday AM

Procedure:

1. Patients are scheduled by Patient Relations on pre-arranged dates. The maximum number of patients will be 16.
2. Patients are transported to the UECKH by LHA on the days of the examination. Patients may be brought in at the same time, or may come in two groups. They are accompanied by LHA volunteers who assist with translation and processing of paperwork.
3. Eye examinations are provided only in the Jarnagin Primary Care Center.
4. 4 interns are assigned by the PC Administrative Assistant for LHA patient care. One additional faculty is recruited to assist with staffing on LHA patient care days.
5. Interns use the Primary Care Diabetic Examination template. A complete eye examination with dilation is performed.
6. A LHA report is filled out by the faculty provider that outlines the pertinent clinical findings and the proposed management plan. This is returned to LHA via the volunteers.
7. Spectacle prescriptions are also dispensed, which may be filled at the UECKH optical service.

8. Patients who require additional medical or surgical care are offered services through UECKH Primary Care department, Ophthalmology Service or an outside practitioner based on the urgency of the condition.

Fees are set at a 50% fee reduction.

LHA Valueline Packages:

CPT Code	Service Item Description	Unit Price
LHA01	SV Frame and Lens CR-39	\$59
LHA01A	SV Frame and Lens Poly	\$69
LHA02	BF Frame and Lens CR39	\$69
LHA02A	BF Frame and Lens Poly	\$79
LHA03	PAL Frame and Lens CR39	\$99
LHA03A	PAL Frame and Lens Poly	\$109
Upgrades		
LHAU1	Crizal Alize	\$80
LHAU2	Crizal Avance	\$90
LHAU3	Transitions	\$90
LHAU4	SV Hi-Index 1.67	\$95
LHAU5	PAL HI-Index 1.67	\$120

- Can upgrade for Transitions, AR coating, Hi-Index 1.67 with special pricing
- Charge **(\$5.00 per diopter per lens)** for over **+/- 4.00 Sph** to over **+/- 3.00 cyl RX**
- Use Valueline frames only
- LHA patients, friends and family of LHA patients, and LHA employees receives 25% discount if choose to go outside of the package.
 - Use "Latino Health Adjustment" code with 25% discount (found in discount drop down menu). LHA referrals are given discount cards. If patient does not have discount card at arrival, staff will still honor the discount.

VA-QTC (VETERANS) Appointments

To provide disability-related examinations for veterans of the United States armed forces. QTC is a third party company that coordinates the assignment of compensation examinations to providers and the collection of web based reports that are forwarded to the Veterans Administration Medical Affairs.

Contact Person: QTC Inc, Diamond Bar, CA

On-site Clinical Administrator: Rosa Hernandez

Scheduling:

Jarnagin Center for Primary Eye Care

Monday thru Saturday.

Procedure:

1. Scheduling is done by Rosa Hernandez. QTC directly contacts Rosa to set up appointments. DBQ paperwork is sent via US mail to Lorraine or the specified provider.
2. Faculty must be credentialed by QTC to examine patients. Periodic re-credentialing is required via web-based courses and examinations.
3. Examinations are focused on collecting information about service-related injuries and eye conditions. A complete eye examination is to be completed on the patients. No treatment is to be provided to the patients. No reports are given to the patients.
4. Patients may receive a check for travel, that is sent to MBKU and attached to a packet that is comprised of the billing page, the patient information and the patient's DBQ form. The patient is given the check upon check out.
5. Upon completion of the compensation evaluation, the provider must submit a web-based report on the secured QTC portal within a timely manner. Additional supporting documents are to be faxed directly to the assigned case worker at QTC in Diamond Bar, CA.
6. On occasion, there are Independent Medical Opinions (IMO) reports that must be also be filed. These are medical record reviews that may include all of the claimant's service medical service information, induction and separation documents, and private medical records. Reports are designed to review and assess if the claimed condition is caused by incident(s) during military service.
7. Some patients require Goldmann Visual Fields which will be performed on the Octopus perimeter. These patients are designated in the patient notes in our online department schedules for Primary Care. Visual fields are printed out and given to the Administrative Assistant to be faxed to QTC.
8. Upon completion of the web-based report, verification is sent to the provider. On occasion, there is a need for expedited review, and QTC will contact the Administrative Assistant to assist with this process.

No-show appointments will be compensated by QTC. These patients are identified and the intern or faculty will alert Lorraine Sandoval so that we can bill for the missed visit. The veteran will need to be rescheduled.

Village of Hope**PURPOSE:**

To ensure the Tustin (Village of Hope) patients are accurately documented in NextGen.

PROCEDURE:


The Tustin patient encounter information and petty cash box, containing \$40, is provided to the Patient Relations department weekly by the doctor assigned to the location. Staff will enter information in NextGen as follows:

1. Refer to *Tustin excel spreadsheet* to confirm the number of patients seen and that all paperwork and money was received.
 - a. If any paperwork is missing, that will cause the deposit to be inaccurate, email doctor and get a response before entering charges for that particular patient.
 - i. If any changes are made, update the spreadsheet to match actual data for future reference.
 - b. If money is missing, include Patient Relations Supervisor in an email to the doctor.
 - i. Supervisor will make note of short deposit and alert accounting.
2. Open Batch (See Open Batch Protocol)
 - a. Label Batch: *YOUR NAME* Tustin
 - b. Set batch as active.
3. Locate chart for *Established* patient or create a chart for a *New* patient utilizing *Intake Form* provided.
4. Create an Encounter using the following information. (See Creating an Encounter Protocol)
 - a. Billable Date: *Date of Service*
 - b. Patient Type: *Tustin*
 - c. Rendering: *Intern's Name*
 - d. Supervisor: *Doctor Name*
 - e. Service Location: *Tustin (Village Of Hope)*

The screenshot shows the 'Create Encounter - Test, Patient' window. The 'General' tab is active. The 'Patient Type' is set to 'Tustin'. The 'Rendering' provider is 'Nakano O.D., Mark'. The 'Supervisor' is 'Nakano, Mark'. The 'Service Location' is 'Tustin (Village Of Hope)'. The 'Guarantor' is 'Test, Patient' and the 'Relation' is 'Patient'. The 'Incident-To Bill Encounter' checkbox is unchecked.

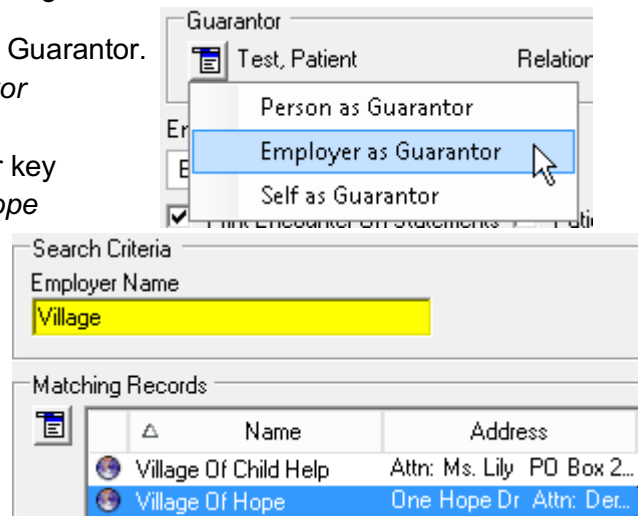
5. Guarantor: If Village of Hope is the responsible

party and not the patient, Guarantor must be changed.

- a. Click on *File*  Icon under Guarantor.
- b. Select *Employer as Guarantor*
- c. Type *Village*, and click Enter key
- d. Double click on *Village of Hope*
- e. Click OK

6. Click "OK" to create encounter.

Note: No insurance is used with Tustin exams.



Guarantor	
Test, Patient	Relation
Person as Guarantor	
Employer as Guarantor	
Self as Guarantor	

Search Criteria	
Employer Name	
Village	

Matching Records	
Name	Address
Village Of Child Help	Attn: Ms. Lily PO Box 2...
Village Of Hope	One Hope Dr Attn: Der...

7. On the Encounters tab, right click on the encounter and select the check-out option.
8. Remove any insurance attached, then click "Auto Flow"
9. Enter all diagnosis codes marked on fee ticket, then click "Auto Flow"
10. Enter all charges marked on fee ticket, then click "Auto Flow"
11. In the Transaction window, Apply *VOH – Patient Adjustment* adjustment to leave the following balances for each corresponding charge.
 - a. Comprehensive Exam (New or Est): \$40
 - b. Refraction: \$0
 - c. Office Visit: \$40
12. Apply payment made by patient and complete fields.
13. Fill in *Tracking*: Last 4 digits of card used, check number, or *if cash*: tracking # is **not** needed.

Payer:	Patient	Clin Reasons:	
Tracking:	7304	Acct Credit:	
Date:	01/08/2020	Enc Credit:	
Pay Amt:	40.00	Pay Code:	MasterCard Payment
Adj Amt:	119.00	Adj Code:	VOH - Patient Adjustment

Date	SIM	Description	CPT4	Rendering	Qty/Charge	Allowed	%	Pay	Adj
1/6/2020	TS01	Comprehensive Exam	92004	2020 Sholly,...	139.00			40.00	99.00
1/6/2020	TS14	Determ Refractive State	92015	2020 Sholly,...	20.00				20.00

Note: To leave a balance of \$40 the difference was adjusted.

14. If visit was not paid, leave *Pay Amt* and *Pay Code* empty so balance remains on patient's chart. (Adjustment should still be applied.)
15. Call patient to collect payment, leave notes on encounter visit if needed.
16. Close out/Post batch and submit deposit as usual. (see Posting Batch Protocol)
17. Scan all Exam Documents, following proper labeling and including Tustin before the title.

Type	Notes
Patient Exam Doc	Tustin Exam Document
Fee Slips	Tustin 09/07/2019
Health History For	Tustin 09/07/2019
Patient Informatio	Tustin Intake and Financial Policy

18. In Petty-Cash Box leave only small bills (\$1 and \$5 bills). The cash box must always contain \$40.
 - a. If change is needed, a request can be placed with accounting.
19. Place all paperwork in designated file to keep for 3 months until everything is processed through accounting.

Second Year Exam Protocol

The purpose of this protocol is to establish a process in scheduling Second Year Students' first patient.

Procedure:

1. The Assistant Chief of Primary Care Service will notify Patient Relation's Supervisor and the Clinic Coordinator on what dates that the Second Year Students can schedule their appointments.
2. The Clinic Coordinator will enter a special clinic schedule into NextGen.
3. Create a secure OneDrive File where student can supply the Patient Relation's Supervisor the following information:
 - a. Name of the patient
 - b. Date of birth
 - c. Phone number
 - d. Date and time of the appointment.
 - e. Name of Student
 - f. Patient's Relation to Student
4. The Patient Relation's Supervisor will schedule the appointment in Nextgen and add Fee Waiver alert in the event that patients want to use their fee waiver in optical or future visits.
5. A 2nd Year examination appointment duration is set for 120 minutes (2 Hours)
6. Once the appointment has been scheduled.
7. Student will be provided with fillable intake forms by Dr. John Lee and will be responsible to email Patient Relation's Supervisor with PDF version of the completed forms.
8. Students will be paged overhead when their patients are ready to be taken back.
9. Students will pick up their patient and Fee Sheet.
10. Student will turn the Fee sheets to checkout.
11. Enter examination charges and DX codes
12. Charges are adjusted 100 percent by using "2nd Year Exam" adjustment code.
13. Scan Fee Sheet in Office Mate.

Department of Rehabilitation (S) Protocol

The purpose of this protocol is to establish a process in scheduling a Department of Rehabilitation (DOR) patient appointment(s).

Procedure:

1. DOR authorizations are directed to Connie in the Low Vision Department. Low Vision authorizations stay in low vision. All other authorizations are given to Lydia to distribute.

2. Lydia attaches paperwork, that doctor will complete on day of exam, to all authorizations and distributes them among various departments.
3. Once received, add patient to DOR Log to keep track of appointment and expiration date. (Authorizations expire after 90 days)
4. Scan DOR Authorization only, not full packet, as it is still blank.
5. Making the appointment:
 - a. Call patient to schedule the appointment
 - b. Get patients DOB (as authorization does not provide one)
 - c. Verify their address and phone number
 - d. Ask if they require an interpreter
 - I. If the answer is yes, then they have the option of requesting one through DOR or we can request one from DOR for them.
 - a. If they will request include a note in appointment details (i.e. Patient will request Interpreter from DOR.)
 - b. If we will request, call the DOR counselor on the authorization and request an interpreter by call or email. Make sure to receive confirmation that one will arrive. Include a note in appointment details (i.e. Interpreter confirmed by DOR)

NOTE: If patient requested you book an interpreter for them it is your responsibility until you get confirmation.
6. DOR packet is placed in Pre-Authorization drawer until Next Day Insurance Verification.
7. See check in Protocol. Pt will complete intake forms and have their ID/DL scanned.
8. Change encounter guarantor to the DOR Location on the authorization.
9. Doctor will complete DOR packet as it is needed to bill for exam as well as request a new authorization for glasses.
10. Check-out:
 - a. Make sure packet is complete and scan.
 - b. If patient required an interpreter and will need glasses, direct them to optical to choose glasses and take measurements, as an interpreter will not be provided if glasses authorization is approved. (We want to take advantage of having an interpreter for the patient.)
11. Return completed DOR Authorization to Lydia for billing.
12. Let Lydia know if packet was not fully completed, if additional services are needed, or any other details that may arise.
13. If patient needs additional services Lydia will request a new authorization for those services.

NOTE: Do not schedule patients for visits or process materials orders until you receive an authorization.

CRITTENTON

1. Crittenton nurse contacts Patient Relations Supervisor to schedule an appointment for patient.
2. Appointment is scheduled for patient in department needed.
 - a. Crittenton office address and Nurse's phone number and extension is entered under patient demographics when creating chart.
 - b. "Point Comfort Underwriters" Insurance and auth is provided by nurse and attached to patient's chart.
3. Authorization is sent via fax.
4. Authorization is scanned into Office Mate
5. Crittenton representative arrives with patient. They provide a packet with patient information as well as a form that needs to be completed by doctor.
6. Scan Packet provided by Crittenton Representative at time of check-in.
7. See Check-In Protocol (patient will still need to complete required intake forms)
8. Staple Crittenton Form that needs to be completed by doctor to fee ticket so it is not lost.
9. At check out, scan form once completed by doctor and return to Crittenton representative.
10. See Check-Out Protocol to finish the visit.

Additional Information to know:

Insurance for Crittenton: Point Comfort Underwriters.

Additional Services can be requested through Patient Relations Supervisor.

Glasses orders are not set aside, they have a contract with another provider.

KIDS' VISION DAY

To establish a process in scheduling Kid's Vision Day appointment(s) in NextGen. The kids come from three different school districts: Fullerton (FUSD, Anaheim (AESD), and Santa Ana (SAUSD). The students either have Medi-Cal (VSP) or receives a Grant and/or both, which will be explain in detail in this protocol.

Procedure:

Prior to Event

1. Kids' Vision Days occur on most Thursdays and Fridays (refer to calendar) typically with 20 kids on Thursdays and 30 kids on Fridays.
2. University Eye Care Center and the respective school district must meet a timeline in order to prepare for the Kids' Vision Day:
 - a. For SAUSD, KVFL & SCCO timeline on when items are due. (see Appendix A)

- b. For other school districts, the Student Roster is due to SCCO on the Monday of the week prior to the event.

Note: If Student Rosters are late, inform Dr. Huang.

- c. Eligibility status needs to be finalized by Monday morning the week of the event.
3. The School District Contact will notify VT/Peds Administrated Assistant that the Student Roster on Google drive has been updated.
4. Ketchum Health will verify eligibility for each student that is on the roster by checking VSP Medicaid.
 - a. When was the last eye exam?
 - i. <9 months from last exam, the student is not eligible.
 - ii. >9 months from last exam, the student is eligible. Note: If benefits are not available, follow "Interim Protocol."
 - b. Is the insurance plan is an HMO, such as Kaiser? The student is not eligible for the program.
 - c. What if the student is not covered by vision plan coverage? The student will receive a grant.
5. Print authorizations for all services that the patient is eligible for:
 - a. Exams
 - b. Lens
 - c. Frames
6. Google Document that is associate with the specific school district is updated with the following information:
 - i. Patient's eligibility (Yes or No)
 - ii. Insurance information (Medicaid ID)
7. Inform the school contact by the Monday before the visit that the Student Roster has been updated and which students are not eligible for the visit.
 - a. Request replacement students to fill the roster and verify eligibility on these additional students.
8. MBKU Drive to be updated by Dr. Kristine Huang
9. Print consent forms from Google Drive.
10. Build charts
 - a. Guarantor
 - b. Patient Demographics
 - i. Address should be entered as their school district address (i.e.: AESD,SAUSD,FUSD)
 - ii. Phone should be entered as "714-000-0000."
 - iii. Chart status should be noted as "Active – no mailing."
 - c. Emergency contact – none listed
 - d. Privacy Notice needs to be updated with the date on the consent forms.
11. Scheduling appointments
 - a. Appointment duration should be 60 min.
 - b. Event type is "Peds Comp."

- c. The youngest patients are scheduled in Pediatrics first.
 - d. When entering authorizations under the appointment, note in "Description" field the type of authorizations. (i.e. "Lens only," "Exam only," "All Services").
 - e. In the appointment "Details" note KV- "All services", "Interim" or "Grant."
 - f. In Insurance Field note either "Grant" or "VSP"
12. Print the schedule and have Dr. Huang review prior to printing Fee Sheets.
13. Print Fee Sheets once approved
14. Preparing Packets
- a. Routing Slip (First Page)
 - i. Highlight bottom section if faculty need to indicate whether patient is eligible for interim benefits (based on change in prescription)
 - b. Fee Sheet (Second Page)
 - c. Consent Forms (Third Page)
 - d. Parent Report (School District Specific) (Four Page)

Day of and Post Event

1. Group packets by intern and service and lay out on counter with the top packet covered with a blank piece of paper (HIPAA compliance)
2. Check-In Students
 - a. Dr. Huang will notify Front Desk Staff which students are absent.
 - b. Follow check-in protocol
 - c. Set the Guarantor to the specific school district that is being seen. (Note: this only to be set to the encounter not the chart)
3. Check-Out Students
 - a. Identify those students that qualified for "Interim Benefits."
 - i. Staffing Doctor will sign the bottom of the routing slip.
 - b. Follow check-out protocol
 - c. Check Next-Gen to make sure that all of the students are check out
4. Call VSP to have interim authorization released for all services
5. Scan all documents
 - a. Patient Information
 - i. Consents
 - ii. Parent Letter
 - iii. Routing Slip
 - b. Fee Sheet = Fee Sheet
 - c. Authorizations = Insurance Authorizations

Altamed Diabetic Patients

To provide diabetic eye care for patients from the Altamed Medical network in North Orange County. To assist in the improvement of HEDIS scores in the quality of care of their diabetic patient base, Altamed and UECKH have entered into agreement in 2014 to provide dilated fundus examinations.

Scheduling:

Jarnagin Primary Center for Primary Eye Care (Ocular Disease)

Monday – Saturday

Procedure:

1. Patients are referred to the Ocular Disease Service of the Primary Eye Care Service.
2. The provider fills out a diabetic examination report that provides UECKH faculty with information regarding the medical history of the patient.
3. The patient is dilated and will have OPTOS photos taken.
4. Patients are billed the following: 99203 and 99250. Cash price is \$65.
5. A Diabetic examination report needs to be completed and returned within 5 days. This report is available on Moodle PC/OD site. It needs to be returned to Alma Huerta
6. Patients may require additional medical services such as foreign body removal or additional surgical intervention. We can provide these services at a reduced fee or refer back to Altamed.

Department of Rehabilitation

The purpose of this protocol is to establish a process in scheduling a Department of Rehabilitations (DOR) patient appointment(s).

Procedure:

1. DOR will send an authorization to the Billing Department.
2. Billing Department will forward the DOR packet to:
 - a. Low Vision
 - b. Patient Relations
3. DOR packet needs to be scan into Office Mate.
4. DOR packet is placed in Pre-Authorization drawer.
5. Making the appointment:
 - a. If the patient needs an interpreter, DOR will need call to schedule/reschedule the appointment, not the patient.
 - b. If the patient does not require an interpreter, the patient can call in to schedule the appointment.
6. Guarantor for the *Encounter* should be assigned to the authorizing DOR location, under employer.
7. All paperwork needs to be collected by Check-Out.
8. DOR Packet is given to your Supervisor after the Patient has been checkout.
9. If the paperwork is not returned, then notify your supervisor and give the fee sheet to your Supervisor for follow-up.
10. If a patient needs to come back for any reason, notify your Supervisor and Him, Her will notify the Billing Department.
11. The Billing Department will notify DOR Counselor.

Cal State University Protocol

To ensure the California State University Fullerton (CSUF) patients are accurately documented in NextGen.

Procedure:

The CSUF patient encounter information and petty cash box, containing \$40, is provided to the Patient Relations department weekly by the doctor assigned to the location. Staff will enter information in NextGen as follows:

1. Refer to *CSUF excel spreadsheet* to confirm the number of patients seen and that all paperwork and money was received.
 - a. If any paperwork is missing, that will cause the deposit to be inaccurate, email doctor and get a response before entering charges for that particular patient.
 - i. If any changes are made, update the spreadsheet to match actual data for future reference.
 - b. If money is missing, include Patient Relations Supervisor in an email to the doctor.
 - i. Supervisor will make note of short deposit and alert accounting.
2. Open Batch (See Open Batch Protocol)
 - a. Label Batch: *YOUR NAME CSUF*
 - b. Set batch as active.
3. Locate chart for *Established* patient or create a chart for a *New* patient utilizing *Intake Form* provided.
4. Create an Encounter using the following information. (See Creating an Encounter Protocol)
 - a. Billable Date: *Date of Service*
 - b. Patient Type: *CSUF Student*
 - c. Rendering: *Intern's Name*
 - d. Supervisor: *Doctor Name*
 - e. Service Location: *CSUF*

Create Encounter - Test, Patient

Billable Date: 01/01/2019 | Billable Time: | Occurrence Code: Illness | State: | Onset Date: | Onset Time: |

General | Clinical | Billing & Collections | Encounter Specifics | UB | Claims | Marketing | History

Patient Type
 CSUF Student ☐ Condition Related to Employment

Remarks: | Same/Similar Date: |

Complaints: | Date Last Seen: |

Admit Date: | Discharge Date: | Initial Treatment Date: |

Facility: |

Guarantor: ☐ Test, Patient | Relation: Patient

Providers
Rendering: Nakano O.D., Mark |
 Referring: |
 Referring Facility: |

Supervisor: Nakano, Mark |

Service Location: CSUF |

☐ Incident-To Bill Encounter

5. Click "OK" to create encounter. **Note: No insurance is used with CSUF exams.**
6. On the Encounters tab, right click on the encounter and select the check-out option.
7. Remove any insurance attached, then click "Auto Flow"
8. Enter all diagnosis codes marked on fee ticket, then click "Auto Flow"
9. Enter all charges marked on fee ticket, then click "Auto Flow"
10. In the Transaction window, Apply *CSUF Student Discount* adjustment to leave the following balances for each corresponding charge.
 - a. Comprehensive Exam (New or Est): \$40
 - b. Refraction: \$0
 - c. Office Visit: \$40
11. Apply payment made by patient and complete fields.
12. Fill in *Tracking*: Last 4 digits of card used, check number, or *if* cash: tracking # is **not** needed.

Payer:	Patient	Clin Reasons:	
Tracking:	0740	Acct Credit:	
Date:	01/23/2020	Enc Credit:	
Pay Amt:	40.00	Pay Code:	Visa Payment
Adj Amt:	119.00	Adj Code:	CSUF Student Discount

Date	SIM	Description	CPT4	Renderin	Qty/Charge	Allowed	%	Pay	Adj
1/21/2020	F01	Comp Exam New Patient With...	92004	2020 Alb...	139.00			40.00	99.00
1/21/2020	F14	Determine Refractive State	92015	2020 Alb...	20.00				20.00

Note: To leave a balance of \$40 the difference was adjusted.

13. If visit was not paid, leave *Pay Amt* and *Pay Code* empty so balance remains on patient's chart. (Adjustment should still be applied.)
14. Call patient to collect payment, leave notes on encounter visit if needed.
15. Close out/Post batch and submit deposit as usual. (see Posting Batch Protocol)
16. Scan all Exam Documents, following proper labeling and including CSUF before the title.

Type	Notes
Patient Exam Docu	CSUF Exam Document
Fee Slips	CSUF 09/07/2019
Health History For	CSUF 09/07/2019
Patient Informatio	CSUF Intake and Financial Policy

17. In Petty-Cash Box leave only small bills (\$1 and \$5 bills). The cash box must always contain \$40.
 - a. If change is needed, a request can be placed with accounting.
18. Place all paperwork in designated file to keep for 3 months until everything is processed through accounting.

Special Testing

To establish a process in scheduling an appointment in Ocular Disease for Special Testing.

Procedure:

1. In the appointment book in NextGen, Special Testing appointments are booked in the aqua slots and are only done on Thursdays.
2. For external referrals, we need medical records for the patient before scheduling the appointment. (See Specialty Services Consultation/Referral Form)
3. Events with prefixes of "ST" are for Special Testing.

CHP Post Lasik Testing:

1. Check the insurance tab to verify that the insurance information is current or if you need to add a new insurance.
2. If cash paying give a quote.
3. For color vision test we can do multiple tests on the same day for one price.
4. Color vision tests are done in one hour, despite the number of tests and can be booked on the hour.
5. Color vision test are billable to our contracted insurances.
6. The "CHP Post Lasik test" event will be specifically requested by the patient and is billed to the CHP.
7. The patient will needs one appointment at 10:00am and the second appointment on the same day at 1:45pm.
8. The morning appointment can have a 60 minute block and the afternoon appointment only needs a 15 minute block.

Electrodiagnostic Testing:

- Book at either 10:00am or 12:00pm.
- If more than one Electrodiagnostic test is required please block off the entire 4 hour slot for the patient.
- Electrodiagnostic tests are also billable to our contracted insurances. See Special Testing Fees for pricing.

Note: In the details of the appointment document Specific test(s) requested and prices quoted.

Color Vision Tests:

Ishihara 24 plate edition

Dvorine 2nd edition

Farnsworth D-15

Farnsworth Lantern

Lanthany's Desaturated D-15

HRR 4th edition 24 plates

Farnsworth 100 Hue (Dr. Ridder)

Anomaloscope FUL (Dr. Ridder)

Electrodiagnostic Tests:

Electro-Oculography (EOG)

Visual Evoked Potential (VER/VEP)

Electro-Retinography (ERG)

Multifocal ERG

Full Field ERG

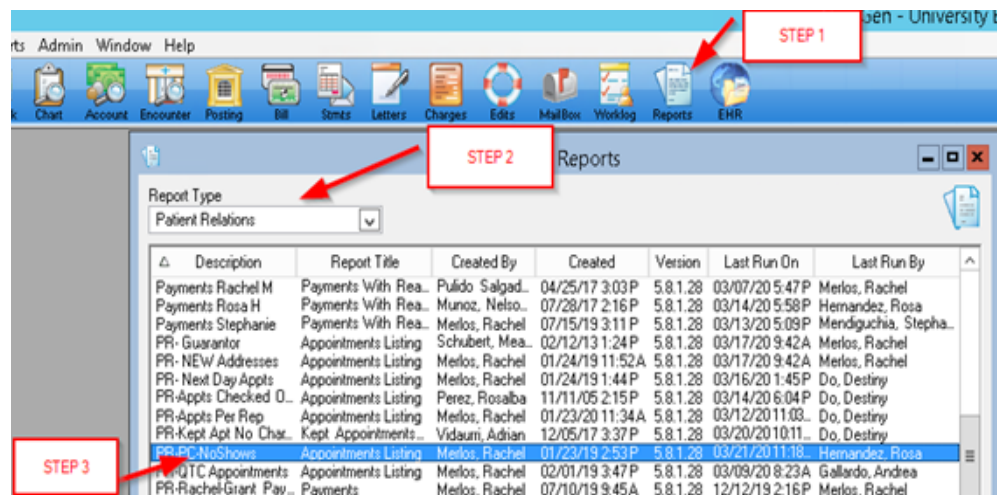
Script for calling No Show Appointments

PURPOSE:

To keep track of all the patients that have missed their appointment and to try to schedule them for another day.

Procedure:

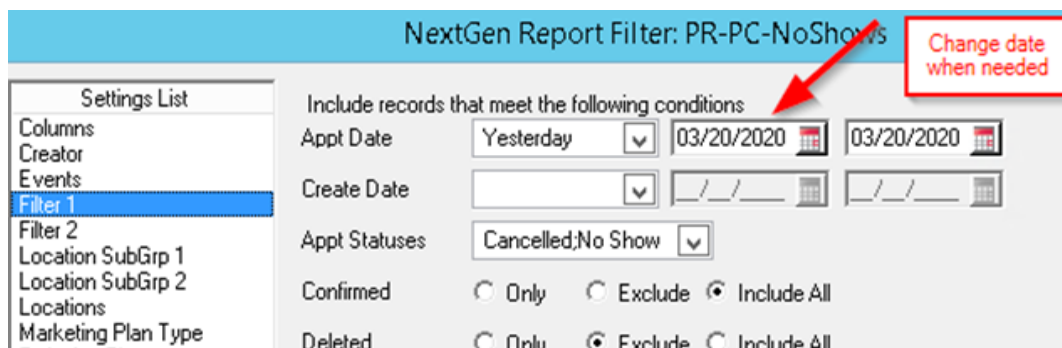
1. Click on the *Reports* icon.



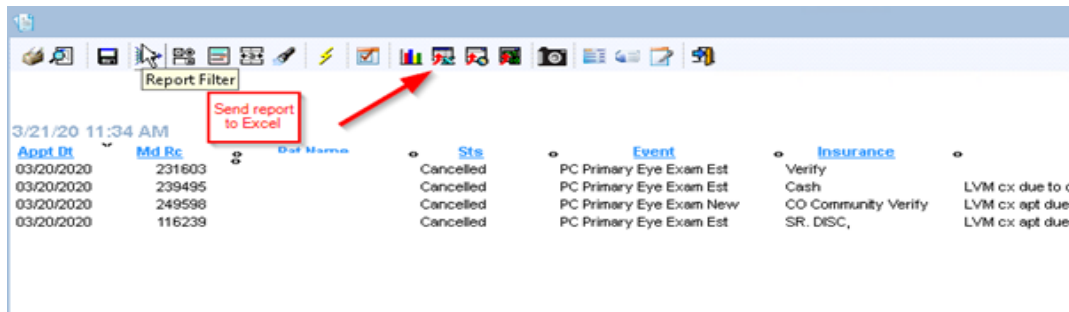
2. Report Type

needs to be set to *Patient Relations*.

3. Double click the *PR- PC Now Shows* report.

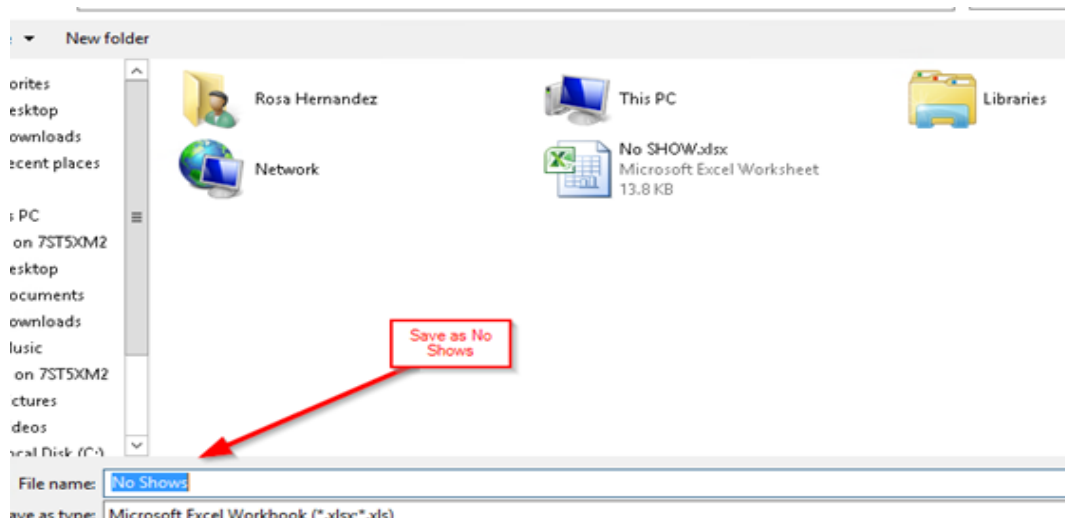


4. The Appt Date has been set to *Yesterday*, you will need to change the date on Mondays to reflect Saturday's date.



- Next, create an excel spread sheet of report.

The purpose of creating it as a spreadsheet is to make it easier to copy and paste the data to your report which is also a spreadsheet.



- Save your document to the desktop and name it *No Show*.

Appt Dt	Mt Rc	Pat Name	Ssn	Event	Insurance	Det
03/09/2020 3:36 PM						
02/24/2020	249125			Cancelled PC Primary Eye Exam New	50% Patient Grant Funds	Q159-50%Grant / Approved for 50% Grant Glasses \$60 SV or \$75 MF.
02/24/2020	249444			Cancelled PC Primary Eye Exam New	VSP Medi MV 02/17	\$0 VSP Medi
02/25/2020	211341			Cancelled PC Primary Eye Exam Est	Vsp Choice 02/24 AG	\$10 Vsp Choice// Will call back to reschedule
02/25/2020	249535			No Show PC Primary Eye Exam New	Vsp Choice 02/24 AG	SCAN CARDS \$0 Vsp Choice
02/25/2020	249536			No Show PC Primary Eye Exam New	Vsp Choice 02/24 AG	SCAN CARDS \$0 Vsp Choice
02/26/2020	249564			Cancelled PC Primary Eye Exam Est	CASH	Q159 will apply for sfs confirmed no ins
02/26/2020	183009			Cancelled PC Primary Eye Exam New	VSP Sign SM 02/25	\$10 VSP Sign// pt claims to possibly have dual vsp, was not able to locate other vsp pl
02/29/2020	249606			No Show PC Primary Eye Exam New	VSP Sign 02/27 SM	\$0 VSP Choice
02/29/2020	114527			No Show PC Primary Eye Exam Est	VSP Medi 02/27 SM	\$0 VSP Medi // CO Community
03/02/2020	222685			No Show PC Primary Eye Exam Est	VSP Sig RH 02/25	SCAN CARDS \$10 copay VSP sig
03/02/2020	249543			No Show PC Primary Eye Exam New	Cash	Q159 Comp Update Address, Difficult to understand
03/02/2020	249650			No Show PC Primary Eye Exam New	VSP Medi RH 03/02	SCAN CARDS \$0 copay VSP medi (CO Arta HMO)
03/02/2020	212728			No Show PC Primary Eye Exam Est	VSP Sign 03/02 SM	\$10 VSP Sign
03/02/2020	249666			Cancelled PC Primary Eye Exam New	Verify	
03/03/2020	239617			Cancelled PC Primary Eye Exam Est	SEE NOTES	pts old Medi-cal has been deactivated , pt recieed new ID# but He left at home, will c
03/03/2020	155010			No Show PC Primary Eye Exam Est	VSP Medi RH 03/02	\$0 copay VSP medi (CO Prospect)
03/04/2020	224951			No Show PC Primary Eye Exam Est	VSP Medi 03/03 SM	\$0 VSP medi (CO Arta HMO)
03/04/2020	249668			No Show PC Primary Eye Exam New	CASH	Q159 Will call back with MCL id #
03/04/2020	211841			Cancelled PC Primary Eye Exam Est	Eyemed Repull	\$0 copay Eyemed (MCR HMO)
03/06/2020	213370			No Show PC Primary Eye Exam New	Cash	Q159 Apply for SFS. VSP Elig 09/2020 // Medical Ins: Arta Western HMO (Not contracte
03/06/2020	249612			Cancelled PC Primary Eye Exam New	VSP Not Active	Im not active Q159
03/07/2020	249647			No Show PC Primary Eye Exam Est	CASH	Q159+ applying for sfs
03/07/2020	223399			Cancelled PC Primary Eye Exam Est	VSP Other 03/06 AG	SCAN CARDS \$10 VSP Advantage // Primary Eye Care
03/07/2020	195518			Cancelled PC Primary Eye Exam Est	VSP Other 03/06 AG	\$10 VSP Advantage // VSP Primary Eye Care
03/07/2020	195384			Cancelled PC Primary Eye Exam Est	VSP Other 03/06 AG	\$10 VSP Advantage// VSP Primary Eye Care
03/07/2020	238670			Cancelled PC Primary Eye Exam Est	Repull In March	
03/07/2020	249656			No Show PC Primary Eye Exam New	CASH/ College Disc	SCAN COLLEGE ID Q159 or \$79/50 //College Student Disc

7. Open the No

Show document.

8. Highlight and copy all data you want to move over to your Report

9. Open Patient Relations Daily Tasks by selecting it from your web task bar.

Patient Relations Daily Tasks

Name	Modified	Modified By	File Size	Sharing
DOR Authorization Log.xlsx	Yesterday at 2:14 PM	Rachel Merlos	12.0 KB	Shared
Kept Apts w. no charges.xlsx	Yesterday at 2:14 PM	Rachel Merlos	15.7 KB	Shared
PC No Shows Log.xlsx	Yesterday at 2:14 PM	Rachel Merlos	49.7 KB	Shared
Solution Reach Log.xlsx	About an hour ago	Melissa Villagrana	84.4 KB	Shared

10. If you open Google Chrome, you will see the PR daily tasks on the bookmarks.

11. Click the tab and select PC No Show log

12. Paste your copied data here.

Cancelled	PC Primary Eye Exam New	Vsp Choice Dd 06/03	\$10 vsp	apt 05/12
No Show	PC Primary Eye Exam Est	VSP MEDI AG	\$0 VSP MEDI	rescheduled
No Show	PC Primary Eye Exam Est	Vsp Choice AG	\$10 Vsp Chcol	apt 05/10
No Show	PC Primary Eye Exam New	VSP Medi Ca	\$0 copay Scan cards	LM
Cancelled	PC Primary Eye Exam Est	VSP Choice AG	\$10 Vsp	will call back
Cancelled	PC Primary Eye Exam Est	VSP Sig AG	\$10 Vsp	reschedule 05/29
No Show	PC Primary Eye Exam New	VSP CHOICE AG	\$10 VSP Choice	apt 05/21
Cancelled	PC Primary Eye Exam Est	Vsp Choice AG	\$10 VSP	apt 05/14
No Show	PC Primary Eye Exam Est	VSP Medi 06/07 RH	\$0 VSP Medi // Medical Ins: CO ARTA Western (NOT	# not working
No Show	PC Primary Eye Exam Est	Vsp Choice RH 06/07	SCAN INS CARDS \$10 vsp choice	
No Show	PC Primary Eye Exam Est	VSP Choice RH	SCAN INS CARDS \$10 copay VSP choice	will call back
Cancelled	PC Primary Eye Exam New	Eyemad RH 06/07	SCAN INS CARDS \$10 Copay Eyemad	lm
No Show	PC Primary Eye Exam New	VSP SM	pt \$10 Copay VSP Sign SCAN CARDS	will call back
Cancelled	PC Primary Eye Exam Est	Vsp Medi 06/05	\$0 vsp // Took too long to come out far har	apt 06/24
No Show	PC Primary Eye Exam New	PIB	Q 159 if no Rx change will apply for SFS	rescheduled
Cancelled	PC Primary Eye Exam Est	Vsp Choice AG	\$20 vsp	
Cancelled	PC Primary Eye Exam New	VSP CHOICE AG	\$10 VSP CHOICE	LM
Cancelled	PC Primary Eye Exam New	VSP MEDI AG	SCAN CARDS \$0 VSP MEDI (CALOPTIMA MONARCH WE DO NOT TAKE) will call to ris	

13. Once you call the patient you will highlight with the proper color

- Yellow= Scheduled
- Green=Unable to schedule (after 3 tries)

Open a Batch Protocol

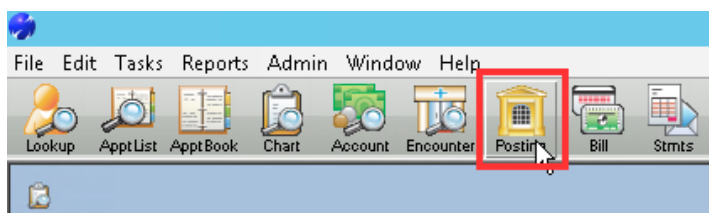
PURPOSE:

Batch must be created to enter and keep track of all charges entered by a specific user. Batch postings are done to settle day and create settlement reports for accounting.

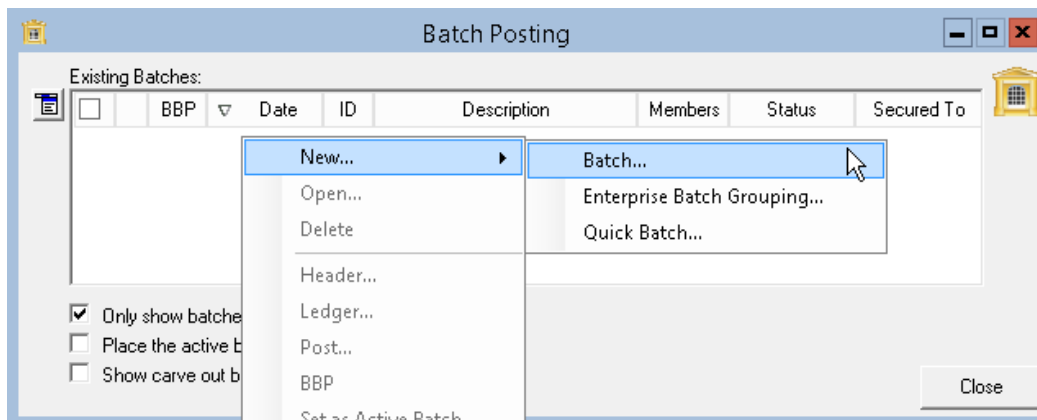
PROCEDURE:

Creating a Batch:

1. Click on *Posting* icon from the top menu.



2. In *Batch Posting* window right click anywhere in box.
3. Select *New...* from the drop down menu
4. Select *Batch...* from extended menu



5. In Batch Maintenance window, Fill in the following fields:
 - a. *Barch Desc*: Title of Batch
 - i. Check out: PR Rep Name (Ex: Rachel)
 - ii. Programs: Program and PR Rep Name (Ex: CSUF Rachel)
 - iii. Changes: PR Rep Name and Reason (Ex: Rachel Corrections)

b. Secured to User: PR Rep Name

- i. Batch is secured to your name so no other users can make changes.

Batch Maintenance

Batch Unassigned **Batch Desc** RMerlos

Created: 04/10/2020
By: Merlos, Rachel

Default Tracking: [] Default Date: 04/10/2020 Process Date: [] Adjudication Date: [] Modified: [] By: []

Total Billed: \$0.00 Total Allowed: \$0.00 Total Paid: \$0.00 ☐ BBP Batch

Secured to User: []

Johnson, Russell
Martinez, Rita
Merlos, Rachel
Moreno, Yolanda
Munoz, Nelson

Number Of Payments: []

OK Cancel

6. Click OK
7. While *Batch Posting* window is still open, right click on batch created.
8. Select *Set as Active Batch* from drop down menu.

Batch Posting

Existing Batches:

	BBP	Date	ID	Description	Members	Status	Secured To
<input type="checkbox"/>		04/10/2020	0004	Whitecavage	New...		Whitecavage...
<input checked="" type="checkbox"/>		04/10/2020	0006	RMerlos	Open...		Merlos, Rach...

☐ Only show batches secured to me
☐ Place the active batch first in the list
☐ Show carve out batches

Header...
Ledger...
Post...
BBP
Set as Active Batch

Close

9. Click Close
10. Batch is now active:

Batch Posting

Existing Batches:

	BBP	Date	ID	Description	Members	Status	Secured To
<input type="checkbox"/>		04/10/2020	0004	Whitecavage	New...		Whitecavage...
<input checked="" type="checkbox"/>		04/10/2020	0006	RMerlos	Open...		Merlos, Rach...

☐ Only show batches secured to me
☐ Place the active batch first in the list
☐ Show carve out batches

Header...
Ledger...
Post...
BBP
Set as Active Batch

Close

4.2.12 Patient Recall(s)

Purpose:

To establish a process to notify patient(s) of their Annual Exam or Follow-up Appointment.

Procedure:

Every two weeks, each service department will initiate a "Recall Letter" report to identify all patients that need to return for an appointment. (i.e., Contact Lens Follow-up, Annual exam) The report is generated through NextGen.

1. To generate the report go to "Recall Letters." This is done by logging into NextGen. On the task bar under "File," "Print Forms," and then "Recall Letters."
2. A new screen called "Recall Letters" will appear. In this screen, you can choose options for the report.
 - a. Recall Plan: This dropdown will allow you can identify the type of appointment.

Note: Location, Event and Resources fields are not used.

3. Click the "Find" button. This action will collect the data for the report.
4. In the headers, you can click on "Patient." This will alphabetize the patients name in order, allowing you to identify duplicates.
5. Remove the duplicates by unchecking the boxes associated with the duplicates.
6. Click on "Mailing labels" button.
7. On Template, choose the template that is associated with the type of report. (i.e., Peds Post Card).
8. On print range section, Click on "Starting Label Position." button
9. On Printer Setting, open the folder
10. When the Printer properties open use dropdown to click on "PDF Creator."
11. Under properties set orientation set to "Portrait."
12. Click on "Ok."
13. Click on "Preview." This report can be reviewed for any address issues prior to uploading the report.
14. Save report in the folder that is associated with the department and report. Folders are located in the "L' Drive -> Data -> Data Depot -> Recall postcard.
15. Notify Print Shop that the data has been uploaded via email.
16. The Recall Cards are mailed every week.

4.2.13 Requesting an Interpreter

THINGS TO KNOW BEFORE SCHEDULING A PATIENT THAT NEEDS AN INTERPRETER:

Schedule at least 1 week out to allow enough time to book an interpreter.

- Extend the time of appt as communication will take a little longer.
- Appt must be made Tuesday through Friday when possible.
 - Goodwill has a strict 24 business-day- hr cancelation policy (I.e. An interpreter request scheduled on a Monday needs to be canceled the previous Friday otherwise the clinic will still be billed for 2 hours.
- Include an appointment note that you have requested an interpreter with Patient Relations Supervisor so an interpreter is not requested twice.

PROCEDURE:

1. Email Patient Relations Supervisor with the following appt information:
2. Patients Chart #
3. Patients Full Name
4. Date and time of Appt
5. Patient Relations Supervisor will do the following:
 - A. Request interpreter at deaf@goodwill.com with following message after confirming all details are correct.
 - i. "Hello,
 - ii. I would like to request an interpreter.
 - iii. Language: ASL
 - iv. Patient Name:
 - v. Date:
 - vi. Time:
 - vii. Location: 5460 E La Palma Ave., Anaheim, Ca 92807
 - viii. Kind Regards,
 - ix. Name"
 - B. Expect an email confirming they have received the request.
 - C. Update Appointment notes that you have requested an interpreter and are expecting confirmation.
 - D. Expect email with interpreter name and confirmation of booking. (this may take a few days)
 - E. Update Appointment notes with interpreter name. "Interpreter Jane Smith booked".
 - F. Add patient to Request-log. Request log is used to keep track of requests and invoices.
 - G. Once service has been received, expect emailed invoice from goodwill.
 - H. On invoice include pt chart #, Department service was used for, department GL code, and signature.
 - I. Scan Invoice into computer to keep a digital copy.
 - J. Inter office original to accounting.

5.0 PATIENT CARE MANAGEMENT

5.1 PATIENT RIGHTS AND RESPONSIBILITIES

Each patient at Ketchum Health will be treated fairly and compassionately. We have created the Patient Bill of Rights, which broadly lists rights and responsibilities of the patients we see at Ketchum Health.

Accordingly, every individual seen or treated at Ketchum Health has the right to:

- Be treated with courtesy and respect for his/her cultural, psychosocial, spiritual and personal values, beliefs and preferences, and receive impartial access to medical treatment or accommodation regardless of race, national origin, religion, gender, sexual orientation, gender identity, marital status, physical handicaps, or sources of payment;
- A prompt and reasonable response to questions and requests; receive information about his/her health status, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes, if applicable) in terms you can understand;
- Expect his/her protected medical information to be handled confidentially, following strict privacy and security protocols;
- Know who is providing medical services and who is responsible for his/her care;
- Know what patient support services are available, including access to interpreters, translators and resources for the disabled;
- Treatment for any emergency medical condition that will deteriorate from failure to provide treatment;
- Expect a reasonable continuity of care. Patients have the right to know, in advance, what appointment times and services are available and for what services;
- Refuse any treatment, except as otherwise provided by law, and to be fully informed of the probable consequences of his/her action;
- Know if medical treatment is for a clinical trial and to give his/her informed consent or refusal to participate in experimental research;
- Receive, upon request, prior to treatment, a reasonable estimate of charges for medical care;
- Receive, upon request, information and counselling on the availability of known financial resources for his/her care;
- Know, upon request, in advance of treatment, whether the health care provider or facility accepts the Medicare assignment rate if the patient is eligible for Medicare;
- Receive, upon request, a copy of a reasonably clear and understandable itemized bill and to have the charges explained;
- File a complaint. If the patient wants to file a complaint, you may do so by calling 714-449-7401 or in writing to Ketchum Health, 5460 E. La Palma Ave., Anaheim, CA 92807.

PATIENT RESPONSIBILITIES AND CODE OF CONDUCT

Patients are responsible for:

- Providing accurate and complete information about present physical complaints, past illnesses, hospitalizations, medications, and other matters relating to his/her health;
- Reporting unexpected changes in his/her condition to his/her doctors, interns or Ketchum Health staff, when appropriate and possible;
- Asking questions if the patient does not understand his/her treatment or what is expected;
- Following the treatment plan recommended and agreed upon by the patient and the Ketchum Health staff doctors and interns;
- His/her actions. If the patient refuses treatment or do not follow the health care provider's instructions and the outcome for the recommended treatment or care is adverse due to these actions or lack of action;
- Keeping appointments and, when the patient is unable to do so for any reason, for notifying the Ketchum Health staff;
- Assuring that the financial obligations of his/her health care are fulfilled as promptly as possible;
- Providing accurate insurance and payment information to the Ketchum Health staff at the time of registration or service;
- Being considerate and respectful of the rights of other patients and Ketchum Health staff, and assist in the control of noise and the number of visitors accompanying him/her.
- Being respectful of the property of other persons. Not using abusive language, including profanity, angry shouting, negative comments, or jokes or slurs that demean or are hurtful to patients or staff.

5.2 PATIENT GRIEVANCE AND APPEALS POLICY

Purpose

To establish a process whereby patients or their authorized representatives may have their grievances and complaints filed, heard, and resolved in a prompt, reasonable, and consistent manner.

To develop a process which Ketchum Health may examine and correct any potential violation to patient rights, as it pertains to state or federal statutes and MBKU policies.

Definitions

- A. **Patient Complaint** is defined as an informal expression of distress or dissatisfaction by a patient or the patient's representative, regarding the care or services rendered at Ketchum Health. Most complaints are resolved at the point of care and no further action is required..
- B. **Patient Grievance** is defined as a formal verbal or written expression of dissatisfaction by a patient or the patient's representative when the complaint is not resolved at the point of

care by staff. A grievance also involves instances of potential abuse, neglect, or harassment.

Policy

Ketchum Health is committed to providing excellence in patient care and promoting patient and family satisfaction.

Ketchum Health staff and faculty will handle all complaints and grievances following strict guidelines from state law and internal policies. All complaints and grievances will be investigated consistently and thoroughly to bring forth a satisfactory result to all parties.

Procedures and Responsibilities

A. Complaints

1. If a patient has a complaint pertaining to an intern's behavior or performance, the patient should be instructed to discuss their concern with the supervising faculty member.

Responsible Party: Faculty Supervisor

2. If the complaint relates to a patient relations staff's behavior or performance, the patient should be instructed to discuss their concern with the Director of Clinical Services. .

Responsible Party: Director of Clinical Services

3. If the complaint pertains to patient's privacy or confidentiality of protected health information, the Director of Healthcare Policy Compliance must be notified.

Responsible Party: Director of Healthcare Policy Compliance

B. Grievances

1. If the complaint cannot be resolved or is defined as a grievance, the supervisor or chief of service where the incident occurred shall complete a Patient Complaint/Grievance form and notify the Associate Dean of Clinics. If resolution is achieved, a response will be sent to the patient or patient's representative within five (5) working days.

Responsible Party: Associate Dean of Clinics

2. If resolution cannot be achieved to the patient's satisfaction,, the patient can appeal the decision to the Chief of Staff. The Chief of Staff will send the final resolution of the appeal to the grievant in written form, no longer than fifteen (15) working days after receipt of the form. This decision will be final.

Responsible Party: Chief of Staff

References:

California Patient Rights and Responsibilities Title 22

5.3 CARE OF MINORS

Purpose

To establish a process whereby care of minors is following state and federal laws, and best practices from industry regulators.

To establish protocols to obtain consent from the minors' personal representatives before they can be rendered care at any of our clinics, including research studies. To create a mechanism to report abuses or harassment to minors by any family member, personal representative, or Ketchum Health employee.

To create protocols to protect the privacy and confidentiality of minors' medical information, and the release of such information when required for continuity of care

Definitions

- a. **Children vs. Minors:** Under California law, both terms are used to refer to individuals who are under 18 years of age, and cannot consent to treatment or procedures by themselves.
- b. **Emancipated minor** include minors 14 and older who have been emancipated by court order; minors who are married; minors who are on active duty with the armed forces of the United States. Emancipated minors can consent for their own medical care
- c. **Self-sufficient minors** are defined by law as minors aged 15 and older who are living separate and apart from their parents and who are managing their financial affairs regardless of their source of income.
- d. **Parent** means a child's biological or adoptive parent
- e. **Guardian** means an individual who is authorized under applicable law to consent for a child to receive medical care.
- f. **Consent** means giving permission to receive health services or giving permission to share patient information with others.
- g. **Child Abuse** is any conduct defined as "child abuse" under the California Child Abuse and Neglect Reporting Act.
- h. **Emergency** is a situation requiring immediate services for diagnosis of unforeseeable medical conditions, which if not treated, would lead to a severe disability or death.

Scope

Although most of this policy applies specifically to those working with or around a minor in clinic medical activities, all employees at Ketchum Health have certain reporting responsibilities.

Sexual abuse is widely perceived as the chief risk to minors, but it is not the only one. Minors can be physically injured, bullied, or given opportunities to cause trouble for themselves and others. To emphasize the importance of safety in campus activities involving minors – and by extension, to protect Ketchum Health – this policy addresses risks involving minors in a comprehensive manner.

Policy

Ketchum Health is committed to providing a safe and respectful environment for the care of minors. Our staff will treat minors with respect, regardless of their actions or behavior. No adult associated with the clinic may use physical punishment to manage minor's conduct. **Physical or sexual abuse of minors will not be tolerated at Ketchum Health.**

Procedures

1. Consent for treatment.

- A. Before a minor receives care, his or her legal representative must provide a formal informed consent. Such consent includes:
 - a. Reason for the procedure;
 - b. The risks, complications and expected benefits or effects of the procedure;
 - c. Any alternatives to the treatment and any risks and benefits.
- B. Consent is not required to treat minors under emergencies if the provider, based on her/his professional judgment, believes that the procedure should be undertaken immediately. Ketchum Health should not be liable for performing a procedure on a minor without consent under these circumstances.

2. Reporting abuses when suspected

- A. In California, health care practitioners are mandated to report any reasonable suspicion of child abuse. Ketchum Health will fully comply with the State of California's Child Abuse and Neglect Reporting Act (CANRA).
- B. All personnel affiliated with Ketchum Health are encouraged to report suspected child abuse or neglect.
- C. By law, mandated reporters are individuals required to make a child abuse report anytime if, in the scope of performing their professional duties, they discover facts that lead them to know or reasonably suspect a child is a victim of abuse. Mandated reporters will communicate with the Associate Dean of Clinics to process the incident accordingly. The Dean will decide if law enforcement needs to be involved. Mandated reporters could contact law enforcement directly if the suspect abuse is evident, and harm to the minor could increase by delaying such reporting.

- D. Child abuse reporting is exempted from patient confidentiality regulations and Ketchum Health privacy bylaws.

3. Abandoned Minors, Dependents and Wards of the Court

- A. The court has the power to authorize medical treatment for abandoned minors, and for minors who are dependents or wards of the court (for example, kids in foster care or juvenile hall). Additionally, the court may order that other individuals be empowered to authorize such medical or treatment as may be necessary, if the parents are unable or unwilling to consent. In some circumstances, a court order is not necessary. For example, under certain circumstances, a police officer can consent to medically necessary care for a minor who is in "temporary custody."
- B. Ketchum Health will evaluate the situation on a case-by-case basis to decide the best course of action, according to the legal mandates and internal bylaws

4. Unaccompanied Minors.

- A. Unless expressly permitted by law, providers are not authorized to see minors without the presence of their parents or legal representative. If a parent or guardian cannot be present, the appointment will be rescheduled, unless the Associate Dean of Clinics authorizes the exam under extenuating circumstances. There will be at least two adults present during the examination.
- B. Parents or guardians are not allowed to leave premises without the minor under their care. Ketchum Health will not supervise unaccompanied minors, and it will not be liable to parents or guardians who left the clinic premises without the minor. Ketchum Health will contact authorities immediately if a minor is left alone inside or around clinic premises for extended time. Parents and Guardians must be informed about his policy in advance.

5. Confidentiality and Release of Information

- A. Protected health information about a minor is confidential, and is considered especially sensitive for purposes of its collection, use, sharing, and storing. Ketchum Health will apply all the safeguards available and required by law to protect the confidentiality and privacy of such information.
- B. Unless required or authorized by law, minors' medical information will not be released to a third party without the express consent of the parent or legal representative. Ketchum Health will release minor's PHI to another provider for continuity of care purposes without express consent if the parent or guardian accepts the referral for treatment.
- C. Mandated reporters are authorized to disclose sensitive information to fulfill a required report, or to alert competent law enforcement agencies. Ketchum Health will not be liable

for such releases if they are done based on good faith and the professional judgment of the attending provider. Proper documentation must be in place.

6. Divorced Parents and Custody Proceedings

- A. In the case of divorced parents, the right to consent rests with the parent who has legal custody. If the parents have joint legal custody usually either parent can consent to the treatment unless the court has required both parents to consent to the proposed care. Ketchum Health will only abide by the legal document presented at the time of the appointment.
- B. If there is a custody proceeding between the parents of a minor who is undergoing care at Ketchum Health, both parents have access to the minors protected health information, unless otherwise presented with a court order or similar decree by the holding parent. Verbal statements about an ongoing custody dispute will not be binding for purposes of releasing or restricting the release of a minor's medical information.

7. Delegation of Authority to a Third Party

- A. A parent or guardian who has the legal authority to consent to care for the minor has the right to delegate this authority to other third parties (aged 18 and older). For example, the parent may delegate authority to consent to medical care to the school, to a coach, to a step-parent, or to a care taker who is temporarily caring for the child while the parent is away or at work.
- B. Ketchum Health has a dedicated form to be completed by the delegating parent or guardian. A copy of the written delegation of authority should be kept in the minor's medical record.

8. Special Programs Involving Minors.

- A. Ketchum Health has special arrangements with agencies or entities such as school districts or regional centers to provide vision services for the minors enrolled in their programs. A signed consent by the parent or guardian of the minor being examined is mandatory before starting the evaluation. The respective agency will be in charge of creating and obtaining such consent from parents or guardians. Ketchum Health administrative staff will process the form accordingly.
- B. Due to the high volume of minors present at one time during these examinations, Ketchum Health does not provide a workforce to supervise them during their appointments. It is the responsibility of school officials to be present, accompany, and supervise the minors during the visit to our facilities.

9. Research Involving minors

- A. Special ethical and regulatory considerations apply when research involves children as subjects. Ketchum Health will work in conjunction with the Institutional Review Board (IRB)

to apply the requirements and guidance found in federal regulations 45 CFR 46, Subpart D, "Additional Protections for Children Involved as Subjects in Research".

- B. Customized consent from the parents or guardians of the minor subject of the research must be obtained before starting the program. The IRB could waive such parental permission if it determines that a research protocol is designed to study conditions in children for which parental permission is not a reasonable requirement to protect the minor subject.

10. Communication Barriers

- A. If a minor, or the minor's parent or legal guardian (in the case of parent or legal guardian consent) cannot communicate with the Ketchum Health provider because of language or other communication barriers, arrangements must be made for an interpreter, "signer" or other help with communication before consent is obtained and before care is rendered.

Responsibilities

Associate Dean of Clinics

- Takes administrative responsibility to this policy and interprets the policy for the Clinics.
- Accepts mandated reports for review when not filed to law enforcement directly by the mandated reporter
- Makes sure the policy is available to all staff at Ketchum Health and provides guidance on best practices regarding its applicability and enforceability.
- In conjunction with the Director of Healthcare Policy Compliance, proposes updates and revision of the policy as needed

Director of Health Care Policy Compliance

- Performs risk assessments to determine the level of risk exposure of Ketchum Health when treating minors.
- Revises internal reports of suspected child abuse or neglect, and follow up as appropriate
- Reviews and update procedures and forms regarding consent of treatment, the release of information, and special programs.
- Updates this policy as needed.

Campus Safety

- Notifies law enforcement when its involvement is warranted to deal with a child abuse incident, if physical or any other type of mitigation activity escalates.

5.4 ADA COMPLIANCE- DEAF OF HARD OF HEARING PATIENTS

Rules and Regulations

Background:

The American with Disabilities Act of 1990 (ADA) was enacted with the goal of allowing every individual with a disability to have equal access to services and places offered to people without disabilities, and to avoid discrimination against , based on their disabilities. The act has been subject to numerous revisions and amendments, being the *billing code 4410-13 revision of part III* (signed by the Attorney General on September 2010) the most recent .

ADA and Optometry

Title III section 36 makes specific references to the rights that individuals with disabilities have when seeking services, including those from health care providers. The following notes intend to explain those regulations pertaining the rights of deaf or hard of hearing patients, based on the text of the law, on opinions of representatives of the Department of Justice- ADA division, California Board of Optometry, private practitioners, and schools of optometry. These notes incorporate the latest regulations included in the September 2010 revision of the act (known as “*Title III: final rule amending 28 CFR part 36: Nondiscrimination on the Basis of Disability by Public Accommodation and in Commercial Facilities*”)

- a. **Place of Public Accommodation.** Means a facility operated by a private entity whose operations affect commerce and fall within at least one of the following categories: “Part 36.104 (6).....professional office of a health care provider, hospital.....”
- b. **Qualified vs. Certified Interpreters.** Title III requires a doctor’s office to provide auxiliary aids and services to patients who are deaf or hard of hearing. This may require the use of an interpreter. The revised rules defines a qualified interpreter in the following terms: “*Qualified interpreter means an interpreter who, **via a video remote interpreting (VRI) service or an on-site appearance**, is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. **Qualified interpreters include, for example, sign language interpreters, oral transliterators [sic] and cued-language transliterators [sic]***”

The law does not mention the word “certified” when referring to interpreters; only the “qualified” word is used and this is the key term to understand the scope of auxiliary service that a medical practice is required to offer. Providers are not obligated to make available certified sign language interpreters while caring for deaf patients; if the interpreter offered by the practice is capable of communicating effectively, then the requirement has been met.

Providers can prove this fact by documenting previous encounters in which the same interpreter was able to communicate effectively and accurately with deaf patients.

Requiring medical practitioners to provide “certified” or “especially trained” interpreters, could be construed as imposing an extraordinary burden in the operations of the facility, and this is specifically forbidden in the law. Proper documentation of all the steps taken to comply with the law is paramount, should any legal or malpractice dispute arises.

- c. Effective Communication.** Section 36.303, paragraph (c) of the title III makes clear reference to the concept of “effective communication”, allowing the medical practitioner – not the disabled patient -to be the ultimate judge in deciding what means of auxiliary aids is considered appropriate to attain an effective communication. Such decision should be based on mutual discussion and agreement, and at no point should be imposed to the patient. Walk-in deaf patients should not expect to be seen with a qualified interpreter immediately; providers can re-schedule the encounter, unless it is an emergency; in such case, any method provided to obtain an effective communication is considered valid, even the use of minors as interpreters if they are family members, or the use of written/printed materials.
- d. Undue Burden.** Several factors must be considered when determining if providing an auxiliary aid constitute an undue burden for the provider. Cost of the action, financial resources of the practitioner, effect on expenses and resources, composition and structure of workforce and workflows at the facility, are some of the issues to be evaluated. According to the representative of the Justice Department -ADA division, if a provider makes available and pays for a qualified interpreter to a deaf patient, and the patient does not cancel the appointment or simply does not show up repeatedly, this is considered an undue burden and the provider might refuse to see the patient again.

AMERICAN WITH DISABILITIES ACT (ADA) – IMPLEMENTATION AND COMPLIANCE AT Ketchum Health

Key Elements to Review:

- Any building/office open to the public for business is subject to the ADA statute; no exceptions.
- California has some more stringent regulations.
- \$4,000 is the minimum damages- plus attorney’s fees-for each violation encountered. There is no cap as how much can be claimed by individuals.
- ADA regulates not only physical barriers for individuals with disabilities, but also speech, sight and hearing impairments.
- 90% of the complaints have to do with outside regulations: parking spaces, sign postings, etc.
- There are regulations for every single space and access process to the building, from parking (including signage) to path to travel; drinking fountains; from door pressure to door knobs; from loose mats to stripes’ colors on parking spaces; from bathroom faucets to countertop’s altitude.

- Review what is considered a “service animal”, according to the California Law.
- Avoid the use of the “Handicapped” word. It’s considered offensive.
- Review legislation (both state and federal and create policies and procedures accordingly).
- Need to meet with Greg and do a walkthrough (campus wise)
- Consider ordering a CASp review: Certified Access Specialist inspector.

5.5 DISRUPTIVE PATIENTS

Purpose:

To educate and protect staff members from patients who behave in a disruptive or threatening manner.

Introduction:

Our Clinic has a mission of providing comprehensive quality eye care in a caring setting. In order to achieve our mission, the administrators of our clinic strive to maintain a caring and safe clinical environment. Administration cannot completely control patient behavior. This policy addresses those rare instances when patients behave in an inappropriate way that disrupts a positive clinical setting.

PROCEDURES

For All Situations:

1. A quiet area needs to be used to speak to a disruptive person. Ideally a conference room or other common area can be used; if not, a counseling room, lane or administrative office may be used. Supervisors should plan in advance what room can be used for this purpose.
2. The manager involved should always consider his/her safety, and either leave the door open or have a second person (HR, Associate Dean for Clinics, Director of Operations or Safety Officer) present during interviews.
3. The manager should never position him/herself so the angry patient can block the door from the room.
4. If there are no security personnel at the location, calling 911 in a dangerous situation is the correct response to protect yourself, other staff members, and other patients.

Disruptive Patients

1. If a patient is being disruptive by raising his/her voice or using profanity, the staff member will speak in a calm voice and attempt to determine the cause of the patient’s behavior.
 - a. If a patient is on the telephone and behaving inappropriately, the staff member should attempt to determine the cause of the anger. The staff member can advise the patient that the call will be terminated if the patient continues to use

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- a. DO NOT approach the patient. Keep a safe distance. If in a confined area (e.g. exam lane), leave the room as soon as possible and contact a manager, administrator, or safety officer.
 - b. Speak in a calm voice. DO NOT argue with the patient. Do not threaten the patient, or make any sudden movements.
 - c. Signal to a coworker to call 911 immediately. If a coworker is not available, ask the patient permission to leave the area to “get a manager”. Call 911 as soon as possible.
 - d. If any weapons are ever displayed, stay calm and be sure an observer calls 911 immediately. Do not make sudden moves.
4. A Variance Report for any incident involving disruptive patient behavior must be completed and forwarded to the Risk Manager and Safety Officer as soon as possible.
 - a. The Risk Manager will contact the practice malpractice insurance company for guidance when necessary.

CONCLUSION/OUTCOME:

A safe environment for all staff members and all patients of our practice, where mutual respect is recognized and supported by management, staff and patients.

Patient care is a contractual relationship between an individual and the physician, and any party can terminate such relationship unilaterally. Therefore, Ketchum Health officials, exercising professional judgement and due diligence, and following strict protocols in the law, can terminate care if the circumstances warrant such action. Please refer to exhibit 1 “Letter of Termination of Care” for guidance in this procedure.

5.6 ELECTRONIC COMMUNICATION OF PROTECTED HEALTH INFORMATION

Definitions:

PHI – Protected Health Information. Information that could be used to identify an individual. It is data that Ketchum Health created or received about an individual, and it could be health or demographic information (address, phone number, social security, date of birth), pertaining to past, present or future treatment, and stored on paper, computer, CD, audiotape, microfilm, photographs, or any other permanent method.

Third Party - A third party is any federal/state/county agency or entity, outside providers, health plans, school districts, business associates, clearing houses, law firms, non-profit organizations, or any other entity or individual outside Ketchum Health.

Workforce – Employees, volunteers, trainees, work studies, social workers, agents, and other persons whose conduct, in the performance of work for the University Eye Center, is under the direct control of Ketchum Health.

Purpose:

The following protocols describe the steps to be followed by Ketchum Health staff, agents and interns when communicating PHI electronically.

This policy apply to the workforce authorized by Ketchum Health to read, create, store, respond, or transmit PHI via MBKU email system, internally and externally.

Procedures:

Communicating PHI via e-mail with patients

1. The UEC will implement the following safeguards when communicating PHI in or attached to an email:

- i. All PHI must be encrypted before being released electronically. Ketchum Health uses a default Microsoft 365 software application which allows the encryption to take place following federal guidelines. Passwords and/or encryption keys may NOT be transmitted electronically if other encryption method is used different than MS-365.
- ii. PHI will not be transmitted in the subject line of the email message or in the body of the message.
- iii. Email communication containing PHI of Ketchum Health patients will be transmitted through the Ketchum email system using a Ketchum email address and may not be transmitted using any other electronic method or email system.
- iv. If a document that contains PHI is attached to the message, the sender must verify that only the proper information is attached and no unintended information is included.
- v. Users who communicate PHI via email will comply with all other MBKLU policies and procedures including, but not limited to, the Confidentiality of PHI Policy and the Minimum Necessary Policy.

2. Patients have the right to request their PHI and legal records to be disclosed electronically. A note must be included in the file documenting such request.

Duty-to-Inform Protocol

The University Eye Center personnel can release PHI to patients without encryption, only if the patient has been informed of the risks of transmitting such information unencrypted, and the patient makes an informed decision about it. A note documenting the patient's decision will be added to his/her file.

Electronic releases of PHI to other parties different than the patient must be completed following the encryption protocols, no exceptions allowed.

Ketchum Health reserves the right to deny the request of release of PHI to the patient. If no other way of communication with the patient is available, Ketchum Health will discuss with the Director of Information Technology and the Associate Dean of Clinics the possible alternatives for releasing PHI.

3. All requests for release of information via email must be specific and the intended recipient of PHI must be properly identified. Massive emails are not authorized to be sent from the Ketchum Health domain; it is the sole responsibility of the patient to safeguard his/her PHI after it has been released electronically. Since KH or MBKU have no control over the uses or disclosures after the information has been released to the requesting party, KH or MBKU will not be held liable for unintended or malicious uses of PHI by third parties.

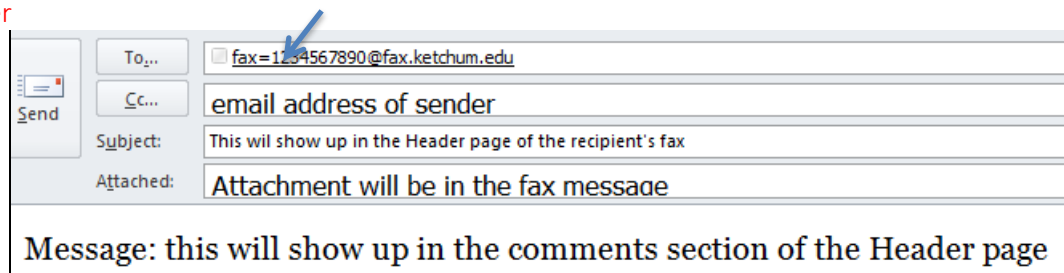
4. Ketchum Health will provide adequate training to email users regarding document security procedures, including password management and encryption methods. Every person sending PHI to a requesting party via email must be knowledgeable in the encryption/password procedures; if not sure about it, the individual must communicate with the Director of Healthcare Policy Compliance to get the information properly released.

5.7 E-FAXING PROTOCOLS

Anyone with a Ketchum email account is able to send faxes through Outlook. Following are the steps needed to send a fax using this email application:

- Documents are sent as attachments; therefore, if you have a hard copy, it must be scanned and saved in a place of your preference (Desktop is recommended for expediency).
- Make sure the document is saved in one of the following formats: PDF, TIF or TEXT. Documents in different formats are not supported by the system and cannot be faxed.
- Below is the actual formatting of the efax module. Make sure you follow these guidelines:

Fax number



The screenshot shows an Outlook eFax form. A blue arrow points to the 'To:' field, which contains the text 'fax=1234567890@fax.ketchum.edu'. Below this is a field for 'email address of sender'. The 'Subject:' field contains the text 'This wil show up in the Header page of the recipient's fax'. The 'Attached:' field contains the text 'Attachment will be in the fax message'. At the bottom, a message box states 'Message: this will show up in the comments section of the Header page'.


- The number “1” is not needed before entering the area code. No spaces or dashes.

- It is recommended that the name of the sender is entered in the Cc section. This person will receive a copy of the eFax message, which will be used for documentation purposes.
- The attachment will be the actual fax message.
- The body of the message will appear in the comments section of the fax header page.

Sending a fax using one of the available Scan-To-Email copiers on campus

The same protocols as sending faxes via email apply, with the following additional steps:

- The document(s) to be sent must be placed in the copy machine facing up.
- Once the information is entered the screen, hit the send button and the email will be delivered.
- Make sure you pick up documents left in the tray (confidentiality) and exit the application

by clicking the “home” key on  the screen

Directions are posted above each of the copiers. The format of the email address is Fax=###@Fax.Ketchum.edu (### is the fax number).

Example Email Address: Fax=7148799834@Fax.Ketchum.edu

6.0 PATIENT CARE SERVICES

6.1 CONTACT LENS

6.1.1 Appointments

Procedure:

When a patient, intern, staff, or doctor requests an appointment, staff will follow the steps below:

1. Follow the same “scheduling an appointment” steps noted in section 5.1
2. However, when checking Contact Lens available appointment slots, always adhere to the following:
 - a. In the last appointment slot of the day, schedule follow up appointments only except for Monday, Friday, and Saturday where comprehensives are allowable.
 - b. Do not schedule comprehensive exams back to back whenever possible
 - c. When scheduling follow up appointments, schedule with the same intern or faculty who saw patient last if possible.
 - d. Distribute appointments evenly throughout the half-day session among interns and also throughout the week.
 - e. Give priority to third year interns.
 - f. Enter specialty or insurance information in the appointment notes per patient relations protocol or staff doctor request (i.e. VSP MED NEC CO-PAY \$25, Spectera, Ortho-K, 1-month post-op LASIK, etc.)
 - g. Schedule appointments with interns who have low patient counts. Ask the contact lens chief or assistant chief for this list 5 weeks into the quarter.
 - h. Most referral and specialty contact lens fits will be schedule with the contact lens residents who will also help manage their own NEXTGEN schedule.

6.1.2 Scheduling Enhancers and Assistants

Definitions:

1. Enhancers are 4th year interns who are identified as “CL Enhancer” in NEXTGEN. He/she assists 3rd year interns with patient care and are not scheduled with their own patients.
2. Assistants are 3rd year interns who are identified as “CL Assistant” in NEXTGEN

Procedures

1. Enhancers and assistants are scheduled in the same manner as appointments in NEXTGEN.
2. Go to “Event” and select “CL Enhancer” or “CL Assistant.”
3. Scheduling is on a rotating basis except for enhancers on Monday, Friday, and Saturday. Each week, a different intern will be scheduled until the schedule rotates back to the first intern.

4. These events will be entered in NEXTGEN once the new quarter schedule becomes available.
5. CL Enhancers are scheduled as follows:
 - a. Monday AM (2) and PM (2)
 - b. Tuesday PM
 - c. Wednesday PM
 - d. Thursday PM
 - e. Friday AM (2) and PM (2)
 - f. Saturday AM (2) and PM (2)
6. CL Assistants are scheduled as follows:
 - a. Monday AM 1, AM 2, PM 1, PM 2
 - b. Tuesday PM
 - c. Wednesday PM
 - d. Thursday PM
 - e. Friday AM 1, AM 2, PM 1, PM 2
 - f. Saturday AM 1, AM 2, PM 1, PM 2

Note: There are ten exam rooms in the contact lens service. Therefore there should be no more than ten interns at one time seeing patients and a maximum of 12 total interns when you count one enhancer and one assistant.

Summer Quarter Special Scheduling

- Week 1
 - a. 60 minute orientation
 - b. 90 minute patient care
 - c. 90 minute charting and wrap up *manually schedule in NEXTGEN as orientation
- Weeks 2 to 6
 - a. 60 minute discussion
 - b. 90 minute: patient 1
 - c. 90 minute: patient 2
- Halfway through the summer quarter, the next group of 3rd year interns arrive, repeating the process in #1 and #2 above.

6.1.3 EyeMed Medically Necessary Contact Lenses

Purpose:

To establish a process in collecting Contact Lens materials payments for Eye-Med.

Procedure:

1. Patient has eye exam
2. Doctor codes fee sheet that is reflective of a patient conditions (MNCLS)
3. Anisometropia of 3D in meridian powers.

4. High Ametropia exceeding –10D or +10D in meridian powers.
5. Keratoconus when the member's vision is not correctable to 20/25 in either or both eyes using standard spectacle lenses.
 - **Mild/Moderate** – Initial fit of keratoconus patients should begin with lens designs, materials and modalities that are **not** classified as [lenses for advanced/ectasia treatment](#).
 - **Advanced/Ectasia** – For cases in which prescription from the [list of advanced/ectasia lenses](#) is indicated to achieve comfort and/or vision correction not possible with other keratoconus contact lens applications. Please note that consistent use of keratoconus advanced/ectasia contact lenses where keratoconus mild/moderate lenses would achieve clinically appropriate outcomes will result in Quality Assurance audits and subsequent outcomes.
6. Vision improvement other than keratoconus for members whose vision can be corrected by two lines on the visual acuity chart when compared to the best corrected standard spectacle lenses.

6.1.4 Placing Contact Lens Orders

Procedure:

Periodically check for newly created lab orders by faculty in Officemate (OM)

1. Click the "Rx/Status" button and "Rx Status"
2. Check the "Soft Contact" and "Rigid Contact" tabs for new orders.
3. If an order has been created but no notes appear and it hasn't been signed off by a staff doctor after 30 minutes, send the staff doctor an e-mail.
4. Ensure material fees have been entered correctly by Cashier by logging into NEXTGEN. If fees have not been entered or the patient has not paid for materials, place a note in the OM order form and highlight.
5. Print all order forms.
6. Orders may be placed by telephone, online, or by fax.
7. Update Officemate in the status dropdown and status radio button.
 - a. If backordered with an indefinite or longer than 1 week wait time, inform staff doctor and patient.
8. Separate printed orders by Hard and Soft Lens and by company.
 - a. Hard lens: Fax orders to Visionary (Anaheim) to Essilor unless staff doctor has made notes that order has already been placed online, via e-mail, or over phone. Always include the University Eye Center account number on the fax sheet and write "Please fax receipt of this order with the confirmation number."
 - b. Soft lenses: Order online through ABB Optical Group's website. Check Moodle or Google drive for an up to date list of soft lens brands that are inventoried in KH1134 mainly for in-person, dispense without an appointment. Phone orders will likely be direct ship.

9. Check if the patient is current with annual comprehensive eye exams. If not, schedule an appointment. Contact lens prescriptions expire one year from date finalized. Depending on the patient's unique circumstance, the staffing doctor and/or chief may approve a partial order or alternative.
10. If the patient had a contact lens evaluation externally and we have received the medical records and finalized prescription, we may fill that order.

Receiving and Checking-in Orders

1. Verify all items received by reconciling with the order binder and the original order forms.
2. If an item is missing or is incorrect, notify the appropriate vendor.
3. Update Officemate with "Received" and notify patient.

Place the invoice in the invoice folder to be reconciled at month end.

6.1.5 Dispensing Contact Lens Materials

Procedure:

After the patient's order is received from the distributor (ABB) or laboratory, the Administrative Assistant will conduct the following:

1. Review each order for dispensing instructions and verify if there is a remaining balance.
 - a. Dispense without an appointment: follow steps 2-6 below
 - b. Dispense with an appointment: Inform patient that it will be necessary to schedule an appointment prior to dispensing. If the patient is unwilling to make an appointment, contact the ordering doctor for their decision in this matter. If the doctor is not available, contact the staffing doctor(s).
2. If the patient had paid in full, dispense the contact lens materials and retain the order form.
3. If the patient has a remaining balance, escort him/her to the Cashier. After the patient has paid the balance, retain the order form from the Cashier and dispense the contact lens materials. Medi-Cal orders must be signed by patient as received. Please scan the signed order form into eDocuments.
4. Update the status of the order in OfficeMate. Search for the patient by name or six digit medical record number. Click on the "Rx/Orders" button followed by "Soft Lens" or "Hard Lens" as appropriate. Find the correct order number located on the upper right hand side of the order form. Update the "Status" drop down menu to "dispensed" and also the "Status" radio button with your name and date.
5. If the order is for hard lenses, scan the lab invoice to eDocuments as "CL Order" type and label in notes with lab name, lab invoice #, and ExamWriter lab order #.
6. After dispensing, shred the order form.

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- Large cabinets: purchased soft and hard lenses including trials intended to be dispensed without an appointment
- Smaller overhead cabinets: student educational lenses
- ABC bins: soft trials and hard lenses to be dispensed with an appointment

6.1.6 Mailing Contact Lens Materials

Procedure:

The patient may request to have materials or supplies mailed in lieu of picking them up. Examples included contact lenses, glasses, drug prescriptions, itemized receipts, or letters from the doctors.

1. Review the order form or reference Officemate to be sure the patient name, contact lens brand, base curve, diameter, power, and quantity are all correct.
2. Verify that the patient has paid for the item(s) in full.
3. Soft lenses: Free shipping on annual supplies and most six month supplies of daily disposables. If the order amount is less than an annual supply, the patient will be charged a \$10 shipping fee (CL 15 SIM code).
4. Place the contact lens(es) in a box.
5. Confirm shipping address with patient whether it be home or work address.
6. Write the patient's name and address on the mailing label and place it inside the package. The mail room staff will box and package items to be mailed.
7. If the item(s) shipped is over \$100, include a note for the mail room with the amount to be insured.
8. Place the package or envelopes in the outgoing crate in the clinic mail room.

6.2 LOW VISION

6.2.1 Scheduling appointments

Purpose:

To establish a process to schedule Low Vision appointments.

Procedure:

1. When checking Low Vision available appointment slots, always adhere to the following:
 - Each Low Vision Evaluation or Continuing Appointment is allotted 1½ hours.
 - Dispensing and progress check appointments are given a maximum of 45 minutes.
 - Type One technology evaluations are allotted 2 hours.
 - Prior to scheduling an appointment, the patient is asked the following questions:
 - a. Is this your first appointment at Ketchum Health?
 - b. If it is the patient's first appointment, ask "How did you hear about us"?
 - c. If it is a referral, ask if the referring doctor will be sending any medical records. Enter the referring doctor in the field at the bottom of the scheduling screen in NextGen.
 - d. Follow the same "scheduling an appointment" steps noted in the section above
 - e. Verify all insurance: VSP (if the patient has Low Vision benefits), Medi-Cal, Cal Optima (if through VSP), Department of Rehabilitation (if referred and we have authorization).

6.2.2 Verifying Medi-Cal Insurance

Purpose:

To establish a process to schedule and verify eligibility for patients with Medi-Cal.

Procedure:

Before scheduling appointment:

1. Go to <https://www.medi-cal.ca.gov/Eligibility/Login.asp> to verify eligibility.
2. The patient's plan must be in the Orange County area; otherwise, it is an HMO plan.
3. If it is in the Orange County area, must read the information in the details box as it contains important information regarding eligibility.
4. Once confirmed it is not an HMO plan, proceed with scheduling the patient's appointment (see "Scheduling Appointment" document).
5. All exam fees will be billed to Medi-Cal and no out-of-pocket charges are to be billed to the patient.

After the appointment:

1. Collect report, scan, and provide to the Claims Department for billing.
2. If materials are requested, the Claims Department will submit for a pre authorization request.
3. When approved, enter charges, and then order the materials (see "Processing Orders" document).

Billing:

1. Collect the "Low Vision Dispensing form" and scan into e-docs in ExamWRITER.
2. Submit the report and invoices to the Claims Department.

Forms:

Scheduling Appointments document
Processing Orders document
Low Vision Dispensing Form

6.2.3 Verifying VSP Insurance

PURPOSE:

To establish a process to schedule and verify eligibility for patients with Vision Service Plan (VSP) insurance.

PROCEDURE:

Before scheduling the appointment:

1. Must submit via fax a "Low Vision Verification Form".
2. Scan all documents into ExamWRITER e-docs and note in NextGen that a Pre cert was faxed.
3. VSP will notify the Claims Department of the status within 1-2 weeks.

4. Inform patient of the status.
5. Schedule the appointment for the patient (see “Scheduling Appointments” document).

After the appointment:

1. Collect the report and the “Low Vision Order Form” from the faculty and complete another “Low Vision Verification Form” for devices.
2. Collect the wholesale invoices for each device requested.
3. Send the report along with the invoices to VSP for approval.
4. VSP will notify the Claims Department of the status within 1-2 weeks.
5. Call and inform the patient with the status of the request. If approved,
6. Order the devices (see “Processing Order” document) and provide the patient with an estimated time of arrival of 14 business days.
7. Add charges in the NextGen encounter with the approved authorization.
8. Scan all documents into ExamWRITER e-docs and note in NextGen that the Pre-cert was faxed.
9. Once all items arrive, call the patient to schedule a dispensing appointment.

Billing:

1. Collect the “Low Vision Dispensing form” and scan into ExamWRITER e-docs.
2. Submit the report and invoices to the Claims Department.

Forms:

VSP Pre-Certification Form

VSP Low Vision Verification Form

Low Vision Order Form

6.2.4 Department of Rehabilitation (DOR) Referrals**PURPOSE:**

To develop a process to schedule appointments for patients referred through the Department of Rehabilitation (DOR).

PROCEDURE:

The DOR will fax or mail an authorization to the Claims Department for their client to obtain a Low Vision (LV) evaluation. After the LV department receives the authorization, the Administrative Assistant (AA) will conduct the following:

Patient Encounter

1. Call the patient to schedule an appointment.
2. Enter the appointment in NextGen (See the LV “Scheduling Appointments” procedure).

Patient Evaluation

After the evaluation is completed and the patient's record is finalized, the AA will send an electronic copy of the report to the patient's counselor. A copy of the report will be kept on file in the AA's office and the second copy will be forwarded to the Claims department. In addition, a copy will be scanned into the patient's file on ExamWRITER. The documents will be compiled in the order below:

1. A signed and completed authorization
2. The original treatment plan
3. The original pre-fee determination
4. Copies of cost sheets for each recommended item

After the above information has been compiled, the AA will:

1. Scan all the documents in the patient's file.
2. Make a copy and keep all the documents on file in the office.
3. Place the following note in the patient's file in the appropriate NextGen screen: "DOR billed for low vision evaluation and request for devices mailed to the patient's counselor".
4. Request authorization by mail or fax to the DOR for the LV device(s).
5. Place the order in the "Hold" file until authorization is received.

Ordering LV Devices

1. After receiving the authorization, call to inform the patient and provide an estimated time of arrival, and pull the order from the "Hold" file.
2. Place order (see the LV Processing Orders Procedure)
3. Enter the charges in NextGen.

Receiving Orders

1. Verify all devices received by reconciling with the order form (check ExamWRITER if needed).
2. If the order is correct, contact the patient to schedule a dispensing appointment.
3. If the order is not correct, the AA will notify the vendor.

Preparing the Invoice for Billing

When preparing the invoice, always include the dispensing date and Ketchum Health's Tax ID#. The invoice is located in Microsoft Word in My Documents →Letters→DOR Invoices.

1. The AA will email the invoice to the counselor. In addition the documents below will be compiled and sent to the Claims Department for billing:
 - a. A copy of the invoice
 - b. A copy of the completed DOR purchase order
 - c. A copy of the invoice for the devices (located in the white invoice binder)
 - d. A copy of the pre-fee determination if applicable
2. Place the following note in the patient's file in NextGen: "DOR billed for LV devices".
3. Save the invoice as the patient's name.
4. Print the invoice on Ketchum Health letterhead.

After Dispensing

The patient signed "Low Vision Dispensing Form" will be kept on file for the DOR.

Forms:

DOR Invoice
Pre-Determination Vision Request
Medical Device Recommendation
Low Vision Dispensing Form

REFERENCES:

Low Vision: Scheduling Appointments
Low Vision: Processing Orders

6.2.5 Processing Material Orders

PURPOSE:

To establish a process to order low vision materials.

PROCEDURE:

Spectacles

At the end of the examination if glasses are to be ordered, the student intern will escort the patient either to the Administrative Assistant's (AA) office or to Optical to help select a frame. The procedure is as follows:

1. The appropriate measurements and specifications (PD, segment height, materials, coatings, etc.) will be determined by the intern.
2. If the frame is chosen in the AA's office the frame will be removed from the display rack and wrapped in the completed Low Vision Lab Order Form and given to the AA.
3. If the frame is chosen in Optical, the frame information will be sent to the AA to order the frame from Optical. No frames from Optical will leave the Optical area.
4. The student intern will complete the Low Vision Lab Order Form (Bartley Optical) as well as the general Low Vision Order Form and submit them to the AA.
5. For private paying patients, the charges for the glasses will be determined and posted on the fee slip before the patient checks out.

Low Vision Devices

At the conclusion of the examination, the intern and the faculty will discuss with the patient about the recommended devices that are available to assist the patient. With the patient's consent, the devices will be listed on the Low Vision Order Form. For private pay patients, the charges for each device will be posted on the fee slip with the patient's approval.

Ordering Spectacles and Devices

The following are the procedures for ordering spectacles and devices:

Private Paying Patients

1. For private paying patients the spectacles and devices will be ordered immediately upon payment for the items.

Note: The patient pays in full before leaving Ketchum Health. If the patient leaves without paying, the AA will call him/her and obtain a credit card payment if possible. A statement/receipt will be mailed to the patient. Payment in full is recommended at the time of the order however payment of at least 60% is required to order the item with the remaining balance to be paid in full at dispensing.

2. If the patient has chosen a frame from the AA's office it will be immediately be sent to the laboratory with the completed Low Vision Lab Order Form through the courier service which picks up in Optical. Notation of the order being sent to the lab will be recorded by the AA on the Low Vision Order Form.

3. If the patient has chosen a frame in Optical, the AA will order the frame from Optical. Once the frame arrives, the AA will send it to the lab with the completed Low Vision Lab Order Form through the courier for pick up in Optical. Notation of the order being sent to the lab will be recorded by the AA on the Low Vision Order Form.

4. Other low vision devices will be ordered by the AA directly from the appropriate vendor. Notation of the order will be recorded by the AA on the Low Vision Order Form.

Non Private Pay Patients

1. Vision Service Plan (VSP) Patients

- a. The orders will be held until approved by VSP. The AA will contact the patient with the approval information and the co-payments required. Once the patient approves the co-payment amounts the AA will take payment by phone with the above requirements for ordering the devices. If paying by check, the AA will wait until the payment is received before ordering the devices. The AA will also post the co-payment amount on the NextGen encounter. Once the appropriate payment is received, the spectacles/devices will be ordered with the same protocol as above.

2. VSP Medicaid

a. VSP Medicaid will cover a limited amount of devices for minors (< 21 years of age). With the faculty approval, the devices/spectacles will be ordered using the above ordering protocol. Modifiers are necessary for add on items.

3. Medi-Cal

a. Medi-Cal will cover a limited amount of devices for minors (< 21 years of age). A completed Treatment Authorization Request (TAR form) with the invoices for the items requested is required. If the authorization is approved by Medi-Cal then the devices/spectacles will be ordered using the above ordering protocol.

4. Department of Rehabilitation (DOR)

a. The orders for spectacles/devices will be held until approval by DOR. Once approved, the AA will contact the patient with this information and order the devices/spectacle with the above ordering protocol.

5. Medicare

a. Medicare does not cover low vision devices.

Receiving and Checking in Orders (performed by the AA)

1. Verify all items received by reconciling with the Low Vision Order Form (check ExamWRITER if needed).

2. For spectacles the student interns should verify that the prescription is correct.

3. If the orders are correct, place the invoice and the packing slip in the "Invoices to be Signed File".

4. If the order received is not correct, place the item back in the original received box and call the vendor for a "Return Material Authorization" (RMA) number. Write the RMA number on the return label and document the date and the RMA number on the packing slip and invoice and send the item back to the vendor. Record this on the Low Vision Order Form.

5. If partial orders are received, document them as "received" on the Low Vision Order Form and file it in the "Orders on Hold" drawer in the AA's office.

6. Once the devices are in, the patient will be contacted to schedule a dispensing appointment.

7. On occasion with the faculty approval, items will be mailed to the patient. In this case a \$10 shipping fee will have been previously charged and the item will be packaged and mailed through the mailroom.

8. On occasion with faculty approval, items will be shipped directly from the vendor to the patient. Full payment for the device is required before ordering. A tracking email and receipt will be mailed/e-mailed to the AA.

Processing Monthly Invoices

On an ongoing basis, invoices and packing slips are collected when materials and supplies are ordered and received. After organizing all paperwork by the vendors and verifying each balance due, the Administrative Assistant (AA) will take them to the Low Vision Chief of Service for review and signature approval.

After being verified and signed, the AA will deliver the invoices to the Accounting Department for payment processing.

Letter Writing

Letter writing is frequently required in the Low Vision Service. The protocol is as follows:

1. Letters requesting authorization for payment and material coverage are required for Vision Service Plan, Department of Rehabilitation, and Medi-Cal.
2. The letter will be drafted by the student intern and approved by the faculty on SCCO Soft. Once the letter is approved, it will be e-mailed to the AA for printing, signature, and sending to the appropriate agency.
3. In addition referral thank you reports are sent to the referring providers. The protocol is the same as above.
4. For all letters, once they are signed, they will be scanned into ExamWRITER in the patient's file.

FORMS:

Low Vision Order Form
Low Vision Lab Order Form
TAR Form

6.2.6 Grading Interns

Procedure:

The faculty will enter grades in SCCO Soft as follows:

1. Log onto SCCO Soft
2. Click the tab "Clinic" and then "Encounter Grading"
3. Under the "Enter New Grades" tab, for each date, locate the patient and the intern and click on the appropriate patient to go to the "Patient Encounter" screen.
4. If the "Submit Grades" tab on the lower left of the screen is not bold, a recall plan must be entered first by clicking on the "Add Recall Plan" tab on the lower right. For a low vision evaluation usually the "LV Visual Analysis" option is chosen on the pop up screen "Add a Recall Plan".

5. If the "Submit Grades" tab on the lower left of the screen is bold, then ignore the steps in #4 above.
6. Enter the appropriate grades for each of the items listed. If the Paradigm description is desired, click on "Show Paradigm".
7. Add any comments that may be appropriate in the boxes adjacent to the grade item.
8. When finished click on the "Submit Grades" box on the lower left.
9. For 'On-Hold' Grades, click the "'On-Hold' Grades tab" on the initial "Clinic Grading Program" screen.
10. Scroll down on the right vertical tab to find the appropriate "Staff Dr. ID" and grade each encounter as above.
11. Grading should be performed within 3-7 days after the date of the encounter.

6.2.7 Grand Rounds

PURPOSE:

To provide 3rd year interns observation time in clinic as part of the CLS 774 Low Vision Rehabilitation course.

PROCEDURE:

The Administrative Assistant along with the Instructor of Record for CLS 774 and the Low Vision faculty will identify and recruit patients based on their visual acuity, condition, and treatment options. Scheduling for this event is not entered in NextGen. Typically there are 4 patients per each of the 4 stations for a total of 16 patients. Patients who agree to be included in the Grand Rounds are compensated for their time.

Grand Rounds are held in the evenings after clinic hours.

6.3 PRIMARY CARE

6.3.1 Jarnagin Center for Primary Eye Care-Service Materials

PURPOSE:

To provide access to disposable items, diagnostic agents and instrumentation that is necessary for patient care in the Primary Care Service. These items require frequent replacement in individual rooms or storage cabinets. These are the guidelines for replacement.

PROCEDURE:

1. Rooms will be outfitted with the following items

- a. Proparacaine (1 bottle)
 - b. Tropicamide 1% (1 bottle)
 - c. Hydrogen Peroxide
 - d. Alcohol wipes
 - e. Sodium Fluorescein strips
 - f. Fluress or equivalent
 - g. Cotton-tipped applicators
 - h. Goldmann probe in a storage vial
 - i. Saline solution
 - j. Facial tissue
 - k. Hand soap
2. Phenylephrine 2.5% and Cyclopentolate 1% will be made available by the faculty.
3. Limited back supply of the following items will be available in the module 2 closets
 - a. Alcohol wipes
 - b. Sodium Fluorescein strips
 - c. Hydrogen peroxide
 - d. Replacement drops (tropicamide, fluress, etc.)
 - e. Paper for FDT, HFA, and autorefractors
 - f. Facial tissue
 - g. Cotton-tipped applicators
 - h. Saline solution
4. Additional supplies are available in the downstairs central supply area (1117). Faculty must sign out for all items. When supplies are depleted in the downstairs central supply area, the faculty should contact Evelyn Stinson in the main clinic Central Supply.
5. Artificial tears, Lid wipes, Neutraceuticals are available in unlocked storage closets in Module 2 and 3. These items will be periodically reviewed for expiration dates and replaced on an as needed basis.
6. TPAs are available to faculty only in locked storage in Module 3. Faculty must sign out for all samples on a sign out sheet.
7. Paper towels and hand soap will be replaced by the janitorial staff.
8. Marco-Nidek Smart cards for the automated refracting systems will be provided by UECKH. These have been placed in each room outfitted with the automated refracting lanes and are labeled. These cards will transfer data from the Nidek Autorefactor/keratometer and Lensometer to the refraction system base unit. They are placed in the base of the refracting units when not in use.
9. Small instruments i.e. tonopen, iCare tonometer, exophthalmometer, etc are in locked storage in Primary Care. Lenses such as 3-mirror, 90 D, 20 D lenses are also available to the faculty in locked storage.
10. Emergency supplies are available to on-call faculty and Ocular Disease faculty in the module 3 storage closet. This closet will remain open.

At the end of each half day session, interns must refill hydrogen peroxide and place the GAT probe in the vial. Refill of in-room supplies should occur on an as-needed basis but should be checked by interns at the beginning and end of each patient care session.

6.3.2 Interruption of Normal Processes during Exam

PURPOSE:

To ensure patients continue to receive services in the event of an incident (power outage, server down, minor earthquake, etc.) occurring during the patient's exam. If an emergency or disaster occurs, the university's emergency preparedness plan will be implemented and will replace this procedure.

PROCEDURE:

If the Ketchum Health has an interruption that would affect normal processes while the patient is being examined, the staffing faculty will assess the situation, call Patient Relations to report the problem or to obtain information and will follow the steps below:

1. Instruct interns to open exam room doors and remain with the patient. Patients in pre-testing areas will return to exam rooms with interns.
2. Faculty will assign a runner to provide communication to interns.
3. Record all exam data gathered, prior to the incident.
4. Close OfficeMate (OM) to save the exam and to prevent potential loss of data.
5. Distribute paper exam form (located in each consultation room) for the intern to record the entire exam.
6. Continue the exam (including dilation exam if applicable) if the patient agrees.
7. If the patient would like to reschedule the exam, or the intern/faculty is unable to complete the exam, the intern will complete the "Reschedule Form" (located in the consultation room) and give it to the service area Administrative Assistant. Note: If the exam occurs in Primary Care, the "Reschedule form" will be given to the Cashier at check-out.
8. At the end of the exam, the intern will:
 - a) Escort the patient to Optical with the RX form (if applicable).
 - b) Escort patient to check-out with the fee sheet, paper exam form and the Reschedule Form (if applicable) to be scanned by Patient Relations.
9. When power is restored, faculty will document in the patient's OM chart that power was out during the exam to explain the partial OM documentation and paper chart.

FORMS:

Paper Exam Form

Reschedule Form

6.4 OCULAR DISEASE

6.4.1 Special Testing Appointments

PURPOSE

To establish a process in scheduling an appointment in Ocular Disease for Special Testing.

PROCEDURE

1. In the appointment book in NextGen, Special Testing appointments are booked in the aqua slots and are only done on Thursdays.
2. For external referrals, we need medical records for the patient before scheduling the appointment. (See Specialty Services Consultation/Referral Form).
3. Events with prefixes of "ST" are for Special Testing.

CHP POST LASIK TESTING

4. Check the insurance tab to verify that the insurance information is current or if you need to add a new insurance.
5. If cash paying give a quote.
6. For color vision test we can do multiple tests on the same day for one price.
7. Color vision tests are done in one hour, despite the number of tests and can be booked on the hour.
8. Color vision test are billable to our contracted insurances.
9. The "CHP Post Lasik test" event will be specifically requested by the patient and is billed to the CHP.
10. The patient will needs one appointment at 10:00am and the second appointment on the same day at 1:45pm.
11. The morning appointment can have a 60 minute block and the afternoon appointment only needs a 15 minute block.

ELECTRODIAGNOSTIC TESTING

- Book at either 10:00am or 12:00pm.
- If more than one Electrodiagnostic test is required please block off the entire 4 hour slot for the patient.
- Electrodiagnostic tests are also billable to our contracted insurances. See Special Testing Fees for pricing.

Note: In the details of the appointment document Specific test(s) requested and prices quoted.

6.4.2 Third-Year Behavioral Objectives-Ocular Disease & Special Testing

Summer and Fall Quarters

I. PREPARATION

- A. The clinician will telephone the patient one day prior to the appointed examination time to confirm the appointment date and time. Any special instructions for the patient will be given at that time.
- B. If the patient is an established patient, the clinician will review the patient file prior to the appointment and develop a tentative approach to care. Ocular disease faculty members should be consulted.
- C. The clinician will bring the following required equipment to provide both comprehensive primary care examinations and ocular disease services:
 - 1. Direct ophthalmoscope
 - 2. Binocular indirect ophthalmoscope
 - 3. Extended ophthalmoscope
 - 4. Spectacle trial lenses and trial frame
 - 5. Occluder
 - 6. Extra Eye Patch
 - 7. Sphygmomanometer/stethoscope
 - 8. Gonioscopy lens
- D. The clinician will insure the readiness of the room prior to the patient visit. Room readiness includes:
 - 1. Storing of equipment dust covers and personal items out of patient view.
 - 2. Adequate supply of paper towels, soap and Kleenex, H₂O₂
 - 3. Checking out any anticipated ancillary equipment with faculty or Central Supply. Prior to the patient visit.

II. CASE HISTORY/CHIEF COMPLAINT

- A. The clinician will thoroughly evaluate/review all areas of the patient's case history when examinations are performed. These areas include: chief complaint, pt.'s eye health, pt.'s medical health, family eye and medical health, medications (last administration of medications), allergies, age, and previous experience or course of the presenting disorder.
- B. The clinician will thoroughly evaluate/review all areas of the patient's ocular disease history when follow-up/progress examinations are performed.
- C. The clinician will address, attempt to resolve, and present findings to the patient concerning their chief complaint by the end of the examination. Intern will discuss with faculty after history the type of exam, (Wellness, Problem focused, Etc.)

III. TECHNICAL SKILLS

- A. Clinicians will perform basic ocular disease techniques for disease diagnosis, which include but are not limited to the following:
 - 1. Pupil examination
 - 2. Direct ophthalmoscopy

3. Biomicroscopy
4. Binocular indirect ophthalmoscopy (posterior pole and equatorial region)
5. Screening visual fields
6. Goldmann tonometry/ NCT
7. Lymph node assessment
8. Vital dye use
9. Lid eversion
10. Glucometry
11. Neurologic assessment of the cranial nerves
12. External facial exam

IV. OCULAR DISEASE KNOWLEDGE

- A. The clinician will recognize signs and symptoms of anterior segment disorders. These specifically include disorders involving the lids, lashes, conjunctiva, cornea, episclera, sclera, lens and vitreous. (Course 664)
- B. The clinician will diagnose the etiology of the anterior segment disorder. These specifically include but are not limited to infection, inflammation, trauma, congenital, neoplastic, metabolic, vascular and environmental.
- C. The clinician will be able to order, list and recognize the need for additional clinical and laboratory testing necessary to confirm their diagnosis of the anterior segment disease, disorder or condition. The accurate interpretation of these tests is also expected.
- D. Clinicians will be able to recall appropriate topical and oral medications necessary to treat the identified anterior segment disorder. Clinicians should bring reference books (i.e. Wills eye) for assurance with patient care and treatment options.
- E. Clinicians will be able to recall the proper referral and management strategies for the diagnosed anterior segment condition (Course 664) when appropriate.

V. DECISION MAKING SKILLS

- A. The clinician will make independent decisions about the treatment and management of the patient increasingly from Q1. The clinician should offer their best analysis, treatment and management strategy to the staffing faculty. Although treatment strategies will be joint decision between the team, ultimately the faculty is responsible for the welfare and care of the patient.
- B. The clinician will identify conflicting or non-correlating data and be able to explain the significance in light of the specific case.

VI. AFFECTIVE SKILLS

- A. The clinician will be considerate of the patient's needs and comfort.
- B. The clinician will treat the patient with respect and professionalism.
- C. The clinician will make clear, jargon-free, explanations to the patient about findings, treatment options, prescribed treatment, case disposition, fees, etc.

- D. The clinician will utilize all skills required and tested in the Human Resources Development Course.

VII. RECORD KEEPING

- A. The clinician will complete an impression/analysis and plan for each patient visit in the EMR.
- B. The clinician will accurately record any medications that are prescribed for the patient and the internality of the treatment.
- C. The clinician will complete and finalize EMR records within 24 hours.

VIII. TIME AND EFFICIENCY

- A. The clinician will adhere to the time parameters established in the preceding sections of this document for prescribed procedures.
- B. The clinician will finish a patient visit in the following times:
 - 1. Red eye work-up – 45 minutes (max. 60)
 - 2. Pathology work-up – 60 minutes (max. 75)
 - 3. Glaucoma work-up – 90 minutes (max. 105)These times include: consultation with the staff doctor and expediting patient to administrative assistant and fee window.
- C. The clinician will pick up their patient in a timely manner. If a delay of over 5 minutes from the scheduled appointment time is anticipated, the student will go out to the waiting room and speak to the patient/faculty.

IX. ROOM MAINTENCE

- A. The clinician will remove, store out of the patient's view and replace any dust covers for instruments in their assigned examination room.
- B. The clinician will assume the responsibility of reporting any equipment malfunctions or breakage by filling out an equipment repair request form.
- C. The clinician will maintain the equipment checked out from Central Supply and return it after the patient visit.

WINTER QUARTER

Motivate clinicians to diagnose ALL localized eye disorders and conditions. There will be no more classroom education in these conditions or disorders. Faculty should merge patient presentation with the conditions to assist the diagnostic process.

I. TECHNICAL SKILLS

- A. Clinicians will be able to perform advanced techniques for disease diagnosis which include but are not limited to the following:
 - 1. Gonioscopy
 - 2. Exophthalmometry
 - 3. Foreign body removal
 - 4. Punctal plug insertion

5. Pressure patching
6. Potential Acuity Meter/RAM
7. Punctal dilation and irrigation
8. Peripheral BIO with scleral depression
9. Visual field interpretation (screening/threshold)
10. OCT/HRT interpretation/B-Scan/A-Scan/Pachymetry

II. OCULAR DISEASE KNOWLEDGE

- A. Clinician should be able to recognize signs and symptoms of anterior and posterior segment disorders. These include all tissues of the eye.
- B. The clinician will diagnose the etiology of the ocular disorder. These specifically include but are not limited to infection, inflammation, and trauma, congenital, neoplastic, metabolic, vascular and environmental.
- C. The clinician will be able to order, list and recognize the need for additional clinical and laboratory testing necessary to confirm their diagnosis of the ocular disease, disorder or condition. The accurate interpretation of these tests is also expected.
- D. Clinicians will be able to recall appropriate topical and oral medications necessary to treat the identified ocular disorder.
- E. Clinicians will be able to recall the proper referral and time management strategies for the diagnosed anterior segment and posterior segment condition when appropriate.
- F. Clinicians will be able to write an assessment for the patient PRIOR to being staffed in order to fully demonstrate their capability of merging the didactic and clinical education received from the curriculum at the college.

SPRING QUARTER

Motivate the clinicians to diagnose ALL localized and systemically induced ocular diseases, conditions or disorders. They are at the end of their didactic ocular disease education. Faculty need to STRESS the need to formally merge didactic and clinical training to fully prepare the clinicians for their fourth year outreach rotations.

I. TECHNICAL SKILLS

- A. Clinicians should be able to perform ALL optometric testing necessary to confirm their diagnosis.

II. OCULAR DISEASE KNOWLEDGE

- A. Clinicians should be able to recognize signs and symptoms of ocular and systemically induced ocular diseases, disorders and conditions. These include all tissues of the eye.
- B. The clinician will diagnose the ocular or systemic etiology of the ophthalmic disorder. These specifically include but are not limited to infection, inflammation, trauma, congenital, neoplastic, metabolic, vascular and environmental.
- C. The clinician will be able to order, list and recognize the need for additional clinical and laboratory testing necessary to confirm their diagnosis of the ocular or systemic etiology responsible for the ophthalmic disease, disorder or condition. The accurate interpretation of these tests is also expected.

- D. Clinicians will be able to recall appropriate topical and oral medications necessary to treat the identified ocular and systemic disorder.
- E. Clinicians will be able to recall the proper referral and time management strategies for the diagnosed ocular and systemic disorder.

Clinicians will be able to write an assessment in the EMR for the patient PRIOR to being staffed in order to fully demonstrate their capability of merging the didactic and clinical education received from the curriculum at the college.

6.4.3 Grading Paradigm

This grading paradigm is meant as a guide for faculty and students. This paradigm does not cover all situations and as such, the final grade is at the discretion of the faculty.

PREPARATION

O	<p>In addition to the items noted in satisfactory:</p> <ul style="list-style-type: none"> Recognized gaps in knowledge and sought help or initiated research for better understanding.
S	<ul style="list-style-type: none"> Reviewed the chart, determined the purpose of the visit and established an appropriate plan for the visit. Identified all previous ocular and systemic problems. Prepared all the necessary equipment/materials and examination room before the appointment. Establishes medical regimen for treatment/management.
M	<ul style="list-style-type: none"> Was tardy for clinical assignment or reviews chart while patient is waiting. Inadequately reviewed the patient's record OR Did not cover gaps in knowledge.
U	<ul style="list-style-type: none"> Did not review the patient record for a pre-scheduled visit or arrives after the patient's appointment time. Did not bring necessary equipment.

CASE HISTORY/CHIEF COMPLAINT

O	<p>In addition to the items noted in satisfactory:</p> <ul style="list-style-type: none"> Covered the chief complaint(s) and HPI in depth enough to formulate a list of differential diagnoses and a diagnostic plan for the visit.
S	<ul style="list-style-type: none"> Obtained a basic case history which identified the chief complaint. Reviewed systems and asked appropriate follow-up questions regarding pre-existing conditions. Also addressed secondary and tertiary complaints (if present).
M	<ul style="list-style-type: none"> History lacks follow up questions for the chief complaint. Omitted portions of the case history/chief complaint that did not directly impact the care of the patient.
U	<ul style="list-style-type: none"> Omitted portions of the case history/chief complaint with directly impacted the care of the patient. OR Obtained an inaccurate case history/chief complaint which directly impacted the care of the patient. Fails to establish reason for visit.

TECHNICAL SKILLS

O	<p>In addition to the items noted in satisfactory:</p> <ul style="list-style-type: none"> Able performed advanced or less common procedures judged to be more difficult than those required for the average patient encounter. OR Recognized subtle ocular/visual findings.
S	<ul style="list-style-type: none"> Accurately and efficiently performed basic procedures, using proper technique and equipment.
M	<ul style="list-style-type: none"> Had difficulty performing procedures OR request faculty to review testing protocol. Had difficulties observing and recognizing subtle ocular/visual findings.
U	<ul style="list-style-type: none"> Was unable to perform procedures. OR Placed the patient in harm's way. OR Caused the patient unnecessary discomfort/distress Patient comments that intern was poorly organized/unprofessional in exam.

KNOWLEDGE BASE

O	<p>In addition to the items noted in satisfactory:</p> <ul style="list-style-type: none"> • Demonstrated an understanding of conditions related to the complexities of the patient. OR • Recognized normal/abnormal findings and chose the appropriate tests/techniques related to the patient's signs and symptoms. OR • Had a good understanding of expected results.
S	<ul style="list-style-type: none"> • Demonstrated good knowledge of normal and abnormal findings including, but not limited to: basic refractive, binocular and or ocular health anomalies. • Able to distinguish normal from normal from abnormal findings. • Refers to test to confirm DX. • Establishes diagnosis or reason for CC.
M	<ul style="list-style-type: none"> • Demonstrated marginal knowledge of normal and abnormal findings OR notice little effort to diagnosis. • Had some difficulty distinguished normal from abnormal findings.
U	<ul style="list-style-type: none"> • Demonstrated poor knowledge base, lacked the knowledge to understand (basic/entry level problems OR • Neglected to perform key diagnostic tests/missed permeant health findings in testing's.

CRITICAL THINKING AND DECISION MAKING SKILLS

O	<p>In addition to the items noted in satisfactory:</p> <ul style="list-style-type: none"> • Independently determined an expanded, relevant differential diagnosis list and chose the appropriate tests/techniques based on the patient's signs and symptoms. OR • Correctly interpreted the data and offered appropriate management solutions.
S	<ul style="list-style-type: none"> • Related the clinical findings to the patient's chief complaint with some guidance. • Constructed a problem list and applied reasonable differential diagnoses. • Offered interpretation of data with reasoning of data with reasoning and support behind the interpretation. • Offered a reasonable treatment (was able to make establish TX regimen) management plan. • Was aware of limitations in knowledge/experience and knew when to seek guidance.

M	<ul style="list-style-type: none"> • Reported clinical findings without interpretation. OR • Had difficulty determining a list of differential diagnoses. OR • Prioritized issues incorrectly. OR • Was unable to recognize conflicting clinical findings. OR • Was unable to formulate a reasonable management plan/unable to establish treatment plan.
U	<ul style="list-style-type: none"> • Was unable to correctly interpret basic clinical findings or unable to make any recommendation of treatment management. • Exhibited poor judgment that adversely affected the patient.

AFFECTIVE SKILLS/PROFESSIONALISM

O	<p>In addition to the items noted in satisfactory:</p> <ul style="list-style-type: none"> • Took initiative to coordinate with others in the pursuit of patient care. OR • Exhibited outstanding poise when dealing with difficulties situations. OR • The patient expressed satisfaction about the intern.
S	<ul style="list-style-type: none"> • Elicited a perception of confidence from the patient. • Established good doctor-patient rapport. • Communicated effectively with patients, preceptor, staff and or other interns. • Was flexible, careful, confident and compassionate with patient care. • Dressed appropriately, was respectful to patients and staff and complied with confidentiality and patient privacy. • Placed the needs of the patient and clinic first. • Complied with clinic protocols. • Exhibited ethical standards of conduct.

M	<ul style="list-style-type: none"> • Needed prodding and reminding to complete tasks and follow-up or leaves patient waiting for long periods <20 min • Had a lackadaisical attitude. OR • Or was inflexible and/or lost composure easily. OR • The patient complained about the intern and the complaint was valid. OR • Exhibited less than professional language or dress. OR • Had lapses in effective communication with patients, preceptor, staff and/or other interns.
U	<ul style="list-style-type: none"> • Was unwilling to do what was expected for patient care or patient compliance/left. OR • Was disrespectful to patients and/or staff. OR • Did not communicate with patients, preceptor, staff and/or other interns.

RECORD KEEPING

TIME AND EFFICIENCY

O	<p>In addition to the items noted in satisfactory:</p> <ul style="list-style-type: none"> • Completed the necessary tests in less than the time allotted.
S	<ul style="list-style-type: none"> • Completed the clinical procedures and examinations within the time allotted (Red Eye <60 min; GCC Evaluation <120 min)
M	<ul style="list-style-type: none"> • Exceeded the time expected for the examination or necessary clinical test (AMD Evaluation <120 min; Red Eye >60 min)
U	<ul style="list-style-type: none"> • Used excessive time to complete the examination/exceeded "S" or "M" time limit (GCC Evaluation >120 min; MAC Evaluation >120 min)

PRACTICE MANAGEMENT

O	In addition to the items noted in satisfactory: <ul style="list-style-type: none">• Recommended materials, treatments as appropriate for the patient. OR• Provided good patient education throughout the examinations. OR• Took initiative to pre-appoint and/or made follow-up appointments for the patient.
S	<ul style="list-style-type: none">• Maintained a clean, neat examination room and made certain all supplies were readily available.• Shut down and covered instruments, turned off room lights and returned supplies at the end of patient care.• Gave business cards to the patient and sent thank-you cards to the patient after a comprehensive exam.
M	<ul style="list-style-type: none">• Made minimal recommendations on materials, follow-up, etc to the patient. OR• Did not give business cards to the patient. OR• Did not mail a thank-you card to the patient.
U	<ul style="list-style-type: none">• Did not make any recommendations to the patient.

6.5 PEDIATRICS AND VISION THERAPY

6.5.1 Scheduling Appointment

Pediatric Vision Service

Schedule children 15 years and under for “routine” care (i.e. comprehensive eye exams, dilation, cycloplegic refraction, red eye, and peds follow-up visits). (Children 16 years and older are scheduled in the Primary Care Service).

Vision Therapy

Schedule children and adults who require the following “specialty” care (binocular vision evaluation, visual information processing evaluation, strabismus and/or amblyopia evaluation, vision therapy).

SUB-SPECIALTY SERVICES

Schedule as follows:

- Special Populations - children with significant physical or developmental delays should be scheduled with the specified faculty or Peds/VT residents

- Pediatric Contact Lenses - contact lens evaluations for all young children (under 12 years) or any child 12-15 years who requests should be scheduled with the VT/Peds resident
- Sports Vision - evaluations, screenings, and therapy should be scheduled with the specified faculty
- Myopia Control Clinic - schedule with specified faculty and location
- Acquired Brain Injury Clinic - schedule with specified faculty
- Reading Clinic - refer to specified faculty (Dr. Borsting) via VT administrative assistant

PROCEDURE

- Patient relations will schedule all appointments for the Pediatric Vision Service, with the exception of Children's Vision Days, which are coordinated by the Children's Vision Day coordinator.
- The Peds/VT administrative assistants will schedule all appointments for Vision Therapy and Sub-Specialty Services.

6.5.2 Garden Grove Boys and Girls Club

University Eye Center interns are assigned to work with Dr. Monique Nguyen at the external UEC location, Garden Grove Boys and Girls Club to patients ages 17 and under. Staff at Garden Grove are responsible for scheduling patient appointments and emailing the patient information to Patient Relations team for verification of eligibility and covered benefits. After verifying the information, Patient Relations will email the information to staff at Garden Grove.

1. An inventory of UEC standard frames is kept at this location.
2. Optical will prepare the designated Garden Grove bag with glasses ready for dispensing for each scheduled day and petty cash to be used for the week. The assigned intern will bring the bag to the location.
3. When the patient arrives for his/her scheduled appointment, staff will collect the co-payment as applicable.
4. The doctor or intern will place the following in the bag to transport back to UEC at the end of the week: patient paperwork, optical order form, selected frame, and money collected (sent back after the last patient is seen for the week).
5. After receiving the bag, Patient Relations will create or update the patient's file in NextGen, enter all CPT codes, apply all payments collected, create charts, scan the information in the patient's eDocuments and bill the insurance carrier. Any money received for copayments/office visits will be given to the Accounting department.
6. The Optical department will conduct a quality inspection on all completed optical orders.
7. Upon completion of the quality inspection, Patient Relations will place the frames in the bag for delivery to Garden Grove for patient dispensing.

6.5.3 Children's Vision Days

Children from Anaheim, Fullerton, and Santa Ana School Districts are transported by bus to the University Eye Center at Ketchum Health in groups of 20 to 40. Doctors and interns in the Pediatric and Primary Care Services may be assigned.

1. The Children's Vision faculty coordinator is responsible for communication with the school districts to maintain the calendar scheduled schools.
2. A school district representative is responsible for scheduling patient appointments and obtaining a signed parent consent form.
3. The list of patients is emailed to the Children's Vision assistant for verification of eligibility and covered benefits or assignment of available grant funds.
4. The Children's Vision assistant will prepare a routing slip, fee slip, copy of completed parent consent, and summary letter form for each patient prior to arrival.
5. The Children's Vision assistant will greet the group upon arrival and escort them to the designated staging area, where patients will be greeted by the assigned interns.
6. Upon completion of the examination, patients are escorted to the designated lunch/staging area.
7. All paperwork is returned to Children's Vision faculty coordinator or assistant for processing.
8. The Optical department will process all optical orders and deliver the completed orders to the school via the arranged channels.

Printing and Mailing Correspondence

Upon request from faculty, correspondence regarding the patient's examination, diagnosis and treatment plan is mailed to the patient, school, and/or referring doctor. The administrative assistant will process the request as follows:

1. Log into SCCOSoft and click on the "clinic" icon, followed by SCCOWord.
2. Search for the patient by name or ID number.
3. Print the finalized letter and have the staffing doctor sign if no electronic signature is included.
4. Scan the letter into the patient's eDocuments.
5. Mail the letter to the addressee and to all copied parties.

Fee Reduction Options

Several fee reduction options for vision therapy are available for faculty to apply at their discretion:

- Sliding Fee Scale. Patients need to apply through patient relations and provide documentation of income as outlined in current clinic policy.
- Prepayment Option. Prepay every 5 visits and receive a 15% savings.
- Professional Courtesy Fee Waiver. For relatives and friends of interns and employees, or other health care professionals as outlined in current clinic policy.

- Grants or Other Chief Waivers. Various grants may be available from time to time or special allowances made for those with financial need and should be discussed with the chief or assistant chief prior to the patient's visit.

Several fee reduction options for pediatric follow up and reevaluation visits are available for faculty to apply at their discretion:

- As a general rule, there should be a fee associated with **all** office visits. The most commonly used code for a follow up visit is:
 - Problem Focused History & Exam (CPT: 99212 \$65)
- Exceptions when a no-charge code may be used is at the discretion of the faculty, usually applied within 1-2 months of the original examination:
 - Continuation of Exam (code: 1111). To be used when you were unable to complete the examination during the initial visit/s. (i.e. Cycloplegic refraction, variable or inconsistent data, etc.).
 - No Charge Follow-Up (code: 92499). To be used to correct intern/faculty errors or for Rx "non-adapt" rechecks (as opposed to "amblyopia/VA adaptation" Rx checks).

6.5.4 Vision Therapy Grant

Procedure

1. Patient is scheduled for BVE.
2. Binocular Vision Evaluations (BVE) is covered by Medi-cal (VSP). You must call the VSP and specifically ask for an authorization for "Vision Therapy Evaluation" (sometimes the VSP reps are not familiar with this benefit and you may need to ask them to check with their supervisor).
3. Based on BVE results, VT Faculty will refer patient(s) to the Front Desk to complete a sliding fee scale application. In order to be awarded the grant, patient must meet SFS requirements. (See SFS Protocol)
4. Once the Patient is approved for the SFS, Front Desk will notify Referring VT Faculty and Service Chief (Dr. Allred) of the SFS approval.
5. Visional Information Processing Evaluation (VIPE) is not covered by Medi-Cal.
 - a. Patient Cost = 67.50
 - b. Grant = 202.50
6. Vision Therapy Visit
 - a. 5 visit sessions = 510.00
 - b. Grant = 380 of the 510.00. Following prepaid protocol.
 - c. Patient Cost = 130 one time or 26 per visit. (Any exceptions will be pre-approved and noted in details section).
7. In the appointment, VT Admin will document the following:
 - a. "Grant" will be noted in the insurance field.
 - b. Patient's liability will be noted in the details section

8. Use payment code "VT Grant PMT 03179."

6.6 OPTICAL SERVICES

6.6.1 Processing Optical Orders

PURPOSE:

To fill patients' prescriptions.

PROCEDURE:

1. Sign into SCCO Soft.
2. Find patients chart by chart number, name or date of birth.
3. If patient has insurance it will be scanned in e-documents.
4. Print insurance authorization for eligibility.
5. Help patient with frame selection.
6. Create encounter and attach insurance authorization if any.
7. Double click prescription look up.
8. Click on today's date and encounter date.
9. Mark what the usage will be.
10. Take all measurements needed.
11. Fill in all three tabs in SCCO.
12. Make all notes in lens lab order tab.
13. Click the Save button.
14. Click on Get Fee Slip.
15. Use price book to input all lens option codes and prices.
16. Mark necessary diagnostic codes.
17. Patients phone number.
18. Authorize and send to Nextgen.
6. Have patient sign the agreement and take patient to Patient Relations to collect the balance.

Starting SRx Order

1. Search Patient
2. Double click most current SRx under "prescription look up" tab
 - a. Patient from ECC today = continue to step 2
 - b. Patient from outside = ask staff to [create encounter]
3. ***Click [NEW RX]***

SCCO Clinical Charting Rx Systems V2.0 - Spectacle Rx

File Edit Search Help

Patient

Show Patient Info

Last Test First PatientID Account: 169775

Rx History Prescription Lookup cDocuments

Order #	Entry Date	Usage	Notes
1002	8/23/2009	Multifocal	
944	7/7/2009	Distance	
729	6/24/2009		

Rx Prescription Lens Order Frame Order

Lens Category: [] Material: [] Lens Color: [] Tint: [] Coatings: []

Order Lens From: [] Lens Lab Phone: [] Order Status: [] Invoice: [] Lab Cost: [] Trial: []

Save Rx New Rx Redo Rx Delete Rx Copy Rx Paste Rx Print Rx Est Fee Sht

Special Lab Instructions: []

Rx Prescription Tab

- I. Complete form
 - a. Fill out encounter date, order date, and encounter number from fee sheet
 - b. Populate usage
 - c. Click = [Save Rx]

Lens Order Tab

- a. Populate Lens fields
- b. AR Coatings
 - i. VSP Choice = **Unity** Brand AR
 - ii. All other Ins = **Crizal** Brand AR
- c. Order Lens from :
 - i. **A-lab** = In house, simple jobs (SV, BF)
 - ii. **VSP** = VSP Choice
 - iii. **Bartley** = VSP Signature
 - iv. **PIA** = Medicaid

- d. Order Status = Transmitted to Lab
- e. Invoice # = Insurance Auth Number
- f. Notes = Insurance name
- g. Click = [Save Rx]

Frame Order tab

1. Populate Frame information found on templates

SCCO Clinical Spectacle Rx Systems V2.0 - Spectacle Rx

File Edit Help Search System Quit

Patient

Show Patient Info

Last Test: First Patient: Account#: 168775

Rx History Prescription Lookup eDocuments

Double click item to write prescription to input boxes.

Order #	Entry Date	Usage	Notes
16394	6/19/2011		
2256	9/23/2009	Multifocal	
1002	7/5/2009		
944	7/7/2009	Distance	
723	6/24/2009		

Rx Prescription Lens Order **Frame Order**

Product Code: Name: Manufacturer: Designer: Color: Material: Mount:

Frame Ordered: Frame Received: Frame Status: ☐ Supply ☐ Enclosed ☐ To Come

Frame Source: ☐ Lens Only ☐ Stock ☐ PDF ☐ Order Frame

Measurement & Fee: Date: Cln/Opt: Authorize:

Save Rx New Rx Redo Rx Delete Rx Copy Rx Paste Rx Get Fee Slip

Get Fee Slip

1. After [Rx Prescription], [Lens Order], and [Frame Order] are done, CLICK = [Get Fee Slip]

Rx Prescription Lens Order **Frame Order**

Product Code: Name: Manufacturer: Designer: Color: Material: Mount:

Frame Ordered: Frame Received: Frame Status: ☐ Supply ☐ Enclosed ☐ To Come

Frame Source: ☐ Lens Only ☐ Stock ☐ PDF ☐ Order Frame

Measurement & Fee: Date: Cln/Opt: Authorize:

Save Rx New Rx Redo Rx Delete Rx Copy Rx Paste Rx **Get Fee Slip**

2. Completing the Fee Slip
 - a. Click = [Add line]
 - b. Fill in = Product name / CPT code / Qty / Fee / Ins allowed
 - c. Click = [OK]
3. Ask patient for contact phone number (to inform them when glasses are ready)
4. Check in with Staff

1. Search patient

1. Search patient
2. Click = [Rx History] tab
3. Print the incorrect order to be re-done.
 - a. *****Double check that SRx is within warrenty!*****
4. Click = [Redo Rx]
5. Populate fields with same information from [printout]
6. Click = [Lens Order] tab
 - a. Notes = Lab instructions (ex: "Doctor Redo: AR warrant/Frame warrenty/Rx redo/Frame restyle")
7. Click = [Save Rx]
8. Click = [Get Fee Slip]

6.6.2 Processing Optical Redo's

Purpose

To process optical redo orders

Process

1. Use the SCCO soft program to open original order.
2. Highlight original order and click on "Redo Rx."
3. Select original "Encounter Date." The "Order Date" should be the same day as Redo date.
4. Enter information and change what needs to be redone. (For example, enter a new prescription if there has been an RX Change.)
5. Include notes for reason for optical redo such as AR Warranty, DR Redo, Lab Redo, etc. and original order invoice number.
6. Have Optician authorize order.

Retrieve packing slip and send to corresponding lab.

6.6.3 Dispensing Glasses

Purpose

To establish a process to properly dispense glasses to patients.

Procedure

When a patient comes into optical and asks to pick up glasses, these are the steps to follow:

1. Ask how we may help them. When they say I'm here to pick up glasses, direct them to the proper staff or intern. And explain to them why the patient is here. Or directly help them yourself.
2. Ask for their last name, first name or date of birth. Click on their chart.
3. Go to the proper glass order for them, under Rx history and select it.
4. Go to lens order tab and see what tray # (cubby) the glasses are in.
5. Go to the lab and retrieve the glasses.
6. Get a dispensing tray, make sure glasses are clean, you have a case and bag if needed. If they got A/R coating get a cleaning cloth and spray.
7. Also, have the paperwork ready.
8. Give the patient the glasses, make sure they fit properly and they can see out of them clearly.
9. If everything is good, make sure no balance and have them sign that they picked up.
10. In SCCO, make sure under lens order tab the order status says dispensed to patient and Rx dispensed has today's date and by is your name, then save it.
11. If balance, have them pay at check out.

12. After they sign paper take it to lab and put in red tray to be scanned.

6.6.4 Ordering Frames

Purpose

Ordering frames per patient's request, possibly different size, color or a frame that is not available in the Optical Department.

Procedure

1. Open shared file Frame Book.
2. Find proper manufacturer.
3. Call toll free number, provide account number for billing.
4. Order frame by giving frame name, size, color and patients name.
5. Log in the Frame Book all the frame information and patients name, and save.

Ordering Frames to View

Purpose

To establish a process for a patient to view a frame before the order is processed.

Procedure

1. Frames can be ordered to view if it is not available in our Optical Department.
2. There is a \$20.00 charge and the patient can order two frames which can be from two different manufactures.
3. If the patient doesn't want the frame there is no refund and the \$20.00 will go towards their order.
4. When the order is entered into the SCCO soft program the patient is escorted to Patient Relations. The \$20.00 is deducted from the balance due.

6.6.5 Receiving Rx Orders from Labs

Purpose

Receiving completed prescription glasses for patients from various labs.

Procedure

1. Match order forms with received prescription glasses from various labs.
2. Sign in to SCCO Soft.
3. Search patients file number on top left corner.
4. Assign a cubby number.
5. Write the cubby number on top left corner of the order form.

6. Type in the cubby number in SCCO soft, lens order tab in tray #.
7. Remove lab invoice from the order.
8. Have interns neutralize the glasses.
9. Call patient to inform them that their glasses are ready.
10. Place the neutralized glasses along with the original order form in the assigned cubby.

Receiving Frames from Manufacturers and Pricing Frames

Purpose

Replacing old merchandise with new frame styles.

Procedure

1. Count frames received.
2. Match frames with frames listed on the invoice.
3. All ophthalmic frames wholesale \$ 90.00 or less will be multiplied 3 times, frames wholesale price greater than \$ 90.00 will be multiplied 2 ½ times.
4. All sunglasses regardless of wholesale price will be multiplied by 2 ½ times.
5. The total number of frames received from each manufacturer will be logged into the appropriate manufacturer/sales representatives form.

6.6.6 Ordering Supplies

PURPOSE

To establish a process to replenish deleted supplies and order new items as needed.

Procedure

The Optical Department will order supplies as follows.

1. Use the Staples.com website to order most office supplies. The login and password is needed to order the supplies.
2. If the supplies are not available with Staples, use the MRF form to order items. You need the manufacture, item number and price.
3. When form is completed you need a signature from the Optical Manager and Clinical Director.
4. Make a copy of the MRF form and send the original to the purchasing department for the order to be place

Reconciling Orders Received

Procedure

1. Verify all items listed on the packing slip are received and indicate if any items are missing.

2. Date and signature is written on the packing slip and a copy is made for the optical department. The original copy is sent to the purchasing department.

6.6.7 Mailing Orders to Patients

Purpose

To develop a process of accommodating the patient's request to have their glasses mailed to them.

Procedure

The patient may request to have glasses mailed in lieu of picking them up.

1. The patient will be charged \$10.00 for a shipping fee.
2. Verify that patient has paid for the glasses in full.
3. Clean, adjust and put glasses in a case with cleaning cloth.
4. Put glasses in a box to be mailed.
5. Go to the SCCO soft program and search for patient. Verify patients mailing address.
6. Place mailing label on box and enter note into the SCCO soft the date and glasses were mailed.
7. Dispense glasses in SCCO soft.
8. Enter information in the Excel mailing program that glasses were mailed.
9. Take package to the mail room for pick up.
10. Scan paperwork into e-documents.

6.6.8 Frame Inventory

Purpose

To develop a process for accountability of frames in inventory with each manufacture.

Procedure

1. The Optician will work with the vendor and pull all their frames off the board.
2. Each vendor has a folder with an allotted number of frames for each brand. A form is filled out for frames sold, discontinued, defective frames and frames that have not sold after 1 year.
3. The vendor will replace frames with amount that is sold and returned to match their allotted amount.
4. The vendor will fill out a return form with an RA number. Frames are sent back with cases and mailed to the manufacture with the RA number and form.
5. Frames that are returned to the manufacture are entered into an excel spread sheet with the date, number of frames and RA number.

6. Vendors set up appointments every 2 to 3 months to check their inventory.

FRAME LINE	IN STOCK (+)	RETURNED (-)	SUB-TOTAL	SPACE ALLOTTED	AMT ORDERED	AMT SCRAPPED (OFFICE USE)
DEFECTIVE RETURNS						
DATE:						
NEXT APPT:	TOTAL:			TOTAL:		
NOTES:						

FRAME LINE	IN STOCK (+)	RETURNED (-)	SUB-TOTAL	SPACE ALLOTTED	AMT ORDERED	AMT SCRAPPED (OFFICE USE)
DEFECTIVE RETURNS						
DATE:						
NEXT APPT:	TOTAL:			TOTAL:		
NOTES:						

6.6.9 Vision Insurance

Purpose

To obtain the proper authorizations/benefits and provide the correct copays for patient's services/goods.

Procedure

- Follow the same insurance verification procedure as noted in sections 5.10-5.13.
- When verifying Optical material coverage always adhere to the following:
 - Make sure the services you are requested are available. If there is a date next to that service, it means they are not eligible until that date.
 - If it is to replace broken or lost glasses, the patient must sign a waiver stating why they need the replacement.
 - If the patient is not eligible, you must call VSP to get interim benefits since they are only allowed one pair every 24 months.

- d) If you use the interim benefits, patient is only allowed 4 replacements per year.

6.6.10 Processing Lenses in Lab

Purpose

To develop a process of making glasses in house at most cost-effective price.

Procedure

The lab technician will be responsible to process and track the progress of glasses done in A-lab, from beginning to end.

1. Create a monthly spreadsheet to track the number of jobs done and the cost of each job, new or redo.
2. Lab report spreadsheets are submitted to the Accounting Department on a monthly basis.
3. Create a work ticket for each job to process on Mr. Blue Edger through ESSIBOX software.
4. Work ticket is accessible and printable in the event of a redo in the same frame. Specs on work ticket are also modifiable.
5. Lab technician is responsible for ordering lenses and sending back lenses for credit on lens warranties when possible.
6. Lab technician is responsible for coordinating maintenance on Mr. Blue Edger on a yearly basis.
7. Lab technician is responsible for final inspection of all glasses processed in A-lab.
8. In the final step of processing glasses, the lab technician forwards the glasses to an Optician who will assign a cubby for each pair of glasses.
9. Once each pair of glasses has a cubby assigned, the student's final inspect them one last time and notify each patient that their glasses are ready.

6.6.11 Processing Monthly Statements

Purpose

To establish a method of processing statements and invoices by the 12th of each month.

Procedure

1. All invoices are collected and separated by date and each manufacture.
2. When the invoice is located on the statement the invoice number is highlighted. If there are any invoices missing the manufacture is called and the invoice is emailed.

3. If product is ordered from another department, it is noted on the invoice.
4. Each department has a total amount due with their GL number written on the statement.
5. After organizing all paper work the balance due is verified and circled.
6. Once the statement is complete it needs a signature from the Optical Manager and Dean of clinic.
7. The statement is sent to the accounting department for payment.

6.6.12 Processing Refunds


Purpose

To establish protocol to process patient refund.

Procedure

Calculate the total amount to be refunded and completely fill out the refund authorization form.

1. Using NextGen, confirm the patient's account number, address and guarantor information.
2. Enter a note under the specific encounter that explains that a refund for the specific material has occurred and reason.
3. A note in the SCCO soft program needs to be entered regarding the date of processing refund, amount and reason.
4. The refund form is signed by the Optical Manager and Dean of Clinic.
5. Take the completed authorization form to the Claims Department and the patient is contacted regarding the refund.

 Marshall B. KETCHUM UNIVERSITY Southern California College of Optometry		Refund Authorization	
<input type="checkbox"/> UECF <input type="checkbox"/> UECLA		File # _____	
Pay to _____		Posted by: _____	
_____		Date Posted: _____	
_____		Date: ____ / ____ / ____	
REASON FOR REFUND	ACCOUNT NUMBER	AMOUNT	
Medicare			
MediCal			
Insurance			
VSP Overcharge			
Overcharge			
Rx Cancelled			
Termination of Services CL, VT, LV			
Patient Dissatisfied (<i>Explain Below</i>)			
Loaned Materials Returned			
Other			
EXPLANATION, COMMENTS	DATE PAID	TOTAL \$ AMOUNT	
	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK		
	<input type="checkbox"/> CREDIT CARD		
REQUESTED BY (PRINT)	ADMINISTRATOR'S APPROVAL		

#1570 (Rev. 09-14) PR Printing (800) 956-4245

6.6.13 Kid's Day

Purpose

To process spectacle orders for patients under the Kid's Day program.

Procedure

Order Entry

1. Determine if patient is using VSP Medicaid or an Essilor Grant.
2. Use SCCO soft program to input frame, lenses, and measurement information.
3. Record to NextGen when all information is available (i.e. patient's prescription may be available at later date).
4. Record order date in Kid's Day Spreadsheet.

Submitting Orders to Lab

1. Determine if patient is using VSP Medicaid or an Essilor Grant for exam and/or glasses order.
2. If glasses are to be made through VSP Medicaid:
 - a. Use the PIA website to place spectacle orders.
 - b. Use the Eyefinity website to bill for exam and/or frame and lenses.
 - c. Use the NextGen program to record the date, authorization number, and what was billed under "Notes" section.
 - d. In the SCCO soft program, record date order was sent and order number.
 - e. When orders arrive from lab, record receiving date in Kid's Day Spreadsheet.
3. If glasses are to be made through an Essilor Grant:
 - a. Use the VisionWeb website to place spectacle orders.
 - b. In the SCCO soft program, record date order was sent and order number.
 - c. Depending on the school district the patient is from send glasses to the according lab.
 - d. When orders arrive from lab, record receiving date in Kid's Day Spreadsheet.

6.6.14 Discounts on Glasses

Purpose

To provide discount to seniors, students, military, MBKU employees and their friends and families, MBKU students and their friends and families, patients purchasing multiple pairs, contact lens patients, Latino Health Association patient, and patients with no vision insurance.

Procedure

1. All seniors 62 years and older will receive 20% discount on frame and lenses
2. All college students with valid student ID will receive 20% discount on frame and lenses
3. All military personnel with valid military ID will receive 20% discount on frame and lenses

4. For all MBKU employees/ students and their friends and families please see attached fee reduction/waiver courtesy policy
5. All patients purchasing additional pairs will receive 20% discount on frame and lenses
6. All VSP signature patients having exam the same day will receive 30% off additional pairs
7. All contact lens patients will receive 20% off frame and lenses
8. All patients purchasing premium lens product will receive 15% discount on frame and lenses
9. All LHA patients, employees, and their friends and family with discount card will receive 25% discount on frame and lenses
10. Discounted package (Value-Line) for single vision, bifocal, trifocal and progressive will include selected frame and lenses. Lens enhancements will be additional.

****VALUE LINE PACKAGE****				
CPT Code	Service Item Description	Unit Price		
VL102	SV Frame & Lens Plastic /Valueline	\$109.00		
VL102A	SV Frame & Lens Polycarbonate /Valueline	\$120.00		
VL103	BF Frame & Lens Plastic /Valueline	\$135.00		
VL103A	BF Frame & Lens Polycarbonate /Valueline	\$150.00		
VL104	TF Frame & Lens Plastic /Valueline	\$175.00		
VL105	Prog. Frame & Lens Plastic /Valueline	\$225.00		
VL105A	Prog. Frame & Lens Polycarbonate /Valueline (OVATION)	\$250.00		
Upgrades for Value Line Pkg.				
****	Can Upgrade with Transition, AR coating, Hi index material			
****	Charge (\$5.00 Per Diopter Per Lens) for over +/-4.00sph to over +/-3.00cyl RX.			

6.6.15 Warranties on Frames and Lenses

Purpose

To develop a process of getting proper credit on frame and lens warranties.

Procedure

1. Frames up to \$249.00 have a one-time, one-year manufacturer's replacement for normal wear and tear.

2. Frames deemed to be outside normal wear and tear or that have been glued shall void manufacturer's warranty.
3. Frames costing \$250.00 and above, have a one-time two-year warranty.
4. Only complete frames returned are eligible for warranty. Any incomplete frames returned shall void manufacturer's warranty.
5. All lens materials (Polycarbonate, Trivex and High Index), other than plastic (CR 39) have a one-time replacement within a year.
6. Any lens material with category an anti-reflection coating, has a one-time replacement within a year.
7. Any lens with a category C anti-reflection coating, have a one-time, two-year replacement.
8. Any lens with a category D anti-reflection coating, have a two-time, two-year replacement.

6.6.16 Financial Policy - Spectacle Lenses and Frames

We require 60% deposit to process all orders, and not less than \$60.00 if the order costs less than \$100.00. You have 24 hours to cancel the order and get your full deposit refunded.

If you decide to cancel the order after the 24hr period, we will deduct the costs associated to process such order, including labor and related fees, from your deposit. Frames (including sun glasses), and accessories sales are final, and there will not be refunds after seven days of the transaction being completed.

Materials and cash deposits will be transferred to the State if not claimed during the period stipulated in the law. We will make reasonable attempts to contact you and notify you about your order.

6.6.17 Spectacle and Contact Lens Prescription Release Procedures

Purpose

To allow the release of copies of spectacle and contact lens prescriptions to patients and third parties without the wet signature of providers.

Procedure

All original spectacle and contact lens prescriptions are generated electronically from the EMR system, and are printed and signed by the attending provider at the point of care; all prescriptions are given to patients at the end of the examination, when applicable.

If a patient or a third party requests a copy of an existing prescription after the examination is completed, authorized University Eye Center personnel will access the patient's EMR file, and will print the requested prescription. No wet/handwritten signature of the provider will be required to complete the release.

The individual who releases the Rx must document it in the file accordingly, and following the Contact Lens final rule amendment protocols, if applicable.

Electronics Signatures

All providers at Ketchum Health have their digital signatures recorded on file, and we have the ability of authenticating and validating the issuer of any prescription upon request. Only providers who have designated access rights to the EMR system will be able to authenticate and validate their signature through their registered credentials.

Legal Background

The University Eye Center at Ketchum Health strictly adheres to regulations contained in the California Business and Professions Code § 2541.1 and 2541.2, California Code of Regulations § 1565, and Civil Code § 1633. All the elements required by the state law for a spectacle or contact lens prescription to be valid are met; including the amendments to the Contact Lens Rule by the FTC. Ketchum Health has its own policies regarding the use of electronic signatures according to federal regulations.

6.6.18 Unclaimed Property Policy

Purpose

There are specific statutes regarding the disposition of unclaimed property to the state of California by businesses if not claimed by the patient after a period of time. As Ketchum Health receives deposits for materials and special orders, this policy is intended to provide guidelines to help us stay compliant with state law when handling such deposits.

Legal Background

California has an Unclaimed Property Law in place. Code of Civil Procedure, Title 10, Chapter 7 § 1500 et al., requires businesses to annually report and deliver property to the State Controller's Office if there has been no activity or contact with the owner for a period of time specified in the law—generally three (3) years. For purpose of the law, contact is lost when the owner forgets that the account exists, or moves and becomes impossible for businesses to reach them.

Scope

This policy applies to all deposits in cash made by patients toward the final purchase of spectacle lenses, contact lenses, or frames (in excess of \$50.00). It also applies to materials left by patients of value equal or above \$50.00.

The manager of the optical department has discretion in establishing additional reasonable conditions to manage such deposits and related orders, in strict accordance with the law.

Policy

General

1. When cash deposits are made to cover the initial costs of lenses, frames, or special orders, Ketchum Health has a fiduciary responsibility to keep those deposits and materials available to the owners for a period of THREE (3) years. The period is calculated from the time the transaction was initiated by the patient by voluntary extending the deposits or handing out the materials to optical personnel.
2. Ketchum Health will collect, at the time of the transaction, all contact information from the patient, including, but not limited to, mailing address, email address, and phone number(s). Patients should be told in advance that this information will be used to notify them about the status of the order, and eventually, that unclaimed deposits or materials will be escheated to the State if not claimed within the three-year period.

Procedures

1. Ketchum Health is required to make reasonable efforts to contact the owner(s) of the unclaimed property, which may include sending a notice to the owner's last address on file and notifying him/her that the account will be transferred to the state.

The Director of the optical department will develop a protocol to determine how frequently the patient should be contacted to satisfy the "reasonable effort" standard. In any case, the notice shall be sent not less than 6 or more than 12 months before the time when the owner's deposit or material held by Ketchum Health becomes reportable to the Controller in accordance with the law.

The face of the notice shall contain a heading at the top that reads as follows:

"THE STATE OF CALIFORNIA REQUIRES US TO NOTIFY YOU THAT YOUR UNCLAIMED PROPERTY MAY BE TRANSFERRED TO THE STATE IF YOU DO NOT CONTACT US".

The notice will contain a detailed account of the deposit held, the time when such deposit will escheat to the state, and contact information for the patient to communicate with Ketchum Health.

2. Ketchum Health might deduct from cash deposits, all costs incurred processing orders, re-stocking fees (if applicable), and additional labor and related costs, before sending the deposit to the state for final disposition. Ketchum Health must present to the patient its financial policy explaining the terms of the present clause, and Clinic staff will document patient's acknowledgment of receipt of the policy. Ketchum Health will not, under any circumstances, escheat, appropriate, or otherwise unilaterally dispose cash

deposits or materials without the lapse of the three-year period, and without following the protocols established in this policy.

3. Once the THREE (3) –year period has elapsed without the deposit or material being claimed by the patient, the Director of the optical service will send the deposit and related documentation to the accounting department for processing and final transfer to the state. Proper documentation must be filed in patient's file.
4. The optical department staff will keep records for a period of five (5) years after sending the unclaimed property and related documentation to the accounting department.

6.7 CENTRAL SUPPLY

6.7.1 Beginning of Day Procedure

PURPOSE:

- Main goal is to assist in increasing clinic efficiency
- Start of the day procedures:
 - Turning on all instruments (Decreases intern and faculty wait time)
- Equipment Inventory: Collect all returned equipment from the previous day
- Monitor and track equipment, consumables (tissues, pharmaceutical drops, etc.)

PROCEDURE:

Turn on the diagnostic instruments to have it ready as they take time to calibrate.
By doing so, shortens the wait time for patient care.

Diagnostic Equipment in Pediatrics Pre-testing Room 2223

- Turn on the monitor connected to the Daytona Optos 15 minutes prior to patient care.
- Click onto the “**exam**” box and enter the password
- Bring up ExamWRITER sign in screen and lock the screen.

Turn on the switch from the back of the scanner.

- Wipe down the Daytona mirror once a day or as needed.
- Check to see if there is enough sterile alcohol pads available in the pre-testing room for the interns to use to wipe down Daytona eye piece and chin rests.
- Turn on the NCT, Humphrey Visual Field and Auto Refractor

Instruments.

Checking in Equipment from the Overnight Equipment Drop-off Box

- Bring in all returned equipment from the drop box.
- Check them off on the **“UEC Equipment Request”** Lilac Slip.
- Check all kits to make sure that all required items have been accounted for. Most kits have a list of the contents so you know what items need to be in the kit.
- Return equipment to the corresponding Gray cabinets.
- From NextGen, print the *“patient report”* for the day. This list tracks home loan equipment and clinic equipment.
- When items are missing or not returned in a timely manner, the corresponding intern is notified via email.
- A spreadsheet of all equipment sent out for home loan is located on the desk top labeled? For returns, use the same spreadsheet to enter the return date.

REFERENCES:

Daytona Instructions Posted on the Wall behind the Daytona Monitor

6.7.2 Set-up Procedure

PURPOSE:

To establish a process to ensure all equipment is accounted for and ready for patient care.

PROCEDURE:

At the beginning of each shift, the Central Supply Clerk will conduct the following:

- Fifteen minutes prior to the start of each clinic session, check back in equipment placed in the **“after hours equipment drop off box.”** Refer to the **“UEC Equipment Request” Lilac** slip from the day before to check off each item returned. When done, return equipment back to the corresponding cabinets (each cabinet has a list of contents.) To insure that the kits are complete, be mindful to inspect all kits before storing. If anything is missing, contact the person who filled out the UEC Equipment Request slip. Make sure that the information on the slip matches the name and inventory number on the equipment. The majority of the equipment stored in the upstairs Central Supply is for Vision Therapy and Pediatric departments.
- If you are unable to find the item/s on the **Lilac** colored slip, it could very well be a return from a patient who had equipment out for home vision therapy exercises. To be sure, you

will need to bring up “**NextGen**” and select the “report” column, click on “**filter 1**” to show the list, and scroll until you land on “Central Supply” and select appointments – V.T.” This list provides you with the names of scheduled vision therapy patients. Print them on a daily basis providing there is clinic going on.

- Go through all the file cards stored in the small Gray cabinet underneath the desk. Find the patient’s name listed on “**yesterday**” report, if not already printed, and go through each patient file cards to search for patients that have “**Home Loan Equipment Request**” **Salmon** colored slips. Make sure to pull out the correct slip. In other words, the information written on the home loan slip has to match the name of the item returned, for instance, **same equipment name** and **same inventory number or letter**. If the item/s is a HVT return, write down the return date on the home loan slip. In addition, log the equipment returned date on the spreadsheet.
- On a spreadsheet, enter all equipment that has been sent out with the patient for home loan exercises. Enter patient’s name, chart number, name of the equipment. intern’s or faculty’s name, and date loaned. When the equipment is returned, go to the date the equipment was dispensed and enter the returned date.
- Periodically inspect each Pediatric and Vision Therapy exam room for needed replenishments of DPAs, disposable supplies and to replace DPAs that have expired.

FORMS:

Home Loan Equipment Request Slip
UEC Equipment Request Slip

6.7.3 Equipment Loan Requests

PURPOSE:

To establish a process to respond to equipment loan requests.

PROCEDURE:

The University Eye Center (UEC) permits students/interns/faculty and patients to check-out equipment. The following describes the process for internal and home use:

Equipment Loan Request for Internal Use

- The requester must complete the “**UEC Equipment Request**” Slip (lilac color) and must be specific, i.e., red/green, polarized, small, medium or large, flipper or lens blanks, etc. You can request more slips from the Print Shop at our Fullerton location.
- All equipment must be returned the same day by close of business.

- To ensure all items have been returned, the Central Supply Clerk (CSC) will take inventory, using the “*UEC Equipment Request*” slips.

Equipment Loan Request for Home Use (Vision Therapy Patients only)

- After approval by faculty for home use, The CSC will verify the patient has been charged the \$50 non-refundable equipment fee and has signed the Vision Therapy policy contract prior to dispensing. This non-refundable equipment fee also applies to family members of students/interns, faculty and staff; however, these individuals are eligible to receive a 20% discount when purchasing Vision Therapy (VT) materials. When the patient is an MBKU student/intern, faculty or staff, the equipment fee is waived. **Note: All home loan equipment must be returned to Central Supply prior to the MBKU student graduating or leaving the program or when a patient’s school contract has expired.**
- The requester must complete a home loan slip (Salmon color), and include the item name and inventory number or letter if applicable. Send your request to the Print Shop if more slips are needed.
- The CSC will periodically follow-up to determine if the equipment is still needed. **Note: If VT services are postponed for 30 days or more, the patient must return the equipment, unless approved by faculty. Depending on the circumstances, the CSC will alert the student assigned to the patient if the equipment has not been returned within a month.**
- No equipment will be loaned if there are fewer than 4 in inventory for clinic use.
- The CSC will keep an accurate record in Excel of loaned equipment that includes the patient’s name, chart number, item name, inventory number and returned equipment date. A file card will be created with this information to keep track of all loaned equipment and will be placed in the file card drawer.
- If equipment is sold, the CSC will check to see if the patient has been charged for the item/s sold by Patients Relations check out staff. In most cases the CSC will enter the charge on the patient’s fee sheet before he/she leaves. Additionally, the CSC will keep an accurate record that includes the patient’s name, chart number, sold by and the item name on the re-sale sheet (hot pink). This information is placed on the re-sale cabinet for future equipment replacement. Faculty are required to fill out the re-sale sheet when CSC has left for the day or is away from the office.
- No equipment is allowed to be sent out for home vision therapy until the \$50 equipment fee is entered on the fee sheet whether it is being paid by the patient’s guardian or school contract.

FORMS:

UEC Equipment Slip (lilac)
Home Loan Slip (salmon color)
Vision Therapy Policy Contract (white color)
Re-Sale Sheet (hot pink color)
File Card (white)

6.7.4 Assembling Vision Therapy Kit

Purpose:

This protocol is a guideline for the assembly of Vision Therapy Kits (VKT). This is to ensure that all VTK are similar in content.

- Using a 6" x 9" Zip Lock Bag

The following equipment is included in the VT Kit:

1. 3-dot card (1)
2. Opaque life saver card (1)
3. ABC pencils (2)
4. Adult Pirate Patch (1)
5. Brock String (1)
6. Opaque Eccentric Circles (2) A-B & B-A
7. Clear Eccentric Circles (2) A-B & B-A
8. Fastener to hold the eccentric circle
9. Pocket folder (1)
10. KH Purple bag

The patient or guardian will be charged a \$50 equipment use fee that is non-refundable. Please circle code **VT51 on the fee sheet**. Fill out a file card with the patient's name and place it in a filing drawer. There should be a spreadsheet called "Home Loan List", which lists the patients name, equipment dispensed for home therapy as well as when returned.

The VT kits and bags are theirs to keep.

6.7.5 Replacing and Replenishing

Purpose:

To establish a process to ensure that supplies are readily available for patient care.

Procedure:

Inspect all VT/Peds exam rooms for the following:

- Replace all expired diagnostic pharmaceutical agents
- Replenish Alcohol Prep Pads
- Replenish Cotton-tipped Applicators
- Replenish Fluorescein Strips
- Replenish Multi-Purpose Solution
- Replenish Hydrogen Peroxide

Inspect and replenish downstairs central supply located in room #1117 with the following items:

- Tissue Boxes
- Diagnostic Pharmaceutical Agents
- Laser Paper 24lb
- Fluorescein Sodium Drops (5 mL)
- Autorefractor Paper
- Visual Field Paper (9")
- FDT Paper
- 61XL Black Ink Cartridge
- 61XL Tri-color Ink Cartridge
- Inspect all five (5) Disinfecting stations for replenishing of:
- Hand Sanitizer (1 bottle)
- Facial Masks (1 box)
- Tissue Boxes (2 boxes)

Inspect the student lounge printer as well as printers in VT/Peds. Use 20lb paper.

Inspect the employee breakroom for diminished coffee supplies.

6.7.6 Replenishing Supplies for Patient Care

PURPOSE:

Is to establish a process to replenish supplies in the downstairs Central Supply.

PROCEDURE:

The Central Supply Clerk will inspect downstairs Central Supply room (#1117) where most patient care supplies are being stored for the use of Primary Care, Ocular Disease, Low Vision, and Contact Lens departments.

Supplies Generally Stored in Central Supply Room #1117:

Printing Paper for the following Diagnostic Instruments:

- HRT, Optovue, Matrix, and Topography
- **61XL Black and 61XL Tri-color Ink Cartridges for:**
HRT, Optovue, Matrix, and Topography instrument

Diagnostic Products:

- Tropicamide 1% 15 mL
- Altafluor Fluorescein Drops 5 mL
- Cyclopentolate HC1 1% 15 mL
- Proparacaine HCl 0.5% 15 mL
- Pro-Glo Fluorescein Strips 300/box
- Lissamine Green Strips 100/box
- Schirmer Tear Flow Strips 100/box

Pharmaceuticals:

- Multi Purpose Solution 4 fl. oz

Miscellaneous Supplies:

- PH Paper
- Hydrogen Peroxide 16 fl. oz
- Isopropyl Alcohol 70%
- Cotton-tipped Applicators

6.7.7 Ordering Supplies**PURPOSE:**

To establish a process to replenish depleted supplies.

PROCEDURE:

The Central Supply Clerk will order supplies as follows:

Office & Coffee Supplies

- To order from Staples's online; you must first be set-up by the Accounting Supervisor. Once set-up, go to www.staplesbusinessadvantage and log-in.
- On the log-in screen, you will need to type in MBKU's staples account number which is **1819585**. In the User ID box, enter the service department's general ledger account number shown below, however, when ordering for **Primary Care/Ocular Disease**, you will need to enter your MBKU e-mail address instead of the GL account number which you will then select before you submit the order for approval.

- Be sure to select the **correct GL account number** from the drop down box before you submit your order. The order will be sent to your approver once you click the **“submit”** box. The approver will then submit it to the Accounting Supervisor who then sends it to Staples. Accounting will also make changes if necessary to lower the cost. You will need to fill out a Material Request Form, aka MRF when ordering from other vendors.
- For assistance, contact the Accounting supervisor if you are unable to find what you are looking for.

Diagnostic Pharmaceutical Agents & Medical Disposable Supplies

- Fill out a **“Material Requisition Form” aka MRF** which can be obtained through **“My.Ketchum.edu”** portal.
- Type in **“Campus Store”** on the Supplier/Payee line.
- If ordering for more than one service department on the same MRF, make sure to enter the correct GL account number that needs to be charged for each item/s.
- Once the MRF is completed, have it signed by the chief of the department that you are requesting the merchandise for or you may scan the MRF and send it via e-mail for a signature of approval or interoffice the request.
- Once the order is received, sign and date both packing slips. Keep one for your records and the other goes to the Accounting Secretary Clerk. If a packing slip has not been included in the box/package, notify the Accounting Supervisor and the Accounting Secretary Clerk via e-mail.

Reconciling Orders Received

- Verify all items listed on the MRF have been received. If an item is missing, or you received the incorrect item, send an e-mail to the Accounting Supervisor or dial X7542.
- Write in the date received and sign the packing slip. Take a copy for your records and provide the Accounting Secretary Clerk with the original slip **ASAP**. This will assist the Accounting department in expediting payment.

GL Account Numbers

- BCLC: 15320-7280 (Blind Children’s Learning Center)
- Clinic Expenses: 15200-7280 (Ketchum Health)
- Coffee Supplies: 58150-7280
- Contact Lens: 15280-7280
- CSUF: 15310-7280 (Cal State University Fullerton)
- Garden Grove: 15380-7280 (Boys and Girls Club aka Garden Grove)
- Ocular Disease: 15290-7280
- Pediatrics: 15250-7280
- Primary Care: 15220-7280
- Tustin: 15550-7280 (Hurt Clinic)

- UECLA: 15400-7280 (University Eye Center Los Angeles)
- Vision Therapy: 15260-7280

FORMS:

Material Requisition Form (MRF)

6.7.8 Commonly Used Vendors**PURPOSE:**

To establish a list of vendors to contact when needing equipment or supplies.

PROCEDURE:

Keep a copy of all orders for reference purposes.

Jordan Left-Right Reversal & TAPS -3rd Edition Test Forms:

- ❖ Item Number for Jordan L/R forms: XA6885-4-BN
- ❖ Item Number for TAPS-3 forms: XAT8412-5

Optometric Extension Program Foundation, Inc. (aka OEP)

1921 E. Carnegie Ave., Suite #3-L

Santa Ana, CA 92705

(800) 424-8070

(949) 250-8157 Fax

www.oep.org

CHILDREN'S COLOR TRAILS 1 & 2 TEST FORMS:

- ❖ Item Number: PQ5060ST

Psychological Assessment Resources, Inc. (aka PAR)

16204 N. Florida Ave.

Lutz, FL 33549

(800) 331-8378

(800) 727-9329 Fax

www.parine.com

BERRY VMI 5TH EDITION & MOTOR COORDINATION FORMS:

- ❖ Item Number for VMI: 46240
- ❖ Item Number for Motor Coordination: 46250

Pearson Assessments

P.O. Box 1416

Minneapolis, MN 55440

Supplier Account Number: 952038

(800) 627-7271

(800) 232-1223 Fax

www.pearsonassessments.com

TOSWRF A & B FORMS:

❖ Item Number: 11262
Pro-Ed Inc.
8700 Shoal Creek Blvd.
Austin, Texas 78757
Supplier Account Number: 246854
(800) 897-3202
(800) 397-7633 Fax
www.proedinc.com

MOST VISION THERAPY & PEDIATRIC EQUIPMENT PLUS HOME THERAPY SOFTWARE:

Bernell Vision Training Products, Inc.
4016 N. Home Street
Mishawaka, IN 46545
Supplier Account Number: 45803
(800)348-2225
Fax (574)259-2102 or 2103
www.bernell.com

Diagnostic Pharmaceutical Agents & Various Disposable Items:

Campus Store at Fullerton Campus
Auxiliary Services Manager
(714) 449-7424
E-mail Printshop@ketchum.edu for 20lb and 24lb printing paper and when need bulk jobs done.

Staples Business Advantage (After You Get Set-up by the Accounting Supervisor):

- ❖ Auto-Refractor Printing Paper

FDT & Humphrey Visual Field Printing Paper:

- ❖ Item Number: 266002-11-1-300 Thermal Paper - Package of 5
- ❖ Item Number: 266010-0024-433 Thermal Paper – Package of 12

Carl Zeiss
5160 Hacienda Drive
Dublin, CA 94568
Supplier Account: 7252000
(877) 486-7473
(925) 557-4298 Fax
www.meditec.zeiss.com

6.8 BUSINESS CONTINUATION PLAN- CLINIC SERVICES

This plan does not replace Marshall B. Ketchum's (MBKU) emergency preparedness plan. In the event of an emergency or disaster, the emergency preparedness plan will be implemented.

This Business Continuation Plan sets out the process by which the University Eye Center at Ketchum Health (UEC-KH) will respond to, manage, and recover from an incident, such as server down, power outage, no telephone service, department area interruption, etc. It has been developed to a) provide guidance on how to proceed in the event of an incident that may have short term or long term effect on services; b) mitigate the impact on UEC-KH's ability to carry out its functions; c) provide a communication/reporting process; and d) ensure services continue to be provided to our patients in an organized manner. Appropriate planning can reduce the impact on patients, student learning and the level of operational disruption.

Definitions

- **Emergency Preparedness Plan-** MBKU's plan to prepare for, react and recover from any event of magnitude that causes or has the potential to cause injury or death to staff, faculty, students and which may cause extensive damage to property. It also includes an evacuation plan.
- **Business Continuation Plan-** UEC-KH's plan to respond to a specific systems failure(s) or disruption of operations due to an incident that would not warrant implementing the emergency preparedness plan.

This plan also includes contact information to reach key individuals during evening hours, weekends and in urgent situations.

In any situation where there is a possible interruption in services due to circumstances beyond our control, we should determine the following:

1. Are staff and patients safe?
2. Is our building safe?
3. Can we continue to provide services to our patients?
4. Can we communicate to our patients?
5. Can we check-in and check-out patients?
6. Do we have adequate staffing to provide services?

Contact Information

Urgent Support Team

Name	Title	Department	Telephone #
KH Security			7490
Greg Smith	Director	Campus Operations	949-436-0329
?	Director	Safety and Security	

Samuel Young	Director	Information Technology	562-392-0131
?	Assistant Director	Information Technology	?

UEC-KH Contact Information

Name	Title	Department	Telephone #
Dr. Julie Schornack	Sr. VP & Chief Staff	Clinical Affairs	818-681-6877
Dr. Mark Nakano	Assoc. Dean	Clinics	310-739-2337
Dr. John Nishimoto	Associate Dean	Clinical Education	714-788-3570
Francine Ward	Director	Optical Services	714-745-6235
Rachel Merlos	Supervisor	Patient Relations	714-271-9486
Rosa Hernandez	Lead	Patient Relations	562-440-5022
Erin Dean	Coordinator	Clinical Education	?
Connie Phung	Coordinator	Clinics	909-210-5809
Dr. Judy Tong	Assistant Dean	Residencies	714-343-9044
Dr. Dave Sendrowski	Chief	Ocular Disease	949-584-8677
Dr. Erin Reuff	Chief	Contact Lens	510-541-6422
Dr. Kristine Huang	Chief	Vision Therapy	626-224-8666
Dr. Mark Sawamura	Chief	Primary Care	714-473-6869
Dr. Patrick Yoshinaga	Chief	Low Vision	562-756-4491

6.8.1 Department Area Disruption

Purpose

To ensure patients continue to receive services in the event of a service area interruption. If an emergency or disaster occurs, the university's emergency preparedness plan will be implemented and will replace this procedure.

Procedure

If the University Eye Center at Ketchum Health (UEC-KH) has a service area interruption due to fire, earthquake, roof problems, etc., the following steps will be taken:

Accommodating Patients in another Service Area

1. The number of appointment slots will be reduced to accommodate patients using exam rooms in other service areas.
2. Patients will be contacted by phone, if it becomes necessary to reschedule their appointment.
3. Patients receiving urgent care or follow-up care will take priority over routine exams.
4. Exam rooms will be reserved and stocked with supplies (if appropriate) to accommodate patients from the affected service area.

Multiple Service Area(s) Disruption/External Relocation Required

1. Notification to patients regarding appointment cancellation, rescheduling and temporary location will occur by telephone, eblast, and through U.S. Mail. A general statement may also be posted on UECF's website.
2. Patients requiring immediate follow-up may be referred to local Optometrists and Ophthalmologists.

6.8.2 Communication with Patients when Telephone Service is Down

Purpose

To develop a mechanism to communicate with patients when the University's telephone service is down for an extended period of time.

Procedure

UEC-KH's practice management system (NextGen) currently holds over 10,000 patient email addresses and a little over 39,000 cell numbers. In special circumstances when mass communication to patients must be made, an eblast will be sent, using DemandForce, the appointment reminder software system. In the event there is a need to cancel scheduled patient appointments for the next day, or two, an email and text message will be sent.

Additional methods of communication may include using UECF's website and/or U.S. Mail.

6.8.3 Interruption of Normal Processes During Exam

Purpose

To ensure patients continue to receive services in the event of an incident (power outage, server down, minor earthquake, etc.) occurring during the patient's exam. **If an emergency or disaster occurs, the university's emergency preparedness plan will be implemented and will replace this procedure.**

Procedure

If the University Eye Center at Ketchum Health has an interruption that would affect normal processes while the patient is being examined, the staffing faculty will assess the situation, call Patient Relations to report the problem or to obtain information and will follow the steps below:

1. Instruct interns to open exam room doors and remain with the patient. Patients in pre-testing areas will return to exam rooms with interns.
2. Faculty will assign a runner to provide communication to interns.
3. Record all exam data gathered, prior to the incident.
4. Close OfficeMate (OM) to save the exam and to prevent potential loss of data.
5. Distribute paper exam form (located in each consultation room) for the intern to record the entire exam.
6. Continue the exam (including dilation when applicable) if the patient agrees.
7. If the patient would like to reschedule the exam, or the intern/faculty is unable to complete the exam under the presenting circumstances, the intern will complete the "Reschedule Form" (located in the consultation room) and give it to the service area Administrative Assistant. **Note:** If the exam occurs in Primary Care, the "Reschedule form" will be given to the Cashier at check-out.
8. At the end of the exam, the intern will:
 - a) Escort the patient to Optical with the RX form (if applicable).
 - b) Escort patient to check-out with the fee sheet, paper exam form and the Reschedule Form (if applicable) to be scanned by Patient Relations.
9. When power is restored, faculty will document in the patient's OM chart that power was out during the exam to explain the partial OM documentation and paper chart.

FORMS

Paper Exam Form
Reschedule Form

6.8.4 Lack of Personnel-Extended Illness

Purpose

To maintain essential operations and services in the event that faculty/staff/interns are absent for an extended time due to illness. **This procedure does not replace the University's Emergency Preparedness Plan.**

Procedure

It is essential that emergency contact information for faculty staff and interns remain current at all times. In the event of 1/3 of this classification of personnel being absent due to a major illness or

a **pandemic situation**, it may become necessary to change the clinic's hours of operations and create alternate appointment and work schedules.

Faculty Absent

The Chief of Service will request assistance from other faculty members within the service, followed by other service areas to cover absent faculty. If no faculty/doctors are available from other services, the Chief of Service will contact part-time and on-call doctors in an effort to cover the service. If no faculty/doctors are available, appointment slots will be reduced or closed and patients will be notified.

Support Staff Absent

The Director of Clinical Services will deploy cross trained support staff to temporarily work in the area of employees absent for an extended period of time. Deployed support staff will assume the duties and responsibilities of the position(s) being replaced until the employee returns, or until instructed to return to their regular work assignment. If no support staff is available, Human Resources will be notified to contact retired staff and/or temporary employment agencies. Associate Dean of Clinics will make the decision to create alternate work schedules and temporarily change the Eye Center's hours of operations if it becomes necessary.

Interns Absent

The Chief of Service will instruct the clinic appointment scheduler, working in conjunction with the Associate Dean of Clinical Education to contact students who are on call to work in the service. If no students are available, it may become necessary to cancel appointments and notify patients.

6.8.5 Contact Lens Ordering – Business Continuation Plan

Purpose

To ensure patients are able to order contact lenses during a power outage or when the server is down.

Procedure

If the patient would like to order contact lenses and the University Eye Center is experiencing a power outage, or the server is down, the following will occur:

Patient is Present and Was Examined

1. The intern, using the Contact Lens Materials List, will write the quantity of lenses to be ordered in the column with the appropriate vendor.

2. The staffing faculty, using the paper chart will obtain the prescription (RX), complete the Contact Lens Order Form, and will give it to the Contact Lens Inventory Assistant to place the order.
3. The intern will escort the patient to check-out with the materials list and fee sheet. Check-out will collect the appropriate fees for the lenses from the patient.
4. The Contact Lens Inventory Assistant will call the vendor to place the order.
5. After power is restored, the Inventory Assistant will enter the contact lens order information into OfficeMate.

Patient is Requesting a Refill Order on the Phone

The Contact Lens Inventory Assistant will inform the patient of the following:

1. We are experiencing a power outage and are unable to access his/her medical record.
2. Can take the order request over the phone and will place the order after the power is restored.
3. Can take the credit card information over the phone for payment of lenses.

Patient Requesting Order Status on The Phone

The Contact lens Inventory Assistant will inform the patient of the following:

1. We are experiencing a power outage/server down and are unable to access his/her order.
2. After power is restored, the status of the order will be checked and he/she will receive a call.

FORMS

Contact Lens Materials List

Contact Lens Order Form

6.8.6 Optical Ordering of Frames and Lens – Business Continuation Plan

Purpose

To ensure patients are able to order frames and lenses during a power outage, server down or no telephone service.

Procedure

Patient Is Present and Was Examined

1. After the exam is completed, the intern will escort the patient to the Optical department with the Patient's RX form.
2. The Optician will assist the patient on frame selection as usual (if lighting is ideal) and will use the Optical Order form.

3. After patient makes a selection the Optician will:
 - a) Call the patient's insurance provider (if applicable) to determine material benefits and obtain authorization.
 - b) In the event, telephones are not working, inform the patient you will call them after speaking to the insurance provider and will require a 50% deposit at that time.
 - c) If the patient is paying by cash, escort him/her to cashier (50% deposit required).
4. If able to place order, patient will be escorted to check out for manual payment processing.
5. After power/server is restored, enter order information in SCCO Soft.

Walk-in Patients

1. The optician will inform the patient that we are experiencing a power outage; however they can assist with frame selection (if lighting is ideal).
2. The Optician will follow steps 2 -5 above for customers with an outside RX.
3. UECF patients will be informed we are unable to access their RX at this time; however they can make a frame selection. Follow steps 2-5 above.

Patient Requesting Order Status on the Phone

Inform the patient of the following:

4. We are experiencing a power outage/server down and are unable to access his/her order.
5. After power is restored, the status of the order will be checked and he/she will receive a call.

FORMS

RX Form

Optical Order Forms

6.8.7 Patient Relations Check-in/Check out – Business Continuation

Purpose

To provide the Patient Relations (PR) staff with a protocol that outlines a business continuation plan in the event of one or all system(s) failures occurs. The procedure will cover the processes to follow when the server is down, affecting NextGen OfficeMate and the internet. In addition, it provides the contact information for the Director of Campus Operations in the event there is loss of telephone service, or a power outage.

Procedure

Daily Procedure

To prepare for the next day's patients, PR staff will print fee sheets and verify insurances for each appointment (**walk-in patients will not be accepted, with the exception of patients needing**

immediate medical attention). Staff will also generate a report listing the next day's schedule of patients by time and will do the following:

1. Print next day fee sheets approximately 2 hours prior to close of business.
2. Determine what paperwork (if any) each patient will need to complete and attach to the patient's fee sheet.
3. Print the report titled "Apt List Contingency Plan" located in the "Patient Relations" memorized reports list.
4. After the report has printed, place it with the next day fee sheets and staff schedule in the black inbox near the copy machine.

Backup Procedure

1. Call IT and notify them of the situation.
 - a. During regular business hours call:
 - i. Sam Young at ext. 7481
 - b. After hours or weekends call:
 - I. Sam Young
 1. Cell: ?
 2. Home:?

Check-in

1. Staff will each have a manual check-in log to write patient names as they check in.
2. Staff will then use the printed list of patients (Apt List Contingency Plan) to check them in by highlighting each name

Check-out

1. Service charges need to be calculated and documented on the fee sheet.
 - a. All payments are to be collected at the time of service.
 - i. Cash and Check payments will be processed as usual.
 - ii. Credit card payments will be processed using a manual credit card slip, and will be entered and processed in the credit card terminal once the machines are functioning.
 - iii. Manual credit card receipts will be given to the patient at the time of checkout. If the patient requests an itemized receipt, one shall be printed and mailed out once the system is back online.

OfficeMate

Patient intake, financial policy, and health history forms will be kept in a folder in PR. When the system comes back online, the exam documents will be entered and scanned.

Internet Connection

In the event we are unable to verify insurances for the next day's appointments, the following process will be implemented:

- a. A staff member will be assigned to come in early to verify that day's insurances.
- b. For same day outage, all authorizations will need to be obtained over the phone.

Phone Outage

Contact Campus Operation:

- a. Greg Smith at ext. 7456 or 949-436-0329 (Cell)

Power Outage

Contact Campus Operation:

- a. Greg Smith at ext. 7456 or 949-436-0329 (Cell)

Patient Communication

In the event the power outage/server down has a long-term effect, or after receiving instruction from the Associate Dean of Clinics, the PR staff will call scheduled Primary Care patients to cancel and reschedule their appointment. The Administrative Assistants for the remaining service areas will contact their scheduled patients.

7.0 FINANCIALS

7.1 CLAIMS

7.1.1 Sending Accounts to Collections

Procedure

When the patient has an outstanding balance, the following steps will be followed:

First month – A statement is mailed to the patient.

Second month – A past due statement is mailed to the patient.

Third month – A final notice is mailed and the patient's status is changed to "See Alert-No Appointments". Enter an alert regarding the patient's balance.

Fourth month- Mail out a post card. Staff will review the account for collections and the following steps will occur:

Change NextGen alert to "Reviewing for Collections".

Enter an encounter note "Reviewing for Collections".

On the statement, write the department name, the patient's chart number and all telephone numbers associated with the patient.

Review the patient ledger to ensure the balance is the patient's responsibility.

Call the patient to notify him/her the account will be sent to collections if the outstanding balance is not paid.

If the patient fails to pay the outstanding balance at the end of fourth month, the account will be sent to collections, open a batch in NextGen and go to the "Encounter Tab" and do the following:
Select "Add Transaction".

Enter "Sent to Collections" in the tracking field.

Enter the amount to be adjusted.

Select adjustment code: "Sent to Collections".

Select "Recalc" and "Save".

Post the batch and send a copy of the Posting Report to the Accounting department.

Make copies of the Patient Information Sheet, the signed Financial Policy form attach the documents to the most current statement and forward it to the Accounting department with the Posting Report.

In NextGen, change the patient status section in the patient information from "See Alert-No Appointment" to "Sent to Collections". Set the Patient Status Change Reason to "Sent To Collections".

Enter an alert in the "Clinical History notes" section regarding the collection action taken.

Removing the Account From Collection Status

Collections balance must be paid to collection agency by patient. When the patient submits payment accounting will forward a report of patient paid balances staff will do the following:

Terminate the Alert.

Change the patient status to "Active".

Change the reason to "Paid Collection Balance".

Open a batch reverse "Sent to Collections" adjustment and enter "Collections Paid to Agency" adjustment.

FORMS

Financial Policy

Patient Information Sheet

Sent to Collections Sheet

7.1.2 California Highway Patrol Billing

PURPOSE

To ensure the California Highway Patrol (CHP) is accurately billed for Visual Acuity examinations.

PROCEDURE

At the beginning of each month, staff will login NextGen to print statements for services rendered to CHP patients as follows:

In each CHP patient's encounter, print an invoice by going to "Transactions". Right click on "Print", followed by "Encounter Bill". Print the invoice.

Highlight the encounter invoice number located at the top left hand corner as well as the patient's name.

The doctor will write the results of the exam on the Visual Acuity Form, provided by CHP. Mail the invoice to CHP with a copy of the Visual Acuity Form to the attention of the Cadet Hiring Unit.

Note: CHP will not issue payment for the exam if the Visual Acuity Form is not attached.

When submitting payment to the Eye Care Center, CHP will include the patient's invoice number. This will notify staff where to post the payment.

FORMS

Visual Acuity Form

7.1.3 Billing Medicare/MediCal for Comprehensive Exams

Purpose

To establish a billing process for patients with Medi-Cal and Medicare (Medi-Medi) dual coverage.

Procedure

When submitting billing for payment of services, the comprehensive and refractive portions of the exam are billed separately as indicated below:

Comprehensive

Medicare will be billed for the comprehensive portion of the exam. Staff will login NextGen and will conduct the following:

Validate that the primary diagnosis is a medical code. If the patient does not have a medical diagnosis attached to the encounter, the following steps will occur:

Login OfficeMate and search for the patient.

Select "Demographics".

Select "eDocuments".

Select and open the fee sheet for the encounter and review the diagnosis section.

Print the fee sheet and forward it to the supervising doctor with a request for a medical diagnosis. Create a note in NextGen detailing the request and email the doctor alerting him/her there is a request in their mailbox.

After the fee sheet is received, write "Correct Fee Sheet" at the top of the front page and scan into OfficeMate.

Go to the "Encounter Level" followed by the "General" tab and open the encounter information.

Add the referring doctor's name.

Generate the claim.

Refractive

Medi-Cal will be billed for the refractive portion of the exam. If Medi-Cal has been billed for refraction within the past 24 months, it will be necessary to indicate a specific diagnosis code. Staff will login NextGen and conduct the following:

Validate that the primary diagnosis is a refractive code. If the patient does not have a refractive diagnosis attached to the encounter, the following steps will occur:

Login Officemate and search for the patient.

Select "Demographics".

Select "eDocuments".

Select and open the fee sheet for the encounter and review the diagnosis section.

Print the fee sheet and forward it to the supervising doctor with a request for a medical diagnosis. Create a note in NextGen detailing the request and email the doctor informing him/her there is a request in their mailbox. After the fee sheet is received, write "Correct Fee Sheet" at the top of the front page and forward it to the Medical Records department to scan into OfficeMate.

Generate the claim.

7.1.4 Medicare Billing Guidelines

<u>Established Patients</u> Need 2/3 column criteria met	History	Examination	Decision Making 2/3 bullet points need to be met to meet level
99211	Minimal	Minimal	Minimal
99212	Problem Focused: Medical CC 1 HPI	Problem Focused: 1 Exam finding	Straightforward: 1 Dx/Management options 1 complexity of data Minimal risk of complications/morbidity/mortality
99213	Expanded Problem Focused: Medical CC 1 HPI 1 ROS	Expanded Problem Focused: 6 Exam findings	Low Complexity: 2-3 Dx/Management options 2 complexity of data Low risk of complications/morbidity/mortality
99214	Detailed: Medical CC 4 HPI 2 ROS 1 PFSH	Detailed: 10 Exam findings	Moderate: 3 Dx/Management options 3 complexity of data Moderate risk of complications/morbidity/mortality

99215	Comprehensive: Medical CC 4 HPI 10 ROS 3 PFSH	Comprehensive: 12 Exam findings and 2 mental questions	High: 4+ Dx/Management options 4+ complexity of data High risk of complications/morbidity/mortality
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<u>New Patients</u> Need all 3 column criteria met	History	Examination	Decision Making 2/3 bullet points need to be met to meet level
99201	Problem Focused: Medical CC 1 HPI	Problem Focused: 1 Exam finding	Straightforward: 1 Dx/Management options 1 complexity of data Minimal risk of complications/morbidity/mortality
99202	Expanded Problem Focused: Medical CC 1 HPI 1 ROS	Expanded Problem Focused: 6 Exam findings	Straightforward: 1 Dx/Management options 1 complexity of data Minimal risk of complications/morbidity/mortality
99203	Detailed: Medical CC 4 HPI 2 ROS 1 PFSH	Detailed: 10 Exam findings	Low Complexity: 2-3 Dx/Management options 2 complexity of data Low risk of complications/morbidity/mortality
99204	Comprehensive: Medical CC 4 HPI 10 ROS 3 PFSH	Comprehensive: 12 Exam findings and 2 mental questions	Moderate: 3 Dx/Management options 3 complexity of data Moderate risk of complications/morbidity/mortality
99205	Comprehensive: Medical CC	Comprehensive:	High: 4+ Dx/Management options

	4 HPI 10 ROS 3 PFSH	12 Exam findings and 2 mental questions	4+ complexity of data High risk of complications/morbidity/mortality
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PFSH:

1. Patient's Past History (Illnesses, operations, injuries and treatment)
2. Family History (A review of medical events in the pt's family, including diseases which may be hereditary or place the patient at risk)
3. Social/Occupational History (An age appropriate review of past and current activities)

Exam Findings:

VA

VF (by confrontations ONLY)

Ocular Adnexa (lids, lac glands, lac drainage, orbits, lymph nodes)

Pupils/Irises (shape)

Motility/versions and primary gaze alignment (CT)

Corneas (Epithelium, Stroma, Endothelium and tear film)

AC (depth, angles, cells, flare)

Lenses (clarity, capsules, cortex, nucleus)

Bulbar & Palpebral Conjunctiva

IOP

Ophthalmoscopy (DILATED) Discs

Ophthalmoscopy (DILATED) Posterior Segments

Mental Status:

Orientation to time/place/person

Patient's mood and affect

Diagnosis/Management Options:

Problems	Points
Self-limited or minor (maximum 2)	1
Established problem, stable or improving	1
Established problem, worsening	2
New problem with NO additional work-up planned (maximum 1)	3
New problem with additional work-up planned	4

Complexity of Data:

Data Review	Points
Review or order clinical lab tests	1
Discuss test with performing physician	1
Independent review of image, tracing or specimen	2
Decision to obtain old records	1
Review and summation of old records	2

Risk Level:

Risk Level	Problem or Management Options
Minimal Risk (Need 1 of the following)	1 self-limited or minor problem, laboratory testing
Low Risk (Need 1 of the following)	2 or more self-limited or minor problems, 1 stable chronic illness, 1 acute uncomplicated injury or illness, prescribed OTC meds
Moderate Risk (Need 1 of the following)	1 or more chronic illness with mild progression, 2 or more stable chronic illnesses, undiagnosed new problem with uncertain prognosis, acute illness with systemic

	symptoms, acute complicated injury, Prescription medication management
High Risk (Need 1 of the following)	1 or more chronic illness with severe exacerbation or progression, Acute or chronic illness or injury which poses a threat to life or bodily function, An abrupt change in neurological status, drug therapy requiring intensive monitoring for toxicity

7.1.5 Processing PEDIG Vouchers

Purpose

To develop a process of billing the “JAEB Center for Health Research” when the patient participates in the Pediatric Eye Disease Investigator Group (PEDIG) research study.

Procedure

The University Eye Center at Ketchum Health (UEC) participates in research studies conducted by the PEDIG. Patients who enroll in one of the Amblyopia Treatment Studies are given vouchers to obtain a free pair of glasses from the Optical department’s Value Line.

Staff will process this type of billing as follows:

Login NextGen, go to “Chart” and type the patient’s name.

In the “Guarantor” screen, change the guarantor to “JAEB Center for Health Research”.

Enter the charges as “Usual and Customary” in the “Charge Entry” screen.

The UEC will provide spectacles and lenses not to exceed \$95.00 subject to the following:

Frames with a retail price up to \$100 are billed at 50% of retail cost; and lenses are billed at \$22.50 each. **Note: Lenses should be polycarbonate with scratch coating. Add-ons and upgrades are not permitted.**

If the patient selects more expensive frames, he/she will be responsible for up to 80% of the retail price over \$100.

When making an adjustment in NextGen, go to the “Transaction Screen”. Choose “JAEB for Health Research” from the adjustment code drop down list.

Make a copy of the voucher, attach it with the original and place it in the Insurance drawer until glasses have been dispensed and the charges are ready to be billed.

The UEC will provide a monthly itemized billing statement to the JAEB Center that includes the patient study ID number (not the patient's name).

7.1.6 Daily Post

Purpose

To establish a process to reconcile cash and credit card purchases.

Procedure

On a daily basis, the Claims Representative will conduct the following:

Remove the money bag (cash) from the safe located in the cashier's area and retrieve the credit card auto batch report(s).

Find the specific report in Next-Gen (ECC Payment Report and Batch List by Creator). As well as external clinics (Tustin, GG, CSUF, STP).

Count all money and match the amount to the appropriate report. If there is an input error, notify the cashier to correct it. If the amount is still not a match, write an explanation for the Accounting department.

Take money and the auto batch report(s) to the Accounting department and wait until it is counted, reconciled.

7.1.7 School District Contract Billing

Purpose

To establish a process to bill school districts for vision therapy services.

Procedure

When a student is referred to the University Eye Center for vision therapy services, the school district will issue an authorization that includes the number of authorized visits and the agreed upon payment amount. On a monthly basis, staff will print statements from NextGen showing the school district as the guarantor. Statements will be processed as follows:

Ensure billing is accurate by reviewing the contracted billing charges.

Go to the encounter number in NextGen and right click on the encounter. Scroll down to "Print" and select it. Select "Encounter Bill".

Print the invoice for each service provided. **Note: school districts will only issue payment if there is an invoice number and not a statement.**

Highlight the invoice number, the child's name and the balance due and mail it to the school district.

7.1.8 Department of Rehabilitation Billing

Purpose

To establish a process to submit billing to the Department of Rehabilitation (DOR).

Procedure

The DOR will mail/fax an "Authorization and Invoice for Medical Services" to the Eye Care Center (UEC) when referring their client for services. Upon receipt, staff will follow the process below:

Primary Care Appointment

Copy the authorization form and attach the Instructions. Place a copy in the Claims department file and forward the original to Patient Relations or Low Vision.

When billing the DOR, attach the original authorization, the Report of Optometric Examination, the V Codes and the Pricing form. **Note: The DOR must have the V Codes and pricing to authorize services.**

Mail the above documents to the patient's counselor. **Note: If the documents are not mailed timely, authorization may be delayed for the recommended glasses.**

Authorization for Glasses

Upon receipt, copy and forward the authorization to the Optical department. Maintain the original for billing.

Inform the patient he/she can make a selection and place their order.

When the patient arrives, the Optician will pull the authorization from the Optical department's file folder. The patient will only receive what is authorized on the Rehabilitation Authorization Form. **Note: The DOR pays basic Medi-Cal rates and will not pay for upgrades.**

When the patient receives the glasses, he/she will sign the Verification of Delivery form.

When billing the DOR, attach a copy of the lab invoice and the signed Verification of Delivery form to the original authorization. Verify the appropriate material amounts have been completed on the form. **Note: Do not submit billing until the glasses have been dispensed and the patient has signed the Verification of Delivery form.**

Low Vision Services

Make two copies of the authorization and give one to Patient Relations and maintain the second one for the Claims department file. Give the original to the Low Vision service area for billing.

When services are completed, the Low Vision staff will bring the authorization to the Claims department. Claims staff will enter the appropriate adjustments from the usual and customary fees into NextGen.

Mail the authorization to the patient's counselor. If the doctor is requesting a low vision device, a Pre-Determination Recommended form is completed and attached with the billing information.

When the purchase order is received for the Low Vision device (s), give the original to the Low Vision department for billing and maintain a copy for the Claims department file. Materials are ordered and dispensed by the Low Vision department staff.

Adjust charges in NextGen from the usual and customary fees to the DOR's authorized amount. Mail the paperwork to the patient's counselor.

Payment Follow-Up

If after reviewing monthly statements it is determined UEC has not received payment, staff will contact the DOR regarding payment status.

FORMS

Authorization and Invoice for Medical Services

Intern Instructions

Report of Optometric Examination

V Codes and Pricing

Verification of Delivery

Pre-determination Recommended

7.1.9 Stop Payments of Checks

Purpose

To establish a process to follow when a patient stops payment on a check for services/materials provided.

Procedure

Open a "Posting Batch" in NextGen and go to "Transactions" and select "Check- Patient Stopped Payment".

Enter the amount of the check and post the transaction. This will reverse the payment.

Go to "Charges" and enter a new charge with the code "Returned Check Fee" of \$25.00.

Enter an alert showing there is an outstanding balance to be collected.

Mail the patient a statement.

Inform the patient he/she is responsible for payment of the original check amount as well as a \$25.00 returned check fee. In addition, make the patient aware that the entire amount must be paid by cash or credit card within 48 hours.

If payment is not received within 48 hours, open a new posting batch and go to "Transactions" and select "Sent to Collections".

Close the batch and forward to the Accounting Department.

Set the patient and guarantor status to "See Alert, No Appointment" and include reason "Sent to Collections"

Add an alert with the encounter number, balance, collection fee, and total due.

7.1.10 Durable Medical Equipment Eligibility

Purpose

To establish a process to determine if the Medicare patient is eligible for Durable Medical Equipment (DME).

Procedure

Prior to ordering DME, optical staff will verify eligibility by following the steps below:

Go to the DME website at: <https://www.noridianmedicareportal.com/>

Login: Individual logins

Select "eligibility."

Select "TIN", clinic "NPI" "PTAN"

Enter the patient's Medicare #, last name, first name or date of birth. Hit submit inquiry.

The patient is eligible provided he/she is not a member of a Medicare Risk HMO.

FORMS

See below

GLASSES AFTER CATARACT SURGERY

Please complete and scan, then forward to Claims once completed.

Patient # _____

Patient Name: _____

Patient Medicare #: _____ Patient Birth Date: _____

Referring Doctor Name: _____

Referring Doctor Phone Number: _____

Diagnosis code (check one):

_____ Pseudophakia, V43.1

_____ Aphakia, 379.31

_____ Congenital Aphakia, 743.35

Medically Necessary

Add Ons

_____ Tint V2744-V2745

_____ Anti-reflective coating V2750

_____ Oversized lens V2780

If Medically Necessary, documentation is required. Must call referring doctor and get medical records indicating the medical necessity.

Please keep this form and Proof of Delivery as well as an ABN if needed together and once it's delivered inform claims and a claim will be submitted.

PROOF OF DELIVERY
DIRECT DELIVERY TO BENEFICIARY

Beneficiary's name

Delivery address

5460 E La Palma Ave, Anaheim Ca 92807

Sufficiently detailed description to identify the item(s) being delivered (e.g., brand name, serial number, narrative description)

Quantity delivered

Date delivered

Beneficiary (or designee) signature

8.0 STUDENTS

8.1 GENERAL STUDENT POLICIES AND PROCEDURES

8.1.1 Student Clinic Absences

This serves as the policy for time off from intern assignments within the University Eye Center at Ketchum Health. This policy discusses the various time-off classifications, the nature of the make-up and the protocol for notification of absences from intern assignments.

PROTOCOL FOR UNPLANNED/UNFORESEEN ABSENCES

For any unplanned/unforeseen circumstances (e.g. illness, automobile accident, death in family), the intern must personally contact the Clinic Coordinator, Ms. Lorraine Sandoval at (714) 463-7520 or Patient Relations as soon as possible, preferably no later than 7:45 AM each day of the absence so that appropriate arrangements in patient re-scheduling can be made.

A completed time off form must be submitted to the Clinical Education office within three days of the intern returning to clinic; otherwise the absence may be considered unexcused.

TYPES OF ABSENCES

Excused Absences – The following are considered excused absences. The intern must report the absence as soon as the occurrence becomes evident and it MUST NOT be later than the beginning of patient care. Documentation should be provided upon request. As a healthcare facility we encourage anyone who is ill to stay home and to seek necessary medical care as indicated. Interns may be sent home if they appear to be a health hazard to others.

All make up time equals time missed. We are required to document a minimum number of hours in the clinic as a requirement for graduation.

Urgencies/emergencies:

Personal illness or injury

Auto accident

Medical emergency involving the intern, domestic partner or an immediate family member.

Death of a family member

Non emergent situations with preapproval of time off. Activities which cannot be scheduled around the clinic assignments such as:

Doctor's appointments

Weddings

- a. Attendance at the AOSA, AOA, AAO National Meetings

- b. Graduation of immediate family member and significant other
- c. Religious holidays as approved by the Office of Student Affairs

Unexcused Absences – Absences when the intern appears to be negligent in attending their clinic assignment.

Late for clinic or leaving early without permission.

Arriving late– MAKE UP = HALF DAY. If the intern misses an appointment slot – MAKE UP = ONE DAY

Multiple tardiness can result in disciplinary action

No show to clinic, no notification - An intern who is a no show for a clinic assignment is considered to be Unprofessional Behavior and a Breach of the Student Code of Conduct, which may result in disciplinary action.

Make-up time will be at the discretion of the Associate Dean of Clinics or Associate Dean of Clinical Education.

PERSONAL & PROFESSIONAL TIME OFF POLICY

A. Four (4) Days Total or Eight (8) Clinic Shifts will be granted to each student. The Personal/Professional Time Off can be used for:

Personal:

- Doctor's Appointments
- Weddings
- Family Matters, etc.

Professional:

- NBEO
- Interviews (Residency & Job)
- Professional Meetings
- Licensing Examinations, etc.

B. Black-out Periods

These are dates where personal or professional time off may not be granted:

- a. First Week of the rotation
- b. Two days before or after break/vacation
- c. 2 days before and after Part I and/or Part II NBEO
- d. Dates other than the above where time off may adversely affect patient care and clinic operations.
- e. One Day before a test.

C. Personal & Professional Time Off

1. Fourth Year Interns at the University Eye Center at Ketchum Health

- a. The Four (4) Days are allocated as follows: (See Section III Item A)
 - I. Two (2) Personal
 - II. Two (2) Professional
- b. Only during the Quarter which they are at UEC at KH
- c. Any additional days missed will require a one to one make-up.

- d. Please follow the proper protocol for requesting time off from clinic
- 2. Third Year Interns during the Academic Year (July 1 – June 30)
 - a. Any additional days missed will require a one to one make-up.
 - b. Please follow the proper protocol for requesting time off from clinic

PROTOCOL FOR REQUESTING TIME OFF FROM CLINIC ASSIGNMENT

- A. A completed time off form must be submitted to the Office of Clinical Education. **This action including approval must occur no less than two weeks prior to the planned absence, otherwise the request will be denied.** Days are awarded on a first come, first served basis.
- B. **The Associate Dean of Clinics or Associate Dean of Clinical Education reserves the right to refuse any request that adversely affects patient care and clinic operations (e.g. multiple intern requests for a specific date/time).**
- C. Make-up time must be scheduled within the service missed and should be completed by the end of the rotation or quarter in which the absence occurred. Failure to do so will result in a grade of incomplete.
- D. At the time of the make-up assignment, the assigned faculty or optical staff should sign in the area under "Signature of make-up supervisor".
- E. The form must then be returned to the Clinic Coordinator to be logged by the end of the quarter.
- F. **Scheduled make-up dates will be at the discretion of the Associate Dean of Clinics, which can include assignments during the holiday recess (Thanksgiving, Christmas, and spring break as well as Commencement week).**

LEAVE OF ABSENCE POLICY

Students who need to request a leave of absence for a period of time should consult with the Dean of Optometry, the Vice President of Student Affairs, as well as with friends, faculty, advisors, and other informal counselors. Please refer to the MBKU Student Handbook for details.

CLINIC CONDUCT

Clinical service is a privilege. As a clinician, you represent not only yourself but this college and the profession you have chosen to devote your future to. To the patient, you are Optometry and you are the University Eye Center. For this reason, you will be expected and should be proud to maintain the highest standard of conduct within your capability. The following guidelines are therefore minimal and designed for those few in every class who need such direction.

8.1.2 Appearance and Dress

The clinician must be presentable. Since you must convince patients that their visual welfare is in competent hands, the initial impression conveyed is extremely important. The clinical faculty will set the example in applying these standards. If clinicians do not come up to these standards, they

will be dismissed (unexcused absences) from clinical assignments until they are able to meet them.

All students on clinical service or otherwise in the clinical facilities of SCCO will, unless otherwise instructed, wear a short professional smock or jacket with the MBKU emblem sewn neatly on the upper left pocket. All students will dress in a manner suitable for patient care.

The standards of dress for all students entering the clinic shall be in effect in all clinics during any hour or day that clinics are open. Enrolled students whether a clinician, patient or visitor are expected to be in full compliance at all times. These standards for the clinic apply during Clinical Seminars as well. The dress code applies to all UEC Students, Staff and Faculty.

The Associate Dean of Clinics, the Senior Associate Dean of Professional Affairs, Chiefs of Service, and/or Clinical Faculty Members ultimately determines if an individual's overall appearance is acceptable. If it is decided that the appearance or grooming is unduly distracting or inappropriate for the clinic, the individual may be sent home to change (unexcused absence). Disciplinary actions may take place after the first warning.

The following are some examples of both appropriate and inappropriate attire. When in doubt if something is appropriate, it is best to contact the Associate Dean of Clinics, Senior Associate Dean of Professional Affairs and/or the Chief of Service prior to wearing it.

- Ties for men are to be worn at all times in the clinic.
- Blouses, shirts and dresses should not be revealing in any way.
- Do not wear short or extremely tight fitting skirts or dresses. Any skirt or slits in the skirt or dress nearing 3+ inches above the middle of the knee is to be avoided.
- Slacks or trousers must be clean, pressed and appropriate for a health care office. The following are inappropriate: shorts, skorts, stirrup or stretch pants, skinny or tight fitting pants.
- Clothing, accessories and overall grooming should be conservative. Men are not to wear earrings while scheduled in the clinic. Earrings placed anywhere other than the ear lobes are not acceptable.
- Socks for men are to be worn at all times.
- Hosiery is to be worn with dresses and skirts that are above the knee.
- Footwear should complement your professional attire. Inappropriate shoes include sneakers (unless worn with scrubs), sandals, flip-flops and slipper type shoes.
- Denim and leather clothing of any kind should be avoided because it is overly casual.
- Long hair should be tied back during exams to prevent it falling in your face and the face of your patients.
- Nail grooming which is profoundly unnatural or inappropriate to a health care environment is not allowed.
- Perfume and after-shave should be avoided (or used very sparingly).

- Permanent or semi-permanent tattoos are to be covered and not visible when in the clinic.

MONITORING OF THE PROFESSIONAL STANDARDS OF DRESS

Monitoring of the professional standards of dress is considered the responsibility of every student as well as the faculty members, support staff and administrators. The dress code is expected to be maintained by everyone connected with the College.

Infractions of the dress code should be brought to the attention of the supervisor or supervising faculty of the person who is in violation. Repeated violations are to be reported to the Director of Clinic Operations, the Associate Dean for Clinical Education or the Associate Dean of Clinics (in Clinic matters) or to the Vice President of Student Affairs. Disciplinary actions, including removal from patient care, may take place after the first warning.

DRESS CODE FOR VISION THERAPY

Pediatrics & Vision Therapy- white clinic jackets may be removed when working with young children. To be authorized by the supervising faculty.

1. Nametags
 - a. Nametags are to be worn by all clinicians, faculty and staff and visible to patients and faculty. Clinicians should make sure patients know their names for future reference.
2. Personal Hygiene
 - a. Lack of personal cleanliness is intolerable in any practitioner of a health profession. The clinical faculty and staff, and hopefully, your classmates will feel free to inform you of any shortcomings in this regard. Inattention to personal hygiene will result in dismissal (unexcused absence) from clinical assignments.
 - b. Clinicians are expected to wash their hands before beginning any patient examination and to exercise extreme attention in assuring cleanliness of all instruments or materials making contact with their patients.
3. Behavior
 - a. Excessive noise, vulgarity or crudity of language is inappropriate. Undue familiarity with patients, faculty or staff is not desirable. Care should be given so that all patients are treated with respect and concern is demonstrated for problems and needs. **Never call a patient by their first name unless specifically requested to do so.** Clinical faculty are always to be addressed as "Doctor". Clinical non-professional staff are to be addressed as "Miss", "Mrs." or "Mr." as appropriate.
 - b. Clinicians are not to lounge or congregate for discussions in aisles or hallways.

- c. No clinician is permitted behind the reception desk or in restricted areas unless specifically directed to do so by the clinical faculty or Patient Relations personnel.
- d. Smoking is prohibited in all campus areas.
- e. Beverages and food are not to be brought into or consumed in clinical facilities except as specified at a specific clinical education site.
- f. Students in the pre-clinic, laboratory classes and being seen as patients will observe the same rules of appearance, hygiene, and manner as clinicians whenever they are in a patient care area.

8.1.3 Student Responsibilities

The primary responsibility of a student in the University Eye Center is patient care. This care will be provided in accordance with the policies and procedures in this Manual. However, due to patient “no-shows”, light patient loads, etc., a student may find themselves without patients from time to time. During these times, to provide some practice management education to broaden the student’s experiences, the supervising faculty or Chief of Service may assign other tasks. Students should not leave the clinical area to which they are assigned so they are available for patient care duties if the need arises. They may receive permission from the supervising faculty to leave the clinical area temporarily.

To fulfill quarterly assignments, a student will be expected to:

1. Attend all scheduled patient examination sessions and discussions on time.
2. Attend scheduled Optical Service sessions on time.
3. Verify Rx's and perform any other duties as instructed by the Optical Service Supervisor or their designee.
4. No Shows: If the patient is later than the 30-minute limit or does not come in, this may be considered a no show. If you have a no-show or a cancellation, report to the instructor for an alternate assignment. **Do not leave the clinic.** Students are assigned to a specific clinic service (i.e. Primary Care, Vision Therapy) for an entire four (4) hour (or 3 hours in the Third Year Contact Lens Service) and **MUST be immediately available** to provide patient care, attend discussions, demonstrations, etc. Failure to do so will be considered an unexcused absence and may result in clinical suspension and/or referral for disciplinary action.

5. Trading regularly scheduled clinic times, enhancing assignments or patients is prohibited. Students are expected to meet their clinical responsibilities at the designated times. This may be waived in special circumstances by obtaining written permission from Vice-president of Clinical Affairs and the Chief of Service.
6. Clinical faculty consists of both full and part time instructors. Every attempt will be made to arrange the assignment of instructors so that each student will have a maximum exposure to as many instructors as possible. By necessity, some repetition is inevitable.
7. Students may use the clinical facility to examine additional patients (those not regularly scheduled as part of the clinical assignment) if the proper procedure is followed:
 - a. It is the student's responsibility to appoint the patient appropriately, register the patient in advance, and to arrange for a room assignment with the reception desk and staffing doctor.
 - b. The student must arrange, prior to the examination, for a clinical instructor to consult. **No patient is to be given optometric care in the clinic without consultation with a licensed faculty member.**

8.1.4 Professional Misconduct

A proven violation of the policies, procedures and protocols of either the Southern California College of Optometry or its University Eye Center constitutes professional misconduct. Professional misconduct may include (but is not limited to) dishonesty involving clinic patient records such as alteration or fabrication, forgery of signatures, providing patient care without consulting with a licensed faculty member, excessive unexcused absences, or use of the clinic for financial gains, i.e., practicing Optometry without a license and/or receiving a fee for services rendered or materials ordered. Patient endangerment or abandonment represents professional misconduct. Any form of professional misconduct is strictly prohibited, and is grounds for dismissal from the College of Optometry. Please refer to the MBKU Student Handbook.

8.1.5 Exam Room Protocols

At the beginning of the clinic session, students should go through the equipment and determine if any equipment is missing or not in working order. It should be reported to the supervising faculty before patient care begins for that session. If no equipment problem is reported to the supervising faculty, it will be assumed that all equipment was present and functional at the time the clinic session started.

Students are to complete the following tasks at the beginning of their clinic session:

1. Check all electrical equipment for operational readiness
2. Check ophthalmic instrument stand for elevation and depression.
3. Check ophthalmic chair for elevation, depression and rotation.
4. Check acuity chart for function, calibration and focus.
5. Check keratometer for calibration.
6. Check phoropter cross cylinders and prisms for alignment.
7. Make sure a near point rod is available.
8. Neatly fold and place all dust covers and all cases in drawers. (Do not drop dust covers; leave rolling carts or cases on the floor.)
9. Clean all equipment and surfaces to ensure optimal hygiene (i.e. tonometer's, all chin rests, forehead rests, phoropter bank, etc.)

Students are to complete the following tasks at the end of their clinic session:

1. Return phoropter sphere and cylinder lens banks to plano and replace dust covers.
2. Turn off all electrical equipment and lights (unless otherwise specified for a particular instrument.)
3. Lower stand and chair to lowest position, lock chair, and turn all switches off.
4. Lift or remove the near point rod and place in a drawer or on a service cabinet.
5. Replace dust covers on every piece of equipment.
6. Return any check-out equipment to Central Supply.

If a student fails to adhere to the rules and regulations set down in this exam room protocol, it is the responsibility of the supervising faculty or student to report these violations to the Associate Dean of Clinics.

EXAMINATION ROOM CLEANING

Each clinic examination room is spot cleaned every evening. However, from time to time special cleaning needs arise or specific areas may be overlooked. If special cleaning needs in the clinic appear an "UEC Cleaning Request" should be filled out to target areas for cleaning. The "UEC Cleaning Report" forms are available in the forms section of the portal. After completely filling out this form it should be dated and submitted to the Associate Dean of Clinics or Central Supply for further action.

8.2 EQUIPMENT MANAGEMENT

8.2.1 Equipment and Technology Protocols

Equipment is to be used only for College related activities and is required to be checked out. Any use of equipment outside of the Center requires prior approval of the Associate Dean of Clinics.

It is anticipated that all equipment will be returned at the end of the day's clinical activity. Supplementary equipment not located in the exam room can be found in Central Supply.

1. Equipment checked out to a student for clinic use remains the responsibility of the student until it is returned.
2. Equipment checked out to a faculty member remains the responsibility of that faculty member until it is returned.
3. The person who is checking out the equipment should inspect it thoroughly before it leaves Central Supply to make sure that it is functioning properly. If the equipment is not functioning properly, it should be reported immediately; not when the equipment is returned.
4. Students will be charged the full cost of lost equipment.
5. Clinic supplies are for use in the clinic only and may not be used for labs. Supplies to be used for course work or labs should be requested with other supplies from the Vice-president's office.

Faculty responsibilities for equipment:

At the close of each clinical session, the supervising faculty or their designee is to survey all rooms used by the students in his/her section. The faculty is to feedback to the students, and report if any students fail to observe guidelines for care of equipment and facilities.

EQUIPMENT DONT'S

1. DO NOT force a knob or switch or instrument arm which appears to be stuck. Ophthalmic equipment is made to operate smoothly.
2. DO NOT move equipment from room to room. If your room is not functional, report the problem and then move to another room. This is absolutely essential in maintaining equipment inventory.
3. DO NOT leave instruments on when they are not in use.
4. DO NOT leave any room at the end of the day without replacing dust covers.
5. DO NOT leave any room until it is clean enough that you would not mind bringing your own patient into the room.
6. DO NOT bring bike bags, back packs or purses into an examination room. Use your locker.

EQUIPMENT DO'S

1. DO exercise extreme care in providing your patients with a hygienically safe clinical experience.
2. DO carefully calibrate all instruments before use preferably prior to patient contact.
3. DO replace bulbs, paper towels, tissues and make minor adjustments yourself prior to the time the patient enters the room.
4. DO inspect your room thoroughly before and after each patient.
5. DO report to your faculty any inoperable or missing equipment and supplies, complete and submit the appropriate repair form (See CM 2.12)

6. DO make sure all locks and threads are properly disengaged before changing any instrument's position.
7. DO exercise gentle care and concern for equipment.
8. DO remember how frustrating it is to set up in a room which has been left unclean and in disrepair by the clinician before you. Act accordingly by leaving your room clean and by reporting all malfunctioning equipment immediately.
9. DO lock your examination chair. In light of the potential for injury and legal liability, it is essential that all examination chairs be maintained in a locked position. If you need to rotate the chair, immediately re-lock the chair after you have turned it.
10. DO log off and lock your computer when leaving the room.

Administrative Responsibility

Periodic inspections of each room are scheduled to make calibrations and alignments and replace consumable supplies. Upon receiving an equipment repair form, the Associate Dean of Clinics will have campus operations trouble-shoot the problem as soon as possible. Items which cannot be repaired on campus may be sent for factory repair.

8.2.2 Out-of-Center Use of Equipment

General Policy Statement

1. Under **NO** circumstances is equipment belonging to the College to be taken from the College facilities for personal use by students, faculty or practitioners without approval by the Associate Dean of Clinics. Non-faculty practitioners requesting use of equipment for special projects, research, etc. will be turned down.
2. Use of equipment needed for specific, on-campus, time-specified teaching, research, or demonstration purposes may be taken by authorized College personnel. However, no equipment is to be taken from any clinical facility until written approval is received from the Associate Dean of Clinics. This is necessary to maintain inventory control and to insure that equipment is available for its primary use in patient care.
3. Equipment to be purchased by patients: patients wishing to purchase specialty supplies may do so through the Bookstore or Central Supply. Supplies may be purchased only in conjunction with diagnostic, fitting, or therapy in progress in a clinical program of the College.

8.2.3 Equipment Maintenance and Repair

Center equipment receives heavy usage during the course of the week. Occasionally, there will be equipment breakdowns. On those occasions when the clinician discovers equipment

malfunctioning, an Equipment Repair Form should be obtained, completed, and turned in at the Associate Dean of Clinics Office. These forms are available on the portal. Please try to be as specific as possible about the problem.

Repair requests should be filled out promptly. It is everyone's responsibility to report malfunctioning clinic equipment when it is discovered; please do not assume that someone else has filled out a report on that piece of equipment.

Prevention of equipment failure is always more efficient than trying to compensate for equipment out of service. Treating each piece of equipment as if it was our own can prevent most equipment failures.

A large number of needed repairs could be prevented by handling equipment gently and never forcing movement when there is resistance to it. One of the most important aspects of preventive maintenance is the covering of equipment when not in use. The last student clinician to use equipment in a given day is required to cover it with dust covers. If dust covers are missing, then this fact should be reported through the use of an equipment repair form as above described.

8.2.3 Instrument and Equipment Data Management

Purpose

The purpose of this policy is to create a process to identify all the instruments and equipment that are used at the Ketchum Health, and how they are managed in order to account for the protected health information they store. This process will allow the Privacy and Security team to establish a better way to control the movement, servicing, removal and final disposal of instruments and equipment that contain PHI. A policy regarding the use and maintenance of equipment is necessary to ensure the integrity, confidentiality and availability of patient's Protected Health Information.

Scope

This policy applies to all faculty, full or part time, residents, interns and any other authorized employees who have access to instruments or equipment that store patient information. Service Chiefs, Associate Dean of Clinics, and IT Director have discretion in establishing additional reasonable and appropriate procedures to enforce this policy. Any amendment or additional revision of this policy must be communicated to the Compliance Officer for documentation purposes.

Policy

Instrument and Equipment Inventory

Every instrument or equipment set in campus premises and used in patient care must be identified and its working physical location documented. An inventory list with all instruments and equipment should be updated at least twice a year by the Applications Support Team.

New Equipment

The Chief of Service will coordinate with the Applications Support Manager when new equipment is going to be installed at the UEC or at any other location on campus if it is to be used in patient care. This individual will ensure that proper training is provided to all potential users and that patient information associated with the equipment will be protected from breaches and improper use and/or disclosures. The purpose of this is to ensure that patient care will not be affected and that proper procedures are setup prior to the equipment being available to the general population.

At this time the Applications Support Manager will ensure that the system has appropriate authentication methods setup as to prevent unauthorized access and appropriate backup processes identified.

Equipment Maintenance and Repair Process

In-House maintenance. Unless an emergency occurs, physical maintenance to instruments or equipment on site must be scheduled in advance and the Associate Dean of Clinics will be notified of such procedures.

Access to Clinic premises by maintenance personnel will be allowed only when there is a scheduled visit in place and the chief of service or the faculty responsible for the equipment has requested or authorized such maintenance activity.

Maintenance personnel must register at the Patient Relations desk before starting any activity in the clinic, and technicians will be escorted to the equipment. Once the maintenance job has been completed, the technician will notify the Applications Support Manager to provide clearance. UEC patient relations staff can, at any time, deny access of maintenance personnel if they believe that proper protocols were not followed, and such decision will be notified to the Associate Dean of Clinics.

Remote Maintenance

If remote access to conduct a repair or regular maintenance is requested, service technician will be required to contact the Applications Support Manager before such access is granted. The same log-in procedures established for physical maintenance at the clinic will be followed while doing remote maintenance.

For accountability purposes, every technician will provide a summary of the repair, maintenance or upgrade performed, and it will be properly documented by Applications Support Manager.

No data that includes PHI shall be transferred, copied or printed during remote maintenance to any location off UEC premises. This also includes any other individuals at the off-site location having visual access to PHI unless covered under the Business Associate Agreement.

Equipment Back-up and Removal

To ensure data integrity and to prevent data from being lost or deleted, a back-up process must be implemented. Every month, at a designated date, the Applications Support Manager will oversee back-up activities on all instruments that store patient information. The external drive used for this purpose will be kept by the Applications Support Manager.

Before removing any equipment or instrument from the UEC, faculty responsible for it must ensure that all protected health information has been backed-up and removed from the hard drive. No equipment or instrument will leave Clinic premises without getting clearance from the Applications Support Manager and/or Associate Dean of Clinics.

Personnel removing equipment from UEC will contact the Applications Support Manager to schedule a date to perform the removal. The same protocols established to provide maintenance will be applied when removal of equipment is conducted.

Business Associate Agreements

The purpose of these agreements is to incorporate privacy and security clauses aimed to safeguard the health information of our patients, and to prevent breaches from happening. The Associate Dean of Clinics and the Compliance Officer will coordinate with the chiefs of service responsible for the equipment, the creation and enforcement of business associate agreements with vendors and manufacturers of equipment and instruments used at UEC.

8.3 CELL PHONE POLICY

PERSONAL PHONE CALLS

Student Personal Calls

All personal phone calls should be made outside the clinic. Calls from UEC phones are to be used for patient contacts or related UEC business only, i.e., confirmation of appointments, phone follow-ups, to advise patients that their glasses are ready, to call no-shows, etc. The college switchboard will not dial numbers for students for any reason.

Student Calls to Patients for UEC Business

Students who find it necessary to contact UEC patients can make the call directly to the patient on the phones that are found in the module staffing offices through-out the clinic. Care should be taken in phone calls to patients to exercise principles of privacy and confidentiality in all communications.

Outside Calls to Students at UEC

Personal phone calls to students working at UEC are prohibited. In the case of an emergency, the name and number of the caller will be taken. The student will be paged and advised to return the call.

Cell Phones and Pagers

Cell phone and beeper technologies afford convenient communications access for all users. While this has significant benefits from a business and personal standpoint, the equipment presents problems within the confines of a learning environment and patient care facility. While recognizing the importance for doctors to use these technologies to be accessible to patients, the personal use by students and faculty is disruptive to others and compromises quality health care delivery to our patients.

To preserve the integrity and decorum of the academic and patient care programs, the following guidelines are in effect at the University Eye Center and affiliated clinical teaching programs.

1. No audio signals from cell phones or beepers will be permitted as these disrupt patient care and clinical education.
2. No cell phones may be used by students in a clinical facility; faculty should use their offices when making such calls.
3. No texting or e-mailing during patient care.

8.4 SOCIAL MEDIA POLICY

At the Southern California College of Optometry (SCCO), we understand that social media can be a fun and rewarding way to share your life and opinions with family, friends and co-workers around the world. However, use of social media also presents certain risks and carries with it certain responsibilities. Please refer to the MBKU Student Handbook to reference the current social media policy.

For more information

If you have questions or need further guidance, please contact the Office of Student Affairs (students) or Human Resources (employees).

9.0 HEALTH AND SAFETY

9.1 INFECTION PREVENTION AND CONTROL-REVIEW OF KEY ELEMENTS

As Ketchum Health consolidates its inter-professional ecosystem of patient care, a creation and implementation of an infection prevention and control policy becomes necessary for compliance and accreditation purposes. Below the key elements of such policy are described.

Purpose

The main objective of an Infection Control policy is to provide information and guidelines to Ketchum Health employees about regulations and current accepted best practices in the prevention and control of healthcare-associated infections (HAI). Staff must become aware of, and use routine infection control precautions, and should be aware of the immunizations for adults that help to prevent the transmission of infections among co-workers, students, volunteers and patients.

Regulatory Framework

Several federal and state agencies are in charge of enforcing the statutes related to the topic. Among the federal agencies are CMS (conditions of participation); Occupational Health and Safety Administration (OSHA); State agencies include Cal-OSHA and California Department of Public Health. There are also non-regulatory agencies and accreditation bodies at both federal and state level such as the CDC, The Joint Commission, NIAHO, IHI.

California has also passed several bills related to Infection Prevention and Control, among them Senate Bills 739, 1058, 158, and 1311.

Timely public reporting and disclosures of infectious incidents is required by state law as a mean to assess quality of healthcare

Scope

The policy should be designed to cover both Family Medicine and the Eye Centers (Anaheim and LA). It also needs to state who is covered and under what circumstances; not all employees at Ketchum Health are in contact or proximate to patients, therefore, their compliance with the policy is attenuated or not needed at all.

Elements

Five elements have been identified as critical in the developing an IPCP, as follows:

- Healthcare Associated Infections (HAIs)
- Bloodborne pathogens
- Standard precautions
- Personal protective equipment gear (PPE)

- Immunizations

The CDC defines healthcare associated infections (HAIs) as infections patients can get while receiving medical treatment in a healthcare facility.

Blood borne pathogens are microorganisms such as bacteria and viruses that are carried in the blood, and can cause disease in humans (Hepatitis B and HIV are specifically addressed by OSHA).

Standard precautions include a prevention strategy in which all blood and potentially infectious materials are treated as if they are infectious. That includes treating blood or any other body fluid as if it is infected and certain work practices should always be utilized any time exposure may occur.

OSHA defines personal protective equipment (PPE) as specialized clothing or equipment worn by an individual when potential exposure to blood, body fluids, excretions, secretions (except sweat or tears), mucus membranes, or non-intact skin, is anticipated. PPE includes gloves, masks/respirators, gowns, and goggles, face shields, among others.

Following industry best practice and regulatory statutes, any individual at Ketchum Health who is providing care to patients, or who may be in contact or proximate to a patient, must be immunized against Hepatitis B, Flu (Influenza), MMR (measles, mumps, rubella, varicella, Tdap (Tetanus, Diphtheria, Pertussis), and Meningococcal (if routinely exposed to N. Meningitis).

Implementation and Enforcement

Once the subjects of the policy and their level of responsibility at KH is determined, we must coordinate with chiefs of service and clinic directors the best way to implement the policy.

Humans Resources must be included, especially at the onboarding process, to ensure that all new employees understand the policy and comply with the immunization requirements. They also need to be involved in the enforcement process should we need to discipline or terminate an employee for lack of compliance with the policy.

9.2 STERILIZING INSTRUMENTS

PURPOSE:

To establish a process of sterilizing instruments used by the any service area.

PROCEDURE:

The Central Supply Clerk will adhere to the following steps:

- Using **only** purified water, ensure the water level in the reservoir of the autoclave is at the line indicated.
- Scrub the instrument(s) with soap and water and dry thoroughly
- Place the instrument(s) in the cassette tray.
- If the instrument(s) is not being sterilized in a pouch, press the button that shows a pair of scissors without a pouch.
- If the instrument(s) is being sterilized in a pouch, press the button that shows a pair of scissors in a pouch.
- If the instrument(s) is needed urgently, remove it from the autoclave before it goes into the “drying” mode.
- **The sterilizer tray is very hot; therefore remove the instrument(s) after it has cooled to avoid getting burned.**
- Place the instrument in the sterilization pouch (only one instrument per pouch) and write down the sterilization date.
- Return the sterilized instrument(s) to the Chief of Ocular Disease.
- Clean the residue bottle bimonthly or sooner if needed.
- If you run into technical problems with the autoclave and/or it is time for a yearly maintenance workup; you must contact Dr. Sendrowski, Chief of Ophthalmology first for his guidance.

REFERENCES:

Instructions are above the Autoclave

9.3 SAFETY OPERATING PROCEDURES**MBKU Facilities:**

Ketchum Health – (714) 463-7509
5460 E. La Palma Ave., Anaheim CA. 92807

Fullerton Campus – (714) 992-7892
2575 Yorba Linda Blvd., Fullerton, CA. 92831

UECLA – Ext. 3108 or clinic line (323) 234-9137
3916 S. Broadway, Los Angeles, CA. 90037

South Campus
2501 E. Chapman Ave #130, Fullerton, CA. 92831

Chief Cooper: Ext. 7858 CP (626) 437-1020

Sgt. Barrera: Ext. 7485 CP (909) 551-1036

Sgt. Escobedo: CP (951) 205-1970

Department's Email: campussafety@ketchum.edu

Keys: The main set of keys are located in the top left drawer of the Campus Safety Office. In the wall mounted lock box there are a set of back up keys, janitorial keys and extra drawer keys.

Opening Procedures:

Remote Access can be granted from Fullerton Campus for card reader doors.

Building opens to Faculty, employees and students at 0600 hours Mon – Sat only. On Sundays the building is open to faculty and employees from 1000 to 1800 hours. Optical students are not allowed in the Optical area prior to Optical hours and unsupervised by a staff member.

0600 – 0700 Hours

Open Patient waiting room glass double doors.

Courtyard / Atrium Door: The atrium is not for patients or the public and should be kept locked during business hours. To unlock door and use Allen wrench to lock down door push bar in the open position. The atrium is for staff, faculty, students and special events. .

Staff Lounge Patio Door (2nd Floor): Unlock at beginning of the shift and lock when closing the building.

Main Entrance Doors: At 0700 hours set doors to **Auto, Two way and Full Open**.

Leave a radio on Patient Relations desk.

Open room 1106 (Patient Relations Office) upon request by personnel.

Closing Procedures:

During evening / hours of darkness have a presence outside when individual females walk to their vehicles.

Closing Procedures Continued:

When Optical Services closes (check schedule) set the main double doors to **One-Way** with the key.

The building is open until midnight except for Wednesday and Thursday. Wednesday & Thursday closing is 0100 hours.

PA Announcement: 10-15 minutes prior to end of watch make an announcement of building closing. 2222#.

Prior to locking up walk the interior of the building to visually check that everyone has left.

Lock the Staff Lounge Patio door.

Set front lobby doors to **Closed** with key.

Recover radio if left in Patient Relations and place in charger.

Close Patient waiting double glass doors after janitorial cleans Optical / waiting area.

Check exterior doors before setting alarm.

Leave Campus Safety keys in top drawer

Set alarm and exit.

Alarm Panel Locations:

Campus Safety Office / South Door entrance / Administration (S/E) stairwell door.
Stanley Security Monitoring Center – 887-476-4968

Daily Operations:

Computer Logon: When logging on to the Campus Safety office computer click on the Novell Logon icon. Click “this computer only” logon. The username is precisionsecurityKH and the password is safety@KH.

Ketchum Health Binders / Access Badges

Visitor Badges – Identification that they have checked in with Campus Safety. They do not grant access

Vendor Badges – Badged 1 and 2 to be issued for contractors, delivery personnel that will delivery within the building (i.e. Staples) and vending services.

KH Access Badges - 1 – 4: Loaner badges to be used by faculty, staff and students for the day. Badges must be returned by the end of their work day. To insure that the badges are returned ask the person checking out the badge to leave their car keys.

Janitorial Badges – Badges 1, 3 and 4. To be issued to each janitorial services member (1 for day shift / 2-3 at swings shift) along with the janitorial keys.

Precision Security Badge – 1

All badges should be turned in at the end of the day for each respective user

An email should be sent to the person who checked out the badge when not returned.

For each category of badges listed (except Precision Security) there is a binder to log in and out the issuance of the badges. Log in and out each time a badge is used.

Account for all badges at the opening and closing of the facility.

Parking Permits / Citations:

Parking permits, citations, warning flyers are in secured drawer *(SK).

Log in vehicle information and location in log book.

** No parking in the red fire lane**

Radios:

There are three Motorola radios (KH-1 / KH-2 / KH-3) in the Campus Safety Office. When working alone leave a radio with Patient Relations. **Ketchum Health channels is #3.** When not in use please place the radios in their charging stations and the power if off

Intercom System:

When the intercom bell rings press talk to communicate with the subject, press the key symbol to allow entry and press the off button to end the call.

To call an intercom station from the Campus Safety Office push the arrow down button to select the door location. Double click center button and wait for the ring. Talk and unlocking a door functions are the same.

Voicemail pass code is 7509 for Campus Safety phone.

Inmate / Special Patient Escort:

Cone off parking stall #232 the night before the visit for the transport vehicle to park in. **Exam room #1125 / 1140. Review Special Patient procedures for further detail.**

Fire Alarm System:

Fire alarm panel located in Room #1162 (south side of building)

Fire annunciator located in front lobby. Key located in Campus Safety Office lock box.

Fire Riser located in room #1184. **Auxiliary drain** in #1111.

Fire Alarm Test Mode Contact: West Coast Fire and Integration (888)-884-5222

Ask for Testing department and request to have alarm placed on test. Password is **MYOPIA**.

Second contact Stacie Townley (714) 957-5750, Cell (714) 348-5174

First Aid / AED:

AED, oxygen tanks, adult and infant resuscitator mask / bags in Campus Safety Office.

Additional Emergency Supplies and disaster equipment located the cage storage room #1195-B

Miscellaneous Rooms and Equipment:

Electrical Rooms: 1196 (back up lights), 1162, 1102, 2106, 2244, 2209, 1188 and 2109.

Fuse Box: 2126 and Future PA 1203 circuit box.

Server Rooms: 1165, 1116, 2224 and 2240 (PA equipment)

Elevator Equipment Room: 1101 and 1197

Elevator Emergency Phone: Amtech Dispatch (714) 939-6516 or (714) 584-1993

****Emergency Dispatch** 844 258-1522**

Miscellaneous Rooms and Equipment Cont'd:

Roof Access: 2241

Wheel Chairs: Located in rooms 1205 and 1164

*2184 (S) / *2195 (S)

After Hours Emergency Kit: Located across from 1166 in hallway wall cabinet.

Vending Machine: For refunds refer to Patient Relations.

Non-Smoking Campus: No smoking on any part of the property and parking lot. Direct to public sidewalk or off property.

Orange County Animal Control: Business hours 0800-1700 hrs. / (714) 935-6848

After hours # (714) 935-7158.

Courier Lock Box: The box is located in the Campus Safety Office and is to be used upon request. If the box is to be picked up during the hours an officer is on-duty keep the box in the Campus Safety Office. If the pick-up will occur after hours (closed) place the box on the south exterior door 1195. Secure the box and remove the key. Place the key in the Campus Safety Office's lock box.

Room 1156 black cabinet requires keys. Key holders are Dr. Sendrowski, Dr. Sawamura, Nishimoto and Alma Huerta.

Subpoena Service: Medical records / HIPPA compliance refer to Luis Ospina Ext. 7534

IT Support After Hours: Sam Young (310) 883-4805

10.0 INFORMATION TECHNOLOGY

10.1 ACCESS CONTROLS

Purpose

To establish a process whereby designated individuals grant and administer privileged user accounts following role-based access needs. Access Controls are designed to protect the confidentiality, integrity, and availability of Marshall B. Ketchum University networks, systems, and applications.

To track and monitor privileged role assignments, and to minimize or avoid unauthorized use of resources.

Definitions

- a. **“Access Control”** is the process that limits and controls access to resources of a network system, including computers, cloud applications, and virtual platforms.
- b. **“Users”** are employees, students, volunteers, contractors, consultants, and any other authorized third party or agent accessing Ketchum Health systems and applications.
- c. **“Privileged account”** is a system or application that have advanced permissions, as compared to regular user accounts permissions. Examples include administrative and super user accounts.
- d. **“Access Privileges”** are system permissions associated with a specific account, including permission to access or change data, create or adjust settings, or process transactions.
- e. **“Administrator Account”** is a user account with privileges that have advanced permissions on an IT system that are necessary for the administration of this system. An administrator account can create new users, change account permissions, modify security settings such as password settings, and modify system logs.
- f. **“Non-disclosure Agreement”** is a contract between Ketchum Health and an individual stating the terms on how the sensitive, non-public information is handled and protected by the individual when the person is exposed to such information.
- g. **“Business Application Owner”** is an individual or group with the responsibility of defining the expected business needs, works with the Information Technology department in aligning application functions to business workflows, reviews and approves functional changes and access changes to the application.

Scope

The scope of this policy applies to all Information Technology (IT) resources that store or process non-public records. All users, contractors, vendors, volunteers, or any other agent acting or performing on behalf of Marshall B. Ketchum University are responsible for adhering to this policy. This policy also applies to all Marshall B. Ketchum University non-public information may be accessed for educational purposes.

Policy

Protecting access to IT systems and applications is critical to maintaining the integrity data and preventing unauthorized access to such resources.

Access to systems must be restricted to only authorized users or processes, based on the principle of strict need to know and least privilege.

Procedures for Information Technology

- **Role-based access.** Information Technology will provide employees, students, contractors, volunteers, and third parties with on-site access to systems and information that are only necessary to carry out their assigned responsibilities.
- **Least privilege.** Users or resources will be provided with the minimum privileges necessary to fulfill their roles and responsibilities.
- **Privileged Access.** Enhanced access rights (such as administrator rights) shall only be provided to users based on business requirements, job functions, responsibilities, or need-to-know AND must follow the rule of segregated duties. The Director of Information Technology must approve all Privileged Access changes.
- **Passwords and Authentication.** All systems shall require a layer of authentication before granting user access to system information or functionality. Users of systems must provide verification of his/her identity when requesting password resets or authentication changes.
- **Termination.** Access rights will be immediately disabled or removed when the user is terminated or ceases to have a legitimate reason to access. Extended access post-termination requires approval from the Business Application Owner.

Procedures for Clinic Faculty and Staff

- I. **Granting access.** The **Business Application Owner** authorizes access to systems and the information they contain. IT shall implement access changes only upon approval from the Business Application Owner. New employees will be instructed to communicate with their supervisors regarding their level of access granted to perform. Promoted or otherwise transferred employees will be assigned new access by their respective supervisors.
- II. **Documentation.** Requests for users' accounts and access privileges must be documented formally by submitting an email request to ITsupport@ketchum.edu, and the log shall be retained following MBKU record retention policies.
- III. **Audit Review-Audit Trail.** To the extent possible, the Director of Healthcare Policy Compliance will compile a daily report on users' access to patient databases, showing the user's name and ID, system accessed, date, time, and medical record number. The Director will be granted with audit trail capabilities to track and review individual access to patient files.
- IV. **Access Review.** Business Application Owners, in conjunction with the Director of IT and the Director of Healthcare Policy Compliance, will review accounts semi-annually (December and June) to determine accuracy of the level of access granted, potential

excessive privileges, or dormant accounts. Examples of accounts with excessive privileges include:

- a. An active account with access rights for which the user's role and responsibilities do not require access.
 - b. An active account assigned to volunteers, work-study, external contractors, vendors, or employees that no longer work for the institution.
 - c. System administrative rights or permissions (including permissions to change the security settings or performance settings of a system) granted to a user who is not an administrator.
- V. **Remote Access.** Remote access requires approval from the Business Application Owner, and completion of the Telecommuting Policy. No uncontrolled external access shall be permitted to any network device or networked system.
- VI. **Related Policies.** Other supporting policies and procedures have been developed to reinforce this Access Policy. All staff, students, and third parties authorized to access network or computing facilities are required to familiarize themselves with these supporting documents, and to adhere to them in the working environment.

10.2 REMOTE ACCESS POLICY

10.2.1 Remote Access of ePHI-Guidelines for Faculty and Staff

Purpose

The purpose of this policy is to define the standards for Faculty, residents, and other remote users when accessing ePHI through KETCHUM HEALTH IT systems. These standards will minimize potential exposure to the College from damages resulting from the accidental or intentional use or disclosure of ePHI to unauthorized parties. A policy for the proper use of the remote access of ePHI is necessary to maintain the accuracy, security, and confidentiality of individually identifiable health information and other sensitive data.

Scope.

This policy applies to all full or part time faculty, residents, and any other authorized employee who uses KETCHUM HEALTH system for remote access of ePHI, and governs all electronic access, communications, and storage using the KETCHUM HEALTH system. Service chiefs have discretion in establishing additional reasonable and appropriate conditions of remote use by Residents under their supervision; however, it must be consistent with this policy and must be provided to the director of information technology for review.

Policy

General

1. KETCHUM HEALTH can benefit from access to and use of the ePHI remotely. The resources, services, and interconnectivity available provide significant resources to improve the efficiency of patient care at the University Eye Center.
2. Improper use of the remote access function puts KETCHUM HEALTH- University Eye Center and its employees and patients at risk.
3. Faculty and other authorized users must ensure that ePHI and other sensitive information is not viewable by those not authorized to see it, even close family members, colleagues, and personal friends.
4. Personal laptops, hand held or mobile devices, memory keys, smart cards, CD/DVDs and the like, must be encrypted and password protected.
5. Remote users must have a proper medical or business purpose for any access and use of the ePHI, and Faculty should use and have access only to data of patients that they have responsibility for as acting providers.
6. If a breach or accidental or unauthorized disclosure of PHI occurs, it must immediately be reported to Compliance Officer, IT Director and Chief of Service. Data users will report security problems, breach of confidentiality, and any violations of this or other KETCHUM HEALTH policies following state and federal rules and regulations.

Data users have no expectation of privacy when KETCHUM HEALTH's system is used to access ePHI remotely. At any time and without prior notice, KETCHUM HEALTH reserves the right to audit remote access practices, and unilaterally can suspend, restrict or even terminates access if appropriate.

Procedures

1. Passwords and log-in IDs are personal and confidential; Faculty and authorized users will not share or discuss them with anyone. Faculty may not use any other user's password or somebody else's identification to access the system
2. If printing of PHI is granted, do not dispose of sensitive material in your personal trash unless you process it through a crosscut shredder. You can make arrangements to bring all sensitive printed documents to the University Eye Center and use the on-site shredding bin services.
3. Faculty is responsible for safeguarding ePHI. Do not leave sensitive information on the screen, or printed documents unattended in your home if other family members or friends are present. Do not leave ePHI or other sensitive data unattended in a public place if you must step away.
4. To the most extent possible, avoid using public hot spots for internet access when working with ePHI.
5. Faculty may not transfer ePHI or KETCHUM HEALTH's business information electronically without prior approval by the director of information systems. Before transmitting ePHI, Faculty will comply with University Eye Center's Electronic Communications policy to ensure legal authority for the disclosure exists.
6. Users may not establish or use new or existing internet connections to create new communications channels without the prior approval of the director of information systems.

Enforcement

Any employee found to have violated this policy may be subject to escalating disciplinary action that ultimately could result in termination of employment.

10.2.2 Remote Access of PHI -Guidelines for Students

Purpose

You have been granted remote access to sensitive patient information, and we expect you will exercise diligence and care when accessing/using such information in the available devices. The confidentiality, integrity, and availability of patient information and other sensitive data must be safeguarded at all times.

General Guidelines

1. Improper access/use of the remote access function puts MBKU, University Eye Center-KH and its employees and patients at risk.
2. Students must ensure that PHI and other sensitive information is not viewable by those not authorized to see it.
3. Passwords and log-in IDs are personal and confidential. Students will not share or discuss them with anyone. Students cannot use other student's password or somebody else's identification to access the system
4. The same principles related to access of patient information at Ketchum Health are applied to remote use/access. Students must have a proper medical or business reason (role-based) for any access and use of the ePHI. Printing or saving PHI to cloud apps or thumb drives is not permitted.
5. The remote access is for educational purposes only, and students will not share or release PHI in any way from a remote location. If needed, the release process will be conducted following the established protocols at the University Eye Center-KH and only by authorized personnel.
6. Students are responsible for safeguarding PHI while accessing it. Do not leave ePHI or other sensitive data unattended for public view if you must step away.
7. Students may not transfer ePHI or MBKU's business information electronically without prior approval by the director of information systems.
8. Users may not establish or use new or existing internet connections to create new communications channels without the prior approval of the director of information systems.
9. Data users have no expectation of privacy when MBKU's system is used to access ePHI remotely. At any time and without prior notice, MBKU reserves the right to audit remote access practices, and unilaterally can suspend, restrict or even terminates access if appropriate.
10. If a breach or accidental or unauthorized disclosure of PHI occurs, it must immediately be reported to Compliance Officer, IT Director and/or Chief of Service.

Students who are found to be in violation of these guidelines, will be subject to disciplinary action (s), following University sanction policies.

11.0 LEGAL COMPLIANCE

11.1 COMPLIANCE PROGRAM

11.1.1 Executive Summary

As the University Eye Center at Ketchum Health enters its new era in patient care, a compliance program becomes paramount to the vision of performing with full transparency and accountability. Two purposes are served with the implementation of a compliance program:

- It is a way of communicating to employees, volunteers, patients, payers, government agencies and the public in general, that the institution is committed to compliance and strictly follows federal, state and local laws;
- The roadmap to create, implement and enforce policies and procedures will allow us in turn to create awareness about regulatory mandates.

New laws and statutes are continuously enacted, making the compliance an evolving subject. Among the topics that could be covered under any compliance program for a health care organization are patient privacy and security, claims reimbursement, coding and billing, marketing, conflict of interest, occupational safety, Anti-Kickback and Stark laws. University Eye Center employees at all levels, as well as managing directors and board members of Marshall B. Ketchum University (MBKU), are responsible for following the law and perform in accordance with the ethics code.

As MBKU-UEC acknowledge that excellence in clinical education and patient care are the priorities of its operations, a well-designed compliance program will allow the Ketchum Health to help protect patient privacy, reduce the chances that an audit will be conducted, minimize billing mistakes, speed up and optimize proper payment claims and avoid conflicts of interest.

Finally, a compliance program sends a message to all the stakeholders recognizing that the organization takes pride in operating at the highest legal and ethical standards.

Legal Framework

Compliance programs are designed to follow federal laws. The Office of Inspector General (OIG) of the U.S. Department of Health & Human Services has established compliance program guidance for recipients of federal financial assistance (Medicare- Medicaid), including individuals and small group practices. Although this is a voluntary program, Ketchum Health will adopt the guidelines.

The OIG's compliance guidance for small practices was published in 2000 with the main purpose of preventing health care fraud, waste and abuse from providers billing for services for Medicare, Medicaid or any other Government related programs. The Patient Protection and Affordable Care Act of 2010 made mandatory for providers to adopt a compliance plan as a condition of Medicare enrollment.

The HIPAA act of 1996 and its subsequent amendments, including the Omnibus rule, regulated privacy and security of protected health information. MBKU-UEC has a compliance program that addresses privacy and security separately.

Among other laws pertaining to compliance are the Anti-Kickback statutes, the Stark law, EMTALA, CLIA, OSHA, FERPA, DEFRA, ADA. For the purpose of the Compliance Program at the MBKU-UEC, we will focus on the OIG guidelines and its voluntary plan for individuals and small providers. The remaining regulations will be addressed in separate policies.

11.1.2 Compliance Program Overview

OIG recommends the implementation of a program with seven elements. Ketchum Health is committed to voluntarily comply with OIG guidelines and has implemented the following elements into its program:

1. Risk assessment and mitigation plan
2. Policies and procedures creation and implementation
3. Identification of a Compliance Officer
4. Role based education and training of staff about regulations and standards
5. Monitoring and auditing
6. Procedures to effectively communicate or disseminate information
7. Disciplinary enforcement of policies and standard procedures.

1. Risk assessment and mitigation plan

A process is in place to identify areas of risk that could potentially impact Ketchum Health performance. It also allows for the identification and prioritization of institutional vulnerabilities and to put preventive measures in place as appropriate. The assessment includes, but is not limited to, privacy and security of PHI, electronic communications, clinical documentation, referral response, claims submission, physical access to our facilities, care of minors and equipment maintenance, among other subjects.

The risk assessment is performed every year in accordance with the methodology described in the National Institute of Standards and Technology (NIST) Special Publication (SP) 800-30 Revision 1 "Guide for Conducting Risk Assessments". The mitigation plan is followed throughout the year, implementing remediation responses as needed. The Director of Clinic Operations, the Systems Coordinator and the Compliance Officer work in conjunction with the chiefs of services and administrative assistants to make sure risk issues are identified and addressed.

2. Policies and Procedures Creation and Implementation

An integral element of Ketchum Health institutional performance, policies and procedures are created for every service or department in the organization. Central supply, claims, clinic operations, clinical services by specialty, health information, patient relations, computer systems are among the areas covered by our policies and procedures.

As new regulations are enacted, UEC policies and procedures are continuously reviewed and updated. A collective process is used to implement the latest changes in policies, gathering information from key stakeholders in each area.

For the privacy and security of protected health information, a dedicated manual containing all the HIPAA policies and procedures has been created and is also updated as needed.

3. Identification of a Compliance Officer

A Compliance Officer has been designated with the following suggested duties:

- Maintain an inventory of how we use and disclose all protected health information (PHI).
- Work with Clinic management to ensure compliance documents are drafted, reviewed, and approved, including the Notice of Privacy Practices (and relevant updates), acknowledgment forms, authorizations, consents, and other forms as required.
- Develop, coordinate, and participate in training programs that focus on the components of the compliance program, and seek to ensure that training materials are appropriate.
- Provide an avenue for the reporting, investigation and correction of possible compliance issues.
- Guide the research about applicable standards and laws.
- In conjunction with the Associate Dean of Clinics, act as facilitator or mediator when legal/ethical issues or questions arise.
- Create a process to manage PHI and to retain medical records and clinic's business activities properly.
- Maintain an inventory of all business associate agreements.
- Provide timely reports on assessments of the areas of risk for Ketchum Health.
- Keep up to date on the latest privacy, security and compliance developments and federal and state laws and regulations.

4. Role based education and training of staff about regulations and standards

A key component of the compliance program is the ability for all the employees of getting role-based education and training. UEC has implemented an education program aimed at providing specific training to those employees who are in critical areas such as claims, privacy and security and information systems.

Training is provided in several ways:

- Webinars with CE credits
- One-day seminars at designated locations
- Conventions and annual meetings
- Users-group meetings
- In house training

In addition to role-based education, Ketchum Health employees are encouraged to becoming members of professional associations. Claims staff is part of the AAPC (American Academy of Professional Coders); The Director of Healthcare Policy Compliance is member of AAPC, HIMSS, OCEG, and HCCA.

Every new employee is given a comprehensive training on compliance issues before she/he is assigned to duties and their respective supervisor is responsible for updates as needed. A clear message is set as compliance being a condition of continued employment.

5. Monitoring and auditing

Several auditing activities are implemented at Ketchum Health to make sure processes are working in full compliance. Following is the list of such auditing activities by service:

Claims:

- Codes are audited regardless the payer (government or private plans), for accuracy in the refraction/ medical element of the examination. When discrepancies are found, claims staff will make the correction and send the bill accordingly.
- A thorough review of the CMS-1500 form is performed to check for the correct use of modifiers, accurate linking of diagnosis code with the reason for visit.
- Exams using CPT codes that require interpretation and report are randomly audited. The results are communicated to clinic management for quality review with faculty. This audit is also performed regardless the payer. Before billing for an exam that requires I & R, claims staff communicate with faculty to make sure the report is completed and the claim is fully documented.
- Monthly reports are produced regarding timely chart completion by faculty and Medicare encounters.

Patient Care

- General reports are produced (monthly or quarterly) on referrals rate, medication prescribing patterns; no-shows and cancellations rate; recalls and pre-appointments; grants and fee reduction programs.

Credentialing

- A dedicated employee is in charge of the entire credentialing process for renewal of privileges for existing faculty, and the accreditation of the new hires.

Clinical Documentation

- Random medical records auditing is performed monthly to review the quality of clinical documentation entered by faculty and processes performed by interns. A subsequent report is produced and shared with management if inconsistencies are found.

6. Procedures to effectively communicate or disseminate information

Policies, procedures and general guidelines are shared throughout the entire organization using several channels. The most common method of communication used is email; faculty hold a bi-weekly council in which policies and procedures, as well as plans of action for each service, are discussed. A weekly meeting is also held for administrative assistants and staff in general. Every quarter the entire campus conduct a development day in which specific training is provided in different areas, including compliance.

7. Disciplinary enforcement of policies and standard procedures

Ketchum Health takes every compliance issue seriously and disciplinary action is enforced once an incident is identified. In those cases where the action appears to be intentional or criminal in nature, the disciplinary measures will be more severe.

Disciplinary actions taken may include, but are not limited to, the following;

- Verbal warning
- Written warning
- Written reprimand
- Suspension
- Termination
- Restitution

Decisions about the reports of noncompliance to external agencies should be made when appropriate and in consultation with legal counsel. All significant reports, research/investigation results and actions taken will be reported to senior management and the President. Every decision on employee disciplinary action will be reviewed by UEC management in conjunction with the VP of HR.

11.2 INSTRUCTIONS FOR RESPONDING TO SUBPOENAS

Introduction

Subpoenas are legal documents that need to be processed following strict guidelines. The purpose of this document is to provide general instructions in handling subpoenas related to litigation involving Ketchum Health patients and Faculty, including Worker's Comp cases. This

document should be used in conjunction with any other existing University procedure(s) on the subject.

Any questions regarding the correctness of subpoenas, or the disclosure of documents requested therein must be directed to the desk of the Director of Healthcare Policy Compliance.

Definitions

A. Subpoena

In general, a subpoena is a legal document requiring a specific individual to appear and testify in court as a witness

B. Subpoena Duces Tecum

It orders the individual subpoenaed to produce documents or any other records available under her/his control at a specified time and place. It may also require the person to accompany the documents and testify as a witness.

C. Deposition Subpoena

It requires a non-party to provide copies of business records and to appear before a subpoenaing party.

D. Worker's Compensation.

These follow the same general rules applicable to civil subpoenas, except that billing records are generally not being sought, and HIPAA rules do not apply

Issuance and Service of Subpoenas

An officer of the court or an attorney of record in the case issues subpoenas, and they are served on a named individual, department, or office. Generally, subpoenas are served upon the custodian of the sought records, or upon the individual person named in the document.

Procedure for Acceptance and Response

Subpoenas not related to patients or faculty at Ketchum Health must be directed to the respective department, as follows:

- a. Employees, former employees, applicants. They must be referred to Human Resources
- b. Current students or alumni. They must be referred to Student Affairs
- c. Directors or administrators. They must be referred to the VP of Financial Affairs
- d. General records pursuant to FOIA suit. They must be referred to VP of Financial Affairs.
- e. If the President or any VP is named, they must be directed to the Vice President of Financial Affairs.

Subpoenas allocate a reasonable amount of time before the production of records is expected. This will allow the opposing party or the individual whose records are being sought to review and accept/oppose the production of documents.

Subpoenas cannot be served by mail, electronic mail or fax. They must be served in person whenever feasible. Subpoenas served by mail or fax are not acceptable

To be valid, subpoenas will be accompanied by affidavits, as follows:

- a. Description of the exact records to be produced
- b. The date when the documents are expected
- c. A copy of proof of service to the individual whose records are being sought, served at least ten days before the date specified.

We will attempt to contact the patient to notify the individual to whom the records pertain that they have been subpoenaed, unless law prohibits such notification.

Objections from Consumer to Produce Records

The patient or her/his legal representative may oppose the production of records, if he has been properly notified. Objections to Ketchum Health furnishing the records must be filed with the court prior to when the documents are to be produced. This is called “motion to quash”.

Witness Deposition and Fees

If any employee is required to appear as a witness, or to personally accompany the documents requested in a subpoena Duces Tecum, the employee is entitled to all normal allowable daily fees plus mileage actually traveled, both ways, at the prevailing rate, and any additional costs incurred. Please coordinate with Human Resources and your supervisor regarding this provision.

11.3 DATA RETENTION PROTOCOLS

Purpose

Ketchum Health collects, handles, stores, and shares data from multiple sources, and use different methods to process such data. As a healthcare organization, we are bound by various obligations with regard to the data we manage, including federal and state laws, industry standards, or contracts with third parties.

As a result, data may need to be archived beyond its active use. Furthermore, when a retention period for a particular type of data is over, KH is obligated to destroy that data in a secure manner.

This policy addresses how long certain categories of data we must retain, and when and how we can destroy it.

Definitions

- **“Anonymization”** is the process of turning data into a form that does not identify individuals.
- **“Archiving”** is the process of moving data that is no longer actively used to a separate storage device for long-term retention. Archive data consists of older data that is still important to the organization and may be needed for future reference.
- **“Data”** is Record and Document.
- **“Designated Record Set”** is a group of records that include Protected Health Information (PHI), billing records, enrollment, claims adjudication, case management.
- **“Destruction”** is defined as physical or technical destruction sufficient to render the information contained the document irretrievable by ordinary commercially available means.
- **“Document”** as used in this Policy, is any medium which holds information used to support an organizational operation.
- **“Personal Data”** is any information related to an identified or identifiable natural person.
- **“Protected Health Information”** is any information that could be used to identify an individual, and that relates to the past, present, or future provision of healthcare, or payment of health care.
- **“Record”** is defined as the maintenance of documents in a production or live environment which can be accessed by an authorized user in the ordinary course of business.
- **“Retention”** is defined as the maintenance of documents in a production or live environment that can be accessed by an authorized user in the ordinary course of business.

Scope

This Policy applies to all Ketchum Health employees, agents, affiliates, students, volunteers, contractors, vendors, consultants, advisors, or service providers that might collect, process, or have access to KH Protected Health information (PHI)

This policy covers all patient data processed or in Ketchum Health custody or control, in whatever medium such PHI is contained in.

Each Chief of Service, Office Director, or Unit Supervisor, is responsible for the data it creates, collects, uses, shares, stores, and/or destroys. Any action related to the permanent destruction, deletion, or modification of the Ketchum Health patient data must be notified to the Director of Healthcare Policy Compliance for approval.

Data Inventories

For purpose of this policy, the following is considered data, and therefore should be covered accordingly:

- Patient records, including images from devices
- Billing and claims transactions
- Electronic messages and texts related to patient care
- Legal documents such as subpoenas, court orders and injunctions, Worker's comp

A medical record shall be maintained for every individual who is evaluated or treated at Ketchum Health, and it can include digital images, photographs, films,

Procedures

The retention period of any record or document, regardless of format, shall be an active use period of ten (10) years (Ca. Welfare and Institutions Code) unless an exception has been obtained permitting a longer or shorter active use.

Records of minors must be retained for 10 years after the patient reaches the age of majority.

When communicating with a patient via email, text, or a phone call, the message or the call content must be merged into patient's file if it contains medical related language, e.g., treatment plan, comments on diagnosis and follow up actions, medications dosage, and the like.

Due to space constraints, some data (e.g., images) will be stored in a separate backup media, if necessary. The data will still be available to users after some protocols are followed, including a timely request to the Information Technology department. All archived data, which is stored on backup media, must be encrypted at rest.

Paper records shall be archived in secured storage onsite, clearly labeled in archived boxes or shelves, and stating the date to be destroyed.

No destruction or deletion of medical records will take place without getting the prior approval of the Chief of Service, the Director of Healthcare Policy Compliance, or the Associate Dean of Clinics.

Litigation Holds and Emergency Procedures

Ketchum Health may be involved in unpredicted events such as litigation, board proceedings, PHI breaches, or disaster recovery incidents. As a result, access to data may need to be restricted or prohibited altogether.

Once a hold has been placed on a file, data will only be accessed, copied, used, shared, or reviewed by a designated member of KH workforce, following strict confidentiality and integrity protocols set by Clinic Management.

Enforcement and Reporting

Breaches of this policy may have serious legal and reputation consequences and could cause material damage to MBKU. Breaches can potentially lead to disciplinary action that could include summary dismissal and to legal sanctions, including criminal penalties.

All employees are expected to promptly and fully report any breaches of this Policy. A report may be made to the Chief of Services, the Associated Dean of Clinics, or the Director of Healthcare Policy Compliance.

11.4 BREACH NOTIFICATION OF PROTECTED HEALTH INFORMATION

PURPOSE:

To provide guidelines to communicate breaches when unauthorized access, acquisition, use and/or disclosure of the organization's unsecured patient protected health information occurs.

POLICY:

The MBKU-UEC is committed to the privacy and security of the information it collects from patients. To protect identifiable information, we have secured the latest technology available and have implemented procedures to ensure its confidentiality and integrity. MBKU-UEC Breach notification will be carried out in compliance with the American Recovery and Reinvestment Act (ARRA)/Health Information Technology for Economic and Clinical Health Act (HITECH) as well as California Senate Bill SB 24 (2011).

DEFINITIONS:

Access: The ability or the means necessary to read, modify, or communicate data/information or otherwise use any system resource.

Breach: The disclosure of PHI that compromises the confidentiality, privacy and integrity of information. The breach may directly or indirectly compromise the individual financially, affect his/her reputation or create personal harm.

Business Associate: A person or company (other than a MBKU-UEC employee) that performs or assists in the performance of a function or activity involving the use or disclosure of identifiable health information.

Disclosure: The release, transfer, provision of access, or divulging Individually Identifiable Health Information (IIHI) outside of the entity holding such information.

Individually Identifiable Health Information (IIHI): Refers to health and demographic information collected from an individual that is created or received by a health care provider, health plan, employer, or health care clearinghouse. 1) It relates to the past, present or future physical or mental condition of an individual, 2) The past, present or future payment for the provision of health care to an individual, and 3) Identifies the individual or there is a reasonable basis to believe the information can be used to identify him/her.

PHI: Any form of Individually Identifiable Information that is transmitted electronically, maintained in electronic media; or transmitted or maintained in any other form or medium.

Unsecured Protected Health Information: Information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of technology or methodology specified by the Health and Human Services Secretary.

Workforce: Refers to employees, residents, volunteers, work studies, trainees, and other persons whose conduct, in the performance of work, is under the direct control of the MBKU-UEC, whether or not they are paid by it.

PROCEDURE:

The following describes the processes that will occur in the event information is disclosed in a way that could pose significant and quantifiable harm to patients:

Discovery of Breach: A breach is “discovered” as of the first day it is known to the organization, or by exercising reasonable diligence, would have been known to the organization. Any breach that occurs, whether from MBKU-UEC workforce, or from a Business Associate, must be reported to MBKU-UEC officials at the time the breach occurs.

Risk Assessment and Breach Investigation: Once a breach is discovered or reported, the Compliance Officer will conduct an investigation to determine the nature of the breach. The investigation will be coordinated with the Vice President and Dean of Clinical Affairs, the Director of Clinic Operations, Human Resources (if applicable) and the UEC Systems Coordinator. If determined that improper access, use or release of PHI needs to be communicated to affected parties, the Director of Clinic Operations will coordinate the notification process.

Timeliness of Notification: Upon determination that breach notification is required, the notice shall be made within 60 calendar days after the discovery of the breach by MBKU-UEC, or the Business Associate involved. It is the responsibility of the organization (MBKU-UEC or the organization of the Business Associate) to demonstrate that all notifications were made as required, including evidence demonstrating the necessity of the delay, if needed.

Content of the Notice

The notice shall be written in plain language and must contain the following:

- A brief description of what occurred, including the date of the breach (if known) and the date of the discovery.
- A description of the type(s) of unsecured PHI involved the breach (i.e., full name, social security number, full address, date of birth, insurance policy numbers, and bank account numbers.
- Recommendation(s) about the steps the individual should take for protection from potential harm resulting from the breach.
- A detailed description of the action(s) that MBKU-UEC is taking to avoid, mitigate or alleviate the potential harm to the individual(s) involved.

- Details for the individual (s) affected by the breach on how to contact MBKU-UEC officials to learn additional information, including a telephone number, email address, website or postal address.

Types of Notifications

- Notice to individuals- written notification by first-class mail to the last known address or by electronic notice (via email) on file. If it is determined that the breach could potentially cause imminent harm, or the unsecured information could be used for malicious purposes, notification may be provided by telephone or by other means as appropriate, in addition to the above methods.
- Notice to media- If the breach affects more than 500 individuals, a press release shall be provided to prominent media outlets serving California and the local region.
- Notice to Secretary of Health and Human Services (HHS) - If the breach affects more than 500 individuals, the Secretary of HHS will be notified in compliance with instructions from their website at www.hhs.gov. If the breach affects less than 500 individuals, MBKU-UEC will maintain a log and will submit it annually to HHS (logged breaches occurring during the preceding calendar year will be submitted no later than 60 days after the end of the calendar year). The log will be maintained by the MBKU-UEC Compliance Officer. Instructions for submitting the log are provided at www.hhs.gov.
- Notice to California Attorney General: For breaches affecting more than 500 individuals, MBKU-UEC will in addition to notifying HHS, will notify the office of the California Attorney General.
- Business Associate- Will notify MBKU-UEC no later than 60 calendar days after a breach is discovered. Business Associates are responsible for breaches caused by all contractors, subcontractors, subordinates, volunteers and other personnel under its supervision. The notice to MBKU-UEC shall include the identification of each individual affected. After receiving notification of the breach, MBKU-UEC will notify the individuals, following the "Notice to Individuals" protocol outlined in this policy.
- Workforce Training – MBKU-UEC will provide training to it's workforce on this policy and procedure.

REFERENCES:

- 45 CFR, 160 and 164- HIPAA Privacy and Security Rules
- ARRA Title XIII, Section 13402 HITECH: Breach Notification Rule
- SB 24 (2011): California Breach Notification Rule
- SB 570 (2015) California Notice of Data Breach Rule
- Health & Safety Code § 1280.15
- Health & Human Services- www.hhs.gov

12.0 QUALITY ASSURANCE PROGRAMS

12.1 CLINICAL DOCUMENTATION IMPROVEMENT - CDI PROGRAM

Purpose

- a. To ensure excellence in patient care through a methodical, accurate documentation of the medical chart.
- b. To improve our billing practices, and to achieve full coding compliance.

Authority and Responsibility

- c. A compliance committee (the "Committee") will be created with the responsibility of overseeing the charting process to ensure a continuous evaluation of the clinical documentation practices.
- d. The Director of Healthcare Policy Compliance (the "Director") will have oversight of the Committee and its members.
- e. The Committee will consist of one faculty from each service and the Director.
- f. The Committee will meet at least once a month and will report its activity and findings to the Associate Dean of Clinics, who in turn will publish the results and make the material available to appropriate parties for follow up and remediation.

Scope

- g. Charts will be reviewed and audited, following strict privacy and security protocols.
- h. The following elements will be evaluated:
 - i. Clinical documentation-Chief complaint, diagnosis, ROS, PPFS
 - ii. Interpretation and reports
 - iii. Accurate coding and billing-Numbering fee sheets
 - iv. Accurate diagnosis
 - v. Medication-allergies and drug interactions
 - vi. Identification of risk factors and coordination of care (MIPS)
 - vii. Patient education, e.g., AREDs
 - viii. Chart completion
 - ix. Translation/interpretation services for Limited English Proficiency (LEP) patients

Methodology and Criteria

- i. Chart completion is expected within three (3) business days. Remote access to patient databases has been granted to all faculty to facilitate chart review when not in clinic.
- j. The appointed Committee faculty will randomly select an exam and its corresponding fee sheet. The audit will check for the presence and accuracy of the main elements needed to attain the level of billing presented to claims.

- k. The committee will check for consistency on the production of Interpretation and Reports when required after a test is performed. A list of CPT codes requiring I & R will be timely provided.
- l. A general review of documentation practices will be conducted, including but not limited to, providing patients with appropriate educational materials; timely communication with PCP when patients are referred to KH; accuracy, appropriateness, and relevance of stated documented facts in the evaluation; availability of translators and interpreters when needed.

12.2 MEDICAL CHARTING PROTOCOLS

Goals:

- Identify methods to increase provider specificity of Clinical Documentation capturing all the elements required
- Develop methodology to engage providers by creating a meaningful educational program
- Emphasize the importance of collaborative communication for all stakeholders
- Define measurable success factors & monitoring the impact of improved Clinical Documentation
- Designate a team of CDI specialist(s) in charge of randomly reviewing charts to check for CD accuracy. It could be the start of the more comprehensive “peer-review” program
- Determine the needs in terms of real time education and training for faculty to adjust to the new specificity requirements from the ICD-10

Benefits:

- High quality of patient care
- Improved provider and clinic profiles
- Doctors have a vested interest in collected data is as accurate as possible
- **Improved reimbursement** due to more ICD-10 selection (also to meet the specificity requirements)

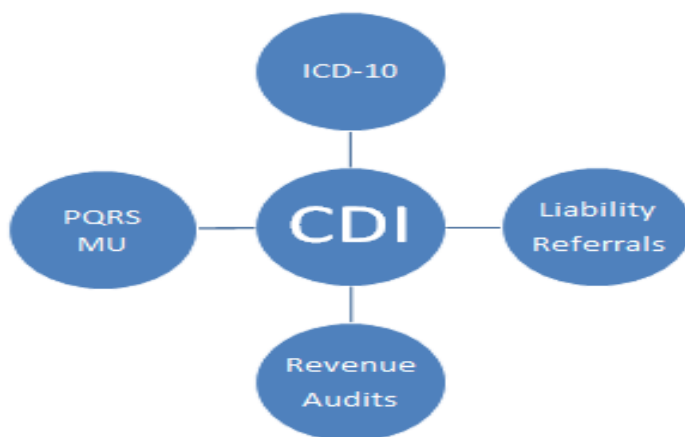
Provider Liaison/Champion(s) will:

- Engage all faculty involved in patient care
- Assign a provider or group of providers in charge of reviewing and grading records accordingly.

Key Elements:

- Medical necessity and chief complaint always documented

- Cloned Documentation (“copy and paste”) must be, if not eliminated completely, reduced significantly. This would require re-engineering templates; adjusting EHR settings; educating interns and providers; creating a formal policy addressing the issue
- Accurately coding for new vs. established to avoid over and/or underpayments
- Interpretation and report always completed and incorporated in the chart



Executive Summary

The medical record validates all the procedures and care provided to patients, and ultimately serves as a foundation to support our claim submissions. It also shields us from potential liability issues that may arise in the course of our business.

The medical record should contain information that properly documents precisely what services were provided to match the diagnosis and the procedures used for billing purposes. Documentation in the medical record should be self-explanatory, and it should stand on its own without the need of the doctor to explain it or “defend” it. As stated by the CMS Evaluation and Management documentation protocols: “If it isn’t documented, it hasn’t been done”.

Guidelines

1. Each page in the record contains the patient’s name or ID number. EMR software allows this to be done by default.
2. The medical record is complete and legible, including time and date of all entries and signature of individual making entry, including his or her title.

Chart completion is expected to happen within three business days. Full time Faculty has been granted remote access to EMR software to allow them to work while not at the Clinic; part time faculty are expected to complete charts the same day of the visit, if they are scheduled to see patient just for that day.

Every element of the chart must have the name of the faculty who is in charge of the exam. Name of the faculty must be entered at the end of the Reason for Visit/ Chief Complaint, History Present Illness, Patient History, Review of Systems, Impression/Assessment and Plan.

Charts must have the signature of the provider in charge of the examination; if the name of the intern is entered at the end of each element, a parallel signature from the rendering physician must be entered as well. The only responsible party for the exam is the staffing doctor and the billing validates this fact.

3. The documentation of each patient visit includes:

- Presenting problem/chief complaint/reason for the visit

The Chief Complaint is a concise statement describing the symptom, problem, condition, diagnosis, physician recommended return, or other factor that is the reason for the encounter.

This is the most important element of the chart. Chief Complaint is recommended to be recorded in the patient's own words and must be clearly stated. The reason for visit suggests what test(s) will be needed (if any) and the possible CPT codes to use for the encounter.

Avoid using the following statements while documenting the reason for visit:

"Patient here for comp. exam"

"Eye Health Check"

"Annual Exam"

Reason for visit could also be "doctor driven"- tests ordered at completion of last visit. It is important to be accurate in the RFV/CC documentation because it also determines if the best way to treat the condition is medical or refractive.

- Any relevant medical/ocular/visual history

Always interview the patient and customize the Hx to explain and justify the reason for visit/chief complaint. "Unable to respond", "patient unresponsive or uncooperative" are accepted statements to be incorporated in the file. If an interpreter is needed, please make sure that patient and faculty agree on the chosen individual. If a family member is designated as the interpreter, the following statement must be included in the Hx form:

"Interpretation provided by family member, at patient's request".

The ROS and /or PFSH may be recorded by the intern or on a form completed by the patient. While documenting the PESH, please refrain from including statements that are not relevant to the case or are outside the scope of the practice itself.

A ROS and/or a PFSH obtained during a previous encounter do not need to be re-recorded if there is evidence that the faculty reviewed and updated the previous information. If no updates are needed in the chart, faculty could note it by adding a simple statement such as “there has been no change in the information”.

- Ocular examination findings
- Previous diagnostic test results

Every ancillary test ordered must be interpreted and a report must be created and included in the file separately. The report on the test results cannot be part of the EMR template and a separate report must be filed.

- Medication usage/medication allergies

Documentation on allergies, drug/drug interaction and medication side effects must be consistent when multiple visits are recorded. Avoid the copy/paste function to prevent inconsistencies in the chart.

- Assessment
- Clinical impression or diagnosis

Medicare (and subsequently, most private payers) only goes by the principle of reasonable and necessary services. Faculty can order any test(s) or apply any diagnosis they might think is appropriate; however, payers will only reimburse for services that they consider “reasonable and necessary”.

- Treatment/plan of care

It is very important to document all recommendations given to patient regarding compliance with medication intake and treatment plan. This has two immediate effects: assuring that patient’s non-compliance might be one possible cause of any lack of improving or worsening of patient’s condition; and to shield the provider from potential malpractice issues that could arise in the course of the treatment.

- Date and legible identity of the observer.

4. The rationale for ordering diagnostic and other ancillary services must be documented or easily inferred by a medically trained independent reviewer, including another OD in a peer review process (if such a process exists).

5. Evidence that the patient is not placed at an inappropriate risk by a diagnostic or therapeutic procedure.

6. The medical record documentation must support the ICD-10 and CPT codes submitted for claims reimbursement. The level of specificity in the documentation must accurately support the diagnosis code related to the claim being submitted.

7. Health risk factors are identified. Progress notes must document any changes in response to treatment, and any revisions in diagnosis.

8. Recommendations made to the patient are extremely important, including any patient educational information and appropriate follow up in terms of weeks, months, or as needed.

12.3 INTERPRETATION AND REPORT PROTOCOLS

Legal Background

It's been assumed that an I & R required a separate, handwritten document created by rendering providers to comply with billing procedures.

After careful analysis of existing government guidelines, and CMS conditions of participation-billing manual, and articles from billing experts, we have concluded that there is not consistent regulation to support any specific way to present the I & R as proof of the test performed, much less a direct indication about the need for the report to be "separate and handwritten".

The Medicare Carriers Manual (15023) specifies that and Interpretation & Report should "address the findings, relevant clinical issues, and comparative data (when available). There must be a **written** report that becomes part of the patient's medical record".

Discussion

To make the I & R process more transparent and expedient, we are eliminating the requirement for it to be separate and handwritten. To that effect, we are using the tools provided by EMR Exam Writer instead. Three goals will be achieved:

- Completion of the report in a timely manner, with less steps for faculty to follow;
- Ability to support the billing process more consistently; and
- Improving compliance rates, which in turn will help us to pass auditing proceedings when they occur.

Claims for tests requiring an interpretation and report will be sent "as is", meaning the required proof will be obtained from the EMR exam template, should an auditor request additional support for the payment. Claims staff **will not** communicate with faculty to obtain reports needed to support billing processes, and faculty will be solely responsible to ensure that the accompanying report is produced once the test is completed.

The paper forms and the subsequent scanning are effectively eliminated with the new process. A completion tracking tool will be developed to monitor faculty's compliance with the report.

Procedures

Following are the steps to complete the Interpretation and Report using the existing Exam Writer tools:

1. **Procedure Steps to complete Interpretation and Report in Examwriter:**
 - I. Click the heading tab "Special Testing"

- II. Click box all the additional testing performed during the exam with the correct CPT code listed next to the description of the test. Multiple tests could be chosen at this point and after all selections have been made, click the process button at the bottom of the pop up window.
 - i. For example if I performed a macula OCT. I would click the box under the heading “Posterior Segment” next to the wording “Retina – 92134”.
 - III. A new pop up window will appear with the test name at the top. You will now click the upper left hand box labeled “Interpretation & Report” first before clicking any additional boxes to describe your test. Afterwards, you have the ability to either complete the results with click boxes or free text. And then press the “Process” button at the bottom of the window and then the next test will appear. After you complete the last test, all the data will now appear in the “Special Testing” section. Edits can be made after completion by clicking on any of the test heading titles.
 - i. The necessary components needed for an interpretation report are:
 1. Reason for the test (Clinical finding to support why you are testing with a previous order for the test)
 2. Reliability of test
 3. Interpretation of results of the test
 4. Comparative data to previous test results (if applicable)
 5. Clinical management adjusted based on findings from the test
 6. An assessment or diagnosis (if possible)
 7. Signature of the doctor (see below)
 - IV. For the signature of the doctor, please complete the following steps:
 - i. Click the “Notes” box at the very top in between “Finalize” and “Exam/Draw”.
 - ii. Click the “Special Testing” box
 - iii. A blank small pop up window will appear. Please type in “Interpretation and Report completed”. Please leave the check in the box “Date Stamp this note.”
 - iv. Then click “Save/Exit” at the bottom. This will automatically add the note at the bottom of the “Special Testing” section with your statement, a time stamp and your electronic signature to the section.
2. **Extended Ophthalmoscopy** will be completed using tools from ExamDraw. The report does not need to be in color. Make sure the drawing captures all elements required for this test, including appropriate labeling.
 3. **Signature**. Electronic signature can be used to sign the report. Faculty has the ability to authenticate any entry in the exam by using her/his log-in credentials to access the electronic medical file. This type of authentication is valid and accepted by Medicare following CFR § 482.25(ii). Please include the “Attestation Statement” that is used to sign the medical record.

4. **Completion deadline.** When a test is performed, the subsequent I &R is expected to be completed within three business days.

12.4 DATA-ENTRY POLICY AND PROCEDURES

Data Integrity

As we establish our new inter-professional education and healthcare ecosystem at MBKU-KH, with integrated, multifunctional programs and applications, it is necessary to make sure that the data we collect translates to meaningful and useful information when entered into our databases.

The guidelines below provide standards for establishing measures for the collection, entry, access, and use of data that is maintained electronically on Ketchum Health databases. These guidelines should define the responsibilities of users who input and access that data.

We all have a fiduciary responsibility to preserve the integrity of the information collected and stored in our systems. All individuals handling and entering data must adhere to the policies and procedures of this policy.

Duplicate Records

To the extent possible, we must avoid the creation of duplicate files. **Search first, BEFORE** creating a new record or changing an existing record for an individual. Conduct a name search using different elements (DOB, first/middle/last names, address, phone numbers, email address) to make sure the person has not already been entered into databases. Eliminating/merging duplicate files is a very time consuming activity; thorough searching is necessary to prevent creating duplicate records.

Quality Control

Supervisors and the Compliance Officer will conduct random audits to determine the accuracy of the data entered into KH databases, and will provide timely feedback to those users who have not followed the guidelines.

Naming Conventions

We all use files to store data related to our daily workflow. Organizing files and folders using standard naming conventions must be priority when saving data to any location. These conventions could include things like the date of creation, author's name, project name, name of a section or a sub-section of the project, the version of the file, etc. Avoid using acronyms when naming files or folders.

Examples:

123456LOspina_RecordsRelease_08252018

VSP Authorization

Types of Data

Person Data: Relates to any demographic information that identifies an individual.

Non-Person data: Data that pertain to organization or companies, and is established and used by various departments.

Procedures

❖ General:

- When information is unknown, avoid entering mockup data into the system to create the file. If the system does not allow creating a new file without completing specific fields, you must set an alert and follow up on collecting the right information to be entered in the system once known.
- Patient databases are case sensitive, and all character data is to be entered using mixed case (standard combination of upper and lower case letters), as provided by persons. Never use ALL CAPS to enter a names or addresses.
- Use only NextGen to change demographic information on all patient databases. Do not use OfficeMate or ExamWriter to enter new patient data, or to modify existing data.
- Do not use special characters when creating files, such as # * %, < > , as this might cause problems with queries and report generation.
- Users are responsible for understanding all data elements that are used. If unsure about the format of the data, or the meaning of the data element, the user should consult his/her supervisor for guidance.
- Users must protect all Ketchum Health data files from unauthorized use, disclosure, alteration, or destruction. Users are responsible for the security, privacy and control of data within their control.

❖ Creating/Entering Names-Demographic Data

- Enter the entire middle name when provided by the individual for identification purposes. Enter the legal spelling and format of the last name as supplied by the person.
- Appropriate punctuation must be used consistently, even when not provided by the individual, including commas, periods, dashes, colons, semi-colons, apostrophes, and quotation marks.
Example: OConnor, O,leary
Enter: O'Connor, O'Leary
- Use only names in the first or last names fields. Do not use titles, prefixes, and suffixes (e.g., **Example:** Dr., Mrs., MD., Jr., III. These go in their separate and appropriate fields, if available.
- When entering names beginning with a prefix, spell the name as the person does. If that spelling is unclear (as with poor handwriting), capitalize the second part of the name and do not type a space between the two parts of the name:
Example: Mac, Mc
Enter: MacDonald or McDonald

- Enter single character first names with no period.
Example: P Wallace
- Use hyphens to separate double last names as supplied by the person. Hyphenated last names are to be entered with no spaces between the hyphens.
Example: Mohammed Al-Khasi
However, if there are two last names that are not hyphenated, the first name provided would be entered as first name, the second would be entered as middle name, and the third/fourth will be entered as last name.
Example: Huang You Quinton Lee
Enter: Huang, You, Quinton Lee
- Spaces are permitted if the legal spelling and format of the name includes spaces.
Example: Mary Ann, Joe Daniel.
- Enter the legal name as it appears on a government issued document (SSN/TIN)
- When entering a date of birth, we follow this format: 00/00/0000
Example: 08/12/1947 or 10/05/1970
- When entering phone numbers, if a format is not already embedded in the system, we follow this format: **111-000-1234**.
- Insurance information. The name of the insurance company will be always entered with the first letters of the names capitalized, followed by lowercase characters. Enter the data as it appears in the insurance card, or as is provided by the patient, including all alphanumeric and special characters.
Example: Anthem Blue Cross XLD75482154-4NA.

❖ **Creating, Changing and Inactivating Addresses**

Most of the software applications we use are “intuitive” in nature, allowing data to be properly documented if entered in a disparate format. Sometimes, however, users enter addresses with values or characters that the systems do not recognize, creating a duplicate or redundant file. Following are some general guidelines to follow while creating or changing addresses.

- Always use the “billing address” in NG field to enter main addresses of patients. Use only the “secondary” address field when provided by the individual, and never instead of the “billing” field.
- When changing an address for which history is not maintained, remove (or overwrite) the prior record and follow the instructions for setting up a new address.
- Character data is to be entered using mixed case (standard combination of upper and lower case letters). Never use ALL CAPS when entering address data.
- If only a PO Box was provided, enter it in the same format used by the USPS. Capitalize the “PO” without periods, followed by a space and the letter “B” capitalized. If an address includes both a PO Box and a street address, enter the PO Box on the line below the street address without punctuation.
- Be consistent in the way you spell abbreviated street designators without punctuation.

Example: Ave (Avenue); Blvd (Boulevard); Ctr (Center); Cir (Circle); Dr (Drive) Hwy (Highway)

- Compass directional words may be abbreviated if they are not the street name. Do not use punctuation.

Example: 102 N South St; 5460 E La Palma Ave

- If unit types are known and needed, use always the same designators without punctuation.

Example: Apt (Apartment); Bldg (Building); Ste (Suite) Dept (Department)

❖ Creating/Entering Vendors, Non-Person Names

- Non-Person names of Corporation Names, including insurance payers, should appear exactly as shown on the IRS form, vendor's invoice, or letterhead. If initials are used, they must be entered in upper case.

Example: IBM, US Insurance

- Where abbreviations of non-person or corporation names are necessary due to the length of the name, abbreviate with standard USPS abbreviations. These can be found at <http://pe.usps.gov/cpim/ftp/pubs/Pub28/pub28.pdf>.

Example: HIPAA would be entered as Health Insurance Portability and Accountability Act

- A company with initials should not have a space between the initials. Do not use periods or commas.

Example: BS of CA

- Use the ampersand sign (&) instead of the word "and" when appropriate.

Example: AT&T

- Use "The" if the vendor name starts with it.

Example: The Insurance Group

- Do not capitalize "a", "an", "the", "of", "for", "to", "etc.", when used in the vendor name.

Example: Business Insurance Co. of Anaheim.

EXHIBITS

EXHIBIT 1 LETTER OF TERMINATION OF CARE

Date

Re: Letter of Termination of Care

Medical File #

DOB:

Dear (Patient):

*After careful consideration, we feel it would be in your best medical interest to seek the services of another optometrist. The University Eye Center will no longer be able to be your eye care provider, and we have decided to discontinue as your optometrist effective immediately, for the following reason(s): **(Indicating the specific reason(s) for termination is optional, although if it involves medical treatment, or repetitive aggressive behavior, you may wish to do so.)***

I urge you to make arrangements for the services of another ophthalmologist/optometrist to maintain the continuity of your care. If you need a referral, you might contact your vision insurance provider, check your local telephone directory, or contact the California Optometric Association at (916) 329-9450. Our office will transfer a copy of your records to your new physician if you so desire.

If you should have a medical eye emergency before you have been able to secure the services of another Doctor, we will be able to provide emergency care for 30 days from the date you receive this letter. All usual and customary fees will apply.

I appreciate your understanding and assure you we will do all we can to facilitate a smooth transition in your care.

Sincerely,

Dr. _____

Signed by the Chief of Service and/or Associate Dean of Clinics.

EXHIBIT 2 REFERRAL FORM



**SPECIALTY SERVICES
CONSULTATION / REFERRAL FORM**

University Eye Center at Fullerton | 2575 Yorba Linda Boulevard, Fullerton, CA 92831

**UNIVERSITY
EYE CENTER**
at Fullerton

Please fax this form, ALONG WITH ANY PATIENT RECORDS, to the service below.

Please check types of specialty services needed:	Service Phone #	Service Fax #
<input type="checkbox"/> Dry Eye: Dry Eye Institute	714.449.7420	714.992.7833
<input type="checkbox"/> Contact Lenses: Stein Family Cornea & Contact Lens Center	714.449.7420	714.992.7833
<input type="checkbox"/> Low Vision: Mary Ann Keverline Walls Low Vision Rehabilitation Center	714.992.7890	714.992.7863
<input type="checkbox"/> Ocular Disease: Ocular Disease / Ophthalmology / Electrodiagnostic Service	714.449.7415	714.992.7848
<input type="checkbox"/> Ocular Prosthetics: Stein Family Cornea & Contact Lens Center	714.449.7420	714.992.7833
<input type="checkbox"/> Pediatrics: Pediatric Vision Care	714.992.7870	714.992.7856
<input type="checkbox"/> Research: Center for Vision Research	714.449.7490	714.992.7864
<input type="checkbox"/> Vision Therapy: Studt Center for Vision Therapy	714.449.7430	714.992.7846

Sent by:

Doctor's Name: _____ Doctor's NPI # (required): _____

Office Address: _____

City: _____ State: _____ Zip: _____

Office Phone #: _____ Fax #: _____

Email: _____ ☐ I prefer electronic correspondence

Introducing:

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Contact Phone #: _____

I am sending the above patient to the Eye Care Center for the following reasons:

☐ Consultation / 2nd Opinion Only (pt to be returned to original doctor) ☐ Special Testing Only

☐ Transfer of Care (referral) ☐ Treatment/Therapy (further information may be needed upon request)

Other/Comments/Special Requests/Tests Requested: _____

Would you like us to contact the patient for an appointment? ☐ Yes ☐ No

Please fax this form, ALONG WITH ANY PATIENT RECORDS, to the service above.

Signed _____



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/ 1



01/05/15 md

EXHIBIT 3 ORTHOKERATOLOGY AGREEMENT

Welcome to the University Eye Center's orthokeratology (ortho-k) treatment program!

Our patient's ability to adapt to contact lens wear and the way the corneas respond to the reversible ortho-k reshaping will determine the length of treatment. Following the period of active diagnostic lens changes (generally 1 to 6 months), a finalized pair of rigid gas permeable (GP) ortho-k lenses will be prescribed to optimize the stability of our patient's vision. In rare cases, we may need to extend the treatment time at which point we will quote an estimated cost and time frame.

During the first year of ortho-k, the evaluation fee (\$690.00) will include the initial evaluation and follow-up care (up to 6 months). This evaluation fee is not dependent upon the number of visits, starting prescription, or contact lenses prescribed. This is in addition to the comprehensive eye exam (\$159). Appointments will be scheduled as often as necessary to ensure the patient's success. We are committed to providing a safe reshaping treatment and the best vision possible in this modality. These visits do not include medical eye care as described on page 2. Every year thereafter, the ortho-k evaluation is \$150 in addition to the comprehensive eye exam (\$149).

During the patient's initial year of ortho-k wear, we request that patients purchase two pairs of ortho-k lenses: a pair, plus a spare pair (\$800). Subsequently, each replacement lens will cost between \$225 to \$275 per lens. Full payment is due before lenses are ordered. Lost or damaged lenses will be replaced at a cost of \$175 - \$200 per lens during the initial six month fitting process (normal cost \$225 to \$275).

First Year Estimate

Comprehensive	\$159
Ortho-k evaluation	\$690
<u>Ortho-k lenses (2 pairs)</u>	<u>\$800</u>
Total	\$1,649

During the diagnostic fitting, we may loan a pair of ortho-k lenses to our patients. These lenses belong to the University Eye Center and need to be returned in its original condition. If changes are made during the diagnostic fitting, we will ask to exchange diagnostic lenses with the patient until ortho-k lens parameters are finalized. We require that patients bring their ortho-k lenses to each appointment. Patients are required to return lenses that were loaned to them. There will be a charge for any lenses that are not returned (a refund will be issued upon return of the lenses).

If circumstances prevent treatment to continue, we will be unable to refund any service fees but we will be able to refund the cost of lenses minus a \$50 per lens restocking fee.

As with all contact lens wear, ortho-k lenses have associated risks of fluctuating vision, corneal abrasion, and infection. We expect our patients will follow our instructions and to call our office immediately if they experience poor vision, changes in vision or light sensitivity, excessive pain, or excessive redness. Your ortho-k evaluation fees do not cover a medical visit.

We appreciate the confidence you have placed in us for your orthokeratology care.

The potential risks of vision fluctuation, corneal abrasion, and infection have been explained to me. I agree to seek immediate care, (714) 463-7521 or (714) 463-7522 during regular hours and (714) 870-0258 after hours, should I notice a decrease in vision, light sensitivity, excessive pain, or excessive redness. I may also experience blurry vision through my current glasses due to the change in my prescription as a result of ortho-k. There is no guarantee that my uncorrected vision will improve following ortho-k as results may vary.

_____ The lenses used in my orthokeratology program are approved for overnight wear and prescribed to be worn on an overnight basis.

_____ The lenses used in my orthokeratology program are not approved for overnight wear and I acknowledge they are used “off-label.”

I have read and understand the above, and I am in complete agreement with the contents.

Name of patient

6 month window

Signature of patient (parent or guardian)

Date

Witness

Date

EXHIBIT 4 BACK-UP FORM FOR SPECTACLE RX

Ketchum Health

5460 E. La Palma Avenue

Anaheim, CA 92807

Phone (714) 463-7500 FAX: (714) 992-7811

Final Spectacle Rx

Patient: [Click here to enter text.](#)

Exam Date: [Click here to enter a date.](#)

Sphere	Cylinder	Axis	H Prism	V Prism	Add	Intermed	PD

Lens Type: [Choose an item.](#)

Wear Time: [Choose an item.](#)

Material: [Choose an item.](#)

Lens Treatments: [Click here to enter text.](#)

Notes: [Click here to enter text.](#)

Expiration Date: [Click here to enter a date.](#)

Provider Signature: _____

Provider: [Choose an item.](#)

License No: [Click here to enter text.](#)

EXHIBIT 5 INTER-SERVICE REFERRAL FORM

INTERSERVICE REFERRALS

Date: Click here to enter text.

Patient Name: Click here to enter text.

Patient File No: Click here to enter text.

SERVICE (To Be Referred): Choose an item.

Date of Birth: Click here to enter text.

Referring Doctor: Choose an item.

Reason for referral: Click here to enter text.

Tests requested: Click here to enter text.

Day or time requested: Click here to enter text.

Faculty requested: Click here to enter text.

Urgency: Choose an item.

Insurance: Unknown ☐ Known ☐ **Type:** Click here to enter text.

Policy No: Click here to enter text.

Check list

- ☐ Business card of Administrative assistant given to the patient
- ☐ Referral information/brochure given to the patient

EXHIBIT 6 OPTHALMOLOGY CONSULTATION-SPECIAL TEST/ CHRONIC CARE SERVICE

Referral Criteria for Primary Angle Closure Suspect*

1. History of intermittent eye pain, headaches, blurry vision in association with a gonioscopic narrow angle.

☐ Yes ☐ No

2. History of PDR, RVO, OIS, previous Laser Tx (anterior segment).

☐ Yes ☐ No

3. Gonioscopic classification: Table I (Please use table below for referral purposes)

Table 1. Classification of various types of angle closure

	Iridotrabecular contact ($\geq 180^\circ$)	Elevated IOP	PAS	Glaucomatous optic neuropathy
PACS	Present	Absent	Absent	Absent
PAC	Present	At least 1 present		Absent
PACG	Present	At least 1 present		Present

ICP, intraocular pressure; PAC, primary angle closure; PACG, primary angle closure glaucoma; PACS, primary angle closure suspect; PAS, peripheral anterior synechiae

EXHIBIT 7 FLUORESCEIN ANGIOGRAM (FANG) INFORMED CONSENT-ENGLISH

Name _____ Date _____

The purpose of this special test is to give your doctor valuable information regarding your eyes. This test allows us to study the layers of tissue, the blood vessel circulation and any abnormalities that may be present.

To begin the fluorescein dye study, your eyes must be dilated with eye drops. These drops may cause increased light sensitivity and slight blurring of your vision.

Essentially the test consists of first taking several photographs of your retinas. The next step is an injection of a small amount of dye into a vein and more photographs are taken over a 10 to 20 minute period, depending on the information needed. There are no X-rays used in any of these photographs. The dye used contains no Iodine, is water-soluble, and mixes very well with the blood. Severe side reactions from the eye are very rare. Minor changes resulting from the dye might include slight discoloration of the urine and skin. Your skin and urine may take on a yellow cast. The discoloration is perfectly normal and should disappear within thirty-six hours.

There are no special precautions that need to be taken prior to this test, but we suggest that it be done while you have a fairly empty but not completely empty stomach. This will help avoid the chance of temporary nausea that might occur. Do not alter your current medication schedule. After testing is over, you may resume your normal activity, meal and medication schedule. Sunglasses may be worn if light sensitivity causes discomfort.

I hereby authorize Dr. _____ and/or such assistants that may be designated by him/her to perform a Fluorescein Angiogram upon myself. I understand the above read procedure is necessary to diagnose my condition.

(Female patients only) I also declare that I am not pregnant nor have reason to believe I may be pregnant.

Signature of Patient
(Parent/Guardian or Legal Representative)

Signature of Witness

EXHIBIT 8 FLUORESCEIN ANGIOGRAM (FANG) INFORMED CONSENT – SPANISH

Nombre _____ **Fecha** _____

El presente examen especializado tiene como propósito suministrarle a su Doctor, información acerca de sus ojos. Este examen nos permite estudiar las capas de tejido, así como también la circulación de los vasos sanguíneos, y cualquier otra anomalía que pueda existir.

Para realizar este examen, sus ojos deben ser dilatados con gotas. Dichas gotas pueden causarle un aumento de sensibilidad a la luz, y una ligera sensación de visión borrosa.

Inicialmente, se tomarán varias fotografías de sus retinas. Posteriormente, se le inyectará un medio de contraste (tinte) en una vena y se le tomarán más fotografías por un periodo de 10 a 20 minutos, dependiendo de la información requerida. Estas fotografías no involucran el uso de Rayos X. El medio de contraste no contiene Yodo, es soluble en agua y se mezcla sin complicaciones con la sangre.

Efectos secundarios en los ojos son poco comunes. Cambios menores a consecuencia del medio de contraste pueden consistir en una ligera decoloración de la orina y la piel, los cuales pueden tornarse amarillos. Esta decoloración es normal y debe desaparecer dentro de las siguientes treinta y seis horas.

No existen precauciones adicionales para llevar a cabo el examen; le sugerimos que coma algo ligero antes del examen. Esto le ayudara a evitar la sensación de náusea que se pueda presentar. Siga tomando sus medicinas normalmente. Después de que hayamos terminado con el examen, puede

continuar con sus actividades normalmente. Puede usar gafas oscuras si presenta sensibilidad a la luz.

Yo autorizo al Dr. _____ y a su(s) asistente(s) para que lleven a cabo el Angiograma de Florescencia. Entiendo que el procedimiento explicado arriba es necesario para diagnosticar mi condición médica.

(Solo pacientes femeninos) Declaro que no estoy embarazada y que no tengo razones para creer que lo estaré.

Firma del Paciente
(Padre/Guardian o Representante Legal)

Testigo

EXHIBIT 9 OPHTHALMOLOGY CONSULTATION FORM

Name: _____

File#: _____

M / F DOB: _____ Age: _____ Date: _____

Race: ☐ W ☐ B ☐ His ☐ Asian

Referring Dr. _____

OPHTHALMOLOGY CONSULTATION SERVICE**CC / HPI:**

ROS

Y N	Y N	Y N	Y N
<input type="checkbox"/> <input type="checkbox"/> Weight Loss, Fever	<input type="checkbox"/> <input type="checkbox"/> Asthma	<input type="checkbox"/> <input type="checkbox"/> Stroke	<input type="checkbox"/> <input type="checkbox"/> Diabetes Mellitus
<input type="checkbox"/> <input type="checkbox"/> Diplopia	<input type="checkbox"/> <input type="checkbox"/> COPD	<input type="checkbox"/> <input type="checkbox"/> Seizures	<input type="checkbox"/> <input type="checkbox"/> Thyroid disease

**Reviewed / No change since visit on: ____ / ____ / ____ Initials: _____

PMHx: _____ POHx: _____

Key Elements of CC/HPI/PMHx/POHx verified on: ____ / ____ / ____ by (initials): _____

Allergies: NKDA / NKA or: _____

Systemic Medications			Ocular Medications			
Name	Dosage	Frequency	Name	Dosage	Eye	Last Admin

SHx: Y N

- ☐ ☐ Illicit Drugs _____
 ☐ ☐ Occupational Exposure _____
- ☐ ☐ Alcohol _____
 ☐ ☐ _____
- ☐ ☐ Tobacco _____
 ☐ ☐ _____

FMHx:

Y N	Y N	Y N	Y N
<input type="checkbox"/> <input type="checkbox"/> Diabetes	<input type="checkbox"/> <input type="checkbox"/> Asthma	<input type="checkbox"/> <input type="checkbox"/> Stroke	<input type="checkbox"/> <input type="checkbox"/> _____
<input type="checkbox"/> <input type="checkbox"/> Hypertension	<input type="checkbox"/> <input type="checkbox"/> COPD	<input type="checkbox"/> <input type="checkbox"/> Seizures	<input type="checkbox"/> <input type="checkbox"/> _____
<input type="checkbox"/> <input type="checkbox"/> Cardiovascular disease	<input type="checkbox"/> <input type="checkbox"/> Kidney Disease	<input type="checkbox"/> <input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> <input type="checkbox"/> _____
<input type="checkbox"/> <input type="checkbox"/> Sinusitis	<input type="checkbox"/> <input type="checkbox"/> Kidney Stones	<input type="checkbox"/> <input type="checkbox"/> Sickle cell disease	<input type="checkbox"/> <input type="checkbox"/> _____
<input type="checkbox"/> <input type="checkbox"/> Thyroid disease	<input type="checkbox"/> <input type="checkbox"/> Cancer	<input type="checkbox"/> <input type="checkbox"/> Bleeding Disorders	<input type="checkbox"/> <input type="checkbox"/> _____

Neuro/Psych: ☐ Oriented to time/place/person ☐ Normal Mood & Affect

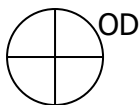
Objective:

 V_A (sc or cc) @ D <
 (SN / FB)

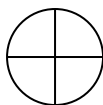
 V_A (sc or cc) @ N <
 (RS / Text)

HabSRx: _____ Add: _____ Type: FT Tri PAL

CVF: OS



OD



PE__ R__ RL__ A__ APD _____

EOMS: FROM or **H** Δ **H**Alignment: ortho or _____ Method: _____SLE
TONO ☐IOP: OD _____ @ _____ GAT ☐ NCT ☐**OD****OS**

OS _____

CI _____ Adnexa _____ CI

BP: RAS / LAS: _____ mmHg

CI _____ Lids / Lashes _____ CI

Time:

CI _____ Conj _____ CI

W/Q _____ Sclera _____ W/Q

Informed Consent DPAs ☐CL or see diagram Cornea see diagram or CIEd S/E DPAs ☐

D/Q _____ A/C _____ D/Q

FI/CI _____ Iris _____ FI/CI

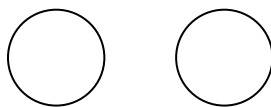
Dilation: T_{1%} P_{2.5%} C_{1%}CL or see diagram Lens see diagram or CI

OD

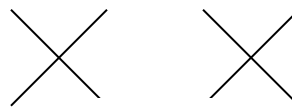
OS Time: _____



OD Lens OS



OD Cornea OS

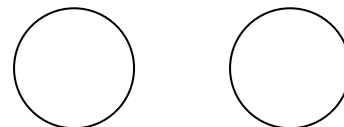
3 or 4 MR

*Anterior Segment Evaluated/Verified on: ____ / ____ / ____ by: (Initials) _____

Posterior Pole: Undilated or Dilated ☐ 90D ☐ 78D ☐ 20D ☐ Optos**OD****OS**

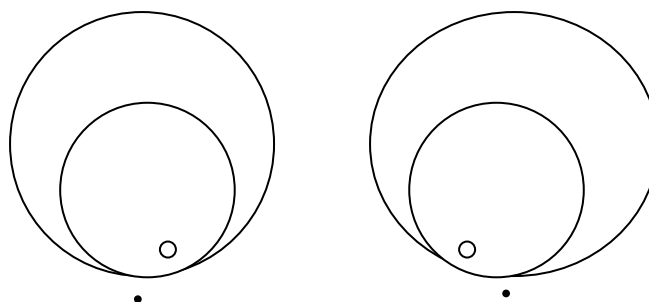
CI _____ Vitreous _____ CI

Dist _____ Optic Disk _____ Dist



OD ONH OS

_____ H/ _____ V C/D _____ H/ _____ V
 Pink/Fl Rim Pink/Fl
 Pink/Fl _____ Macula Pink/Fl
 + or ϕ FR + or ϕ
 0.7 0.6 0.5 _____ A/V _____ 0.5 0.6 0.7
 + or ϕ SVP + or ϕ
 _____ Periphery _____



Posterior Segment

OD

Fundus

OS

Evaluated/Verified on: ____/____/____ by: (Initials)

Assessment:

Plan:

Education:

☐ Importance of F/U

☐ Instructions & S/E Eye Meds

☐ Symptoms of RD

☐ R & B Tx Plan Discussed Fully

☐ Amsler Grid Application

☐ W/C Comp., Lid Scrubs

☐ Vitamins

☐ Artificial Tears

☐ RTC Sx R/S/V/P

☐ Business Card Given w/ 24-hr Contact #

Next Appointment

Date: _____

Time: _____

Location: _____

Intern: _____ Physician: (Signed & Printed) _____

Faculty: (Signed & Printed) _____

EXHIBIT 10 LASER TREATMENT /SURGICAL PROCEDURES INFORMED CONSENT – ENGLISH

Patient Name _____ Date _____

1. I hereby authorize Dr. _____ and whomever he/she may designate as his/her assistants to perform the following procedure(s): _____ and if any unforeseen condition arises in the course of the procedure calling in his/her judgment for procedures in addition to or different from those now contemplated. I further request and authorize him/her to do whatever he/she deems medically advisable.
2. The following have been fully explained to me: the nature of my condition, the purpose of the procedure, possible alternative methods of treatment, the risks and complications, the probability that the purposed treatment will be successful and the prospect of recovery of no treatment is received. No guarantee or assurance has been made to me as to the results that may be expected.
3. I have had an opportunity to discuss the procedure with the doctor or doctors involved and I have been given an opportunity to ask questions and my questions have been answered.
4. I consent to the taking and publication of any photographs in the course of this procedure for the purpose of advancing medical education.
5. For the purpose of advancing medical education, I also consent to the admittance of observers to the treatment room.
6. I have read and understand this form.

Signature of patient _____
(Parent/Guardian or Legal Representative)

Signature of Witness _____

EXHIBIT 11 LASER TREATMENT /SURGICAL PROCEDURES INFORMED CONSENT - SPANISH

Nombre del Paciente _____ Fecha _____

1. Yo autorizo expresamente al Dr. _____ y a quien el/ella designe como su(s) asistentes, para llevar a cabo los siguiente procedimientos quirúrgicos: _____; de igual manera lo(a) autorizo para practicar otros procedimientos en uso de su criterio profesional, en caso de que algún evento inesperado surja durante la cirugía. Yo autorizo al Dr. a realizar cualquier procedimiento que considere médicamente aconsejable.
2. Me han explicado a satisfacción los siguientes puntos: la naturaleza de mi condición medica, el propósito de la cirugía, métodos alternativos de tratamiento, riesgos y complicaciones que se puedan presentar, la posibilidades de éxito después de la cirugía o las consecuencias de no recibir el tratamiento. El grupo medico no garantiza un resultado específico después del procedimiento.
3. He tenido la oportunidad de discutir el procedimiento con el grupo medico y he podido formular preguntas acerca del mismo, las cuales han sido respondidas a satisfacción.
4. Autorizo para que las fotografías tomadas en el curso de la cirugía sean publicadas con fines educativos.
5. Autorizo a terceras personas (observadores) para que presencien el procedimiento quirúrgico con fines educativos.
6. He leído y entiendo satisfactoriamente este documento.

Firma del Paciente _____

(Padre/Guardian o Representante Legal)

Testigo _____

EXHIBIT 12 LASER OPERATIVE REPORT

Patient Name _____ Date _____

DIAGNOSIS:

- ☐ Proliferative Diabetic Retinopathy
☐ Clinically Significant Diabetic Retinopathy
☐ Subretinal Neovascularization
☐ Macular Degeneration
☐ Branch Retinal Vein Occlusion
☐ Central Retinal Vein Occlusion
☐ Other: _____

PROCEDURE:

YAG RIGHT LEFT
EYE
LASER PHOTOCOAGULATION RIGHT LEFT
EYE

ANESTHESIA:

- ☐ Argon Green
☐ Topical

- ☐ Krypton
☐ Retrobulbar

SPOT SIZE (mc): _____**POWER (mw):** _____**DURATION:** _____**# OF LESIONS:** _____**COMPLICATIONS:** _____**REMARKS:** _____

Attending Physician _____

EXHIBIT 13 DIAGNOSTIC SURVEY-OCULAR DISEASE

This is a **confidential** survey. Please respond to all questions by circling the proper answer.

Patient Name:

Address:

Telephone #: ()

Referring Physician:

Physician's Address:

Physician's Telephone #: ()

FAMILY HISTORY

These questions refer to your grandparents, parents, aunts, uncles, brothers and sisters, children or grandchildren.

Has anyone in **your family** had:

Cancer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Arthritis or rheumatism	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Syphilis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tuberculosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sickle cell disease or trait	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lyme disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gout	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Has anyone in **your family** had medical problems of the:

Eyes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Skin	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Kidneys	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lungs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stomach or bowel	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nervous system or brain	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SOCIAL HISTORY

Age (Years): _____ Current job: _____

Have you lived outside the U.S.A.? ☐ Yes ☐ No

If yes, where? _____

Have you every owned a dog? ☐ Yes ☐ No

Have you ever owned a cat? ☐ Yes ☐ No

Have you ever eaten raw meat or uncooked sausage? ☐ Yes ☐ No

Have you ever drank unpasteurized milk? ☐ Yes ☐ No

Have you ever been exposed to sick animals? ☐ Yes ☐ No

Do you drink untreated stream, well or lake water? ☐ Yes ☐ No

Do you smoke cigarettes? ☐ Yes ☐ No

Have you ever used intravenous drugs? ☐ Yes ☐ No

Have you ever had a bisexual or homosexual relationship? ☐ Yes ☐ No

Have you ever taken birth control pills? ☐ Yes ☐ No

PERSONAL MEDICAL HISTORY

Are you allergic to any medications? ☐ Yes ☐ No

If yes, which medications _____

Please list the **medications** that you are currently taking, including non-prescription drugs such as aspirin, Advil, antihistamines, etc.

PAST MEDICAL HISTORY

Please list all **eye** operations you have had (including laser surgery), and the dates of the surgeries.

Have **you** ever been told that you have the following conditions?

Anemia (low blood counts)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cancer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hepatitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High blood pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pleurisy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pneumonia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ulcers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Herpes (cold sores)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chicken Pox	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shingles (Zoster)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
German Measles (Rubella)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Measles (Rubeola)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mumps	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chlamydia or Trachoma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Syphilis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gonorrhea	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other sexually transmitted disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tuberculosis (TB)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Leprosy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Leptospirosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lyme Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Histoplasmosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Candida or Moniliasis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Coccidiomycosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sporotrichosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Toxoplasmosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Toxocariasis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cysticercosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trichinosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Whipple's Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AIDS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hay Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vasculitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Arthritis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rheumatoid Arthritis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lupus (Systemic Lupus Erythematosus)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Scleroderma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-------------	------------------------------	-----------------------------

Have **you** ever had any of the following illnesses?

Reiter's Syndrome	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Colitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Crohn's Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ulcerative Colitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Behcet's Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sarcoidosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ankylosing Spondylitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Erythema Nodosa	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Temporal Arteritis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Multiple Sclerosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Serpiginous Choroidopathy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fuchs' Heterochromic Iridocyclitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vogt-Koyanagi-Harada Syndrome	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have **you** ever had any of the following symptoms?

GENERAL HEALTH

Chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fevers (persistent or recurrent)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Night sweats	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fatigue (tire easily)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Poor appetite	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unexplained weight loss	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you feel sick?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

HEAD

Frequent or severe headaches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fainting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Numbness or tingling in your body	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Paralysis in parts of your body	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seizures or convulsions	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EARS

Hard of hearing or deafness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ringing or noises in your ears	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Frequent or severe ear infections	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Painful or swollen ear lobes	<input type="checkbox"/> Yes	<input type="checkbox"/> No

NOSE AND THROAT

Sores in your nose or mouth	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Severe or recurrent nosebleeds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Frequent sneezing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sinus trouble	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Persistent hoarseness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tooth or gum infections	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SKIN

Rashes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Skin sores	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sunburn easily (photosensitivity)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
White patches of skin or hair	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Loss of hair	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tick or insect bites	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Painfully cold fingers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Severe itching	<input type="checkbox"/> Yes	<input type="checkbox"/> No

RESPIRATORY

Severe or frequent colds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Constant coughing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Coughing up blood	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recent flu or viral infection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wheezing or asthma attacks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Difficulty breathing	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have **you** ever had any one of the following symptoms:

CARDIOVASCULAR

Chest pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Swelling of your legs	<input type="checkbox"/> Yes	<input type="checkbox"/> No

BLOOD

Frequent or easy bruising	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Frequent or easy bleeding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you received blood transfusions	<input type="checkbox"/> Yes	<input type="checkbox"/> No

GASTROINTESTINAL

Trouble swallowing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diarrhea	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Bloody stools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stomach ulcers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Jaundice or yellow skin	<input type="checkbox"/> Yes	<input type="checkbox"/> No

BONES AND JOINTS

Stiff joints	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Painful or swollen joints	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stiff lower back	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Back pain while sleeping or awakening	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Muscle aches	<input type="checkbox"/> Yes	<input type="checkbox"/> No

GENITOURINARY

Kidney problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bladder trouble	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blood in your urine	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Urinary discharge	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Genital sores or ulcers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prostatitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Testicular pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you pregnant?

☐ Yes☐ No

Do you plan to be pregnant in the future?

☐ Yes☐ No

EXHIBIT 14 PATIENT COMPLIANCE-GLAUCOMA

You have an unusual disease called primary open-angle glaucoma. While we have attempted to explain glaucoma, it is a very complex disease. You don't feel anything and you can still see straight ahead. So why are we treating you with these expensive medications that sometimes burn when you put them in? We are treating you because glaucoma is an especially dangerous disease. You don't feel it, you don't see it slowly eating away your vision but it is the number one cause of blindness in blacks and the number five cause of blindness in whites. Even with the treatment that we have chosen, the disease may not be well controlled and we may have to change therapy. That is why we see you on a regular basis.

We have also taught you how to put in the medications, but this is a reminder.

Medication _____ Cap Color _____ Use _____ Times/Day
Medication _____ Cap Color _____ Use _____ Times/Day
Medication _____ Use _____

For Drops:

- If you can't feel the drop when you put it in, you may want to refrigerate it 5 minutes before instillation.
- If you can't "hit" your eye, pull your lower lid out to create a pouch while you are looking up. Squeeze one drop into the pouch and repeat the process on the other eye.
- After both drops are "in the pouch" look down and gently pinch the area between your eyes and your nose for 1 minute. This will prevent the drops from washing out too fast.

For Ointments:

Most instructions indicate that you must squeeze a line of the ointment into a pouch in the lower lid. This only results in missing the lid and using too much ointment.

- Instead, first wash your hands.
- Squeeze out about 1/4 inch of ointment onto your index finger opposite the eye in which you want the ointment.
- With your other hand create a pouch in your lower lid while looking up.
- Place the ointment into the pouch.
- Repeat in the other eye.
- You won't be able to see very well so take a nap or go to sleep for the night.

You are scheduled to return in _____ months. Call me if you have a problem before then. Don't forget – we want you to continue to see your children, grandchildren, great grandchildren and the beauty in our world.

EXHIBIT 15 ABN-OFFICE VISITS

(A) Notifier: Eye Care Center, 2575 Yorba Linda Blvd, Fullerton CA 92831, (B) Patient Name: (C) Identification Number:

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE

NOTE: If Medi-Cal doesn't pay for (D) office visit below, you may have a good reason to think you need. We expect Medi-Cal may not pay for the (D) office visit.

(D)	(E) Reason Medi-Cal May Not Pay:
Office visit (CPT 99211)	Medi-Cal does not pay for this test for your condition.

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the (D) office visit listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to.

(G) OPTIONS: Check only one box. We cannot choose a box for you.

☐ **OPTION 1.** I want the (D) office visit listed above. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medi-Cal does not pay. I can appeal to Medi-Cal by following the directions on the MSN. If Medi-Cal does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the (D) office visit listed above, but do not bill Medi-Cal. I want to be paid now as I am responsible for payment. I cannot appeal if Medi-Cal does not pay.

☐ **OPTION 3.** I don't want the (D) office visit listed above. I understand I am not responsible for payment, and I cannot appeal to see if Medi-Cal will pay.

(H) Additional Information:

This notice gives our opinion, not an official Medi-Cal decision. If you have any questions about this notice or Medi-Cal billing, call 1-800-MEDICARE (1-800-633-4227/TTY: 1-800-633-4227). Signing below means that you have received and understand this notice. You agree to pay for the (D) office visit if Medi-Cal does not pay.

(I) Signature: (J) Date: 04/12

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete and review the information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate, the burden of this collection of information, or any aspect of this collection of information, including suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, MD 21244-1847. Form CMS-R-131 (03/08) Form A 0938-0566

EXHIBIT 16 RE-SCHEDULE FORM FOR DISCONTINUED EXAM

<i>Return this form to Patient Relations and inform patient someone will call them to reschedule their appointment.</i>
Date: _____
Intern's Name /Class Year: _____
Service Area Name: _____
Patient's Name: _____
Medical Record #: _____
Patient's Telephone #: _____
Patient's Alternate Phone #: _____
Best Time To Reach Patient: _____
Preferred Day And Time To Continue Exam: _____

EXHIBIT 17 MEDICARE BILLING-AUDIT & QUALITY ASSURANCE

Intern Name _____ Date _____

Patient Record # _____ Exam Date _____

Clinician Reviewed _____ Faculty Reviewed _____

Type of Visit: ☐ PC Comp ☐ CL Comp ☐ Peds Comp ☐ Other _____

History	Yes	NI	No	NA	Comments
Clinician name completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the Chief complaint identified with associated HPI?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Were all elements of the ocular and medical history properly documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medications and Allergies documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examination	Yes	NI	No	NA	Comments
Were monocular VA's taken (DVA and NVA)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Were pupils, stereo, EOMs, screening VF performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was a binocular vision test performed? Ranges when necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was an accommodative test performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Refraction with VA's or cyclo/damp retinoscopy performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IOPs recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biomicroscopy (External/adnexa, cornea, lens, ant chamber and angles)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ophthalmoscopy (C/D, macula, retina, vascular, vitreous) documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DPA's recorded or otherwise documented reason for not dilating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contact lens Fit assessment and OR complete?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assessment/Plan	Yes	NI	No	NA	Comments
Was CC addressed in assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assessment list complete (systemic issues addressed, all complaints addressed)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Decreased BVA addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Administrative	Yes	NI	No	NA	Comments
All assessments have a plan with clearly stated course of action?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was follow up care completed (appointment, referral, letter)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fee sheet completed with primary diagnosis identified and correlates with chief complaint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
VSP boxes checked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Medicare faculty notes completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interpretation reports completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MU and PQRS components completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please describe any overall comments you may have regarding the chart. (Would you do anything differently? What documentation was outstanding versus could have been improved? Did you learn anything that will affect your future patient care?)

COMPLAINT TYPE

☐ Access to Care ☐ Quality of Care ☐ Facilities ☐ Personal Interaction with staff ☐ Other

Route to: _____

Follow up with Department Manager _____ Date _____

Follow up by: ☐ email ☐ Phone ☐ Letter ☐ In-Person

Describe action(s) taken by the authorized individual to resolve issue:

Was issue resolved? ☐ Yes ☐ No

☐ Complaint addressed. Not resolved to patient satisfaction

If not, state the reason(s) why:

Final follow-up/action taken:

Date: _____

Signed by: _____

Date: _____

Title: _____

EXHIBIT 19 CONSENT TO TREAT MINOR PATIENT**CONSENT TO TREAT MINOR PATIENT**

California Law requires the express consent of a parent or legal guardian for healthcare of individuals under eighteen (18) years of age who are not emancipated. If your dependent is a minor please complete and sign the form below before care is rendered.

Patient Information

Last Name _____ First Name _____

DOB _____

Address _____ City _____ State _____

Zip _____

Parent/Legal Guardian Information

Name _____ Phone(s) _____

Address _____ City _____ State _____

Zip _____

AUTHORIZATION

- I, the above named Parent or Legal Guardian, certify that the patient named above is currently a minor for which I am legally responsible.
- I authorize Ketchum Health to provide medical care to my legal dependent, including but not limited to, diagnostic examinations, diagnostic pharmaceutical medications (dilation, cyclopedia, etc), and any other medical treatment required.
- I understand that my dependent's medical records will be produced, used and/or disclosed following strict HIPAA privacy and security protocols, and that release of medical information from my dependent's appointment to third parties not permitted by law will require my express authorization.
- I understand that I am required to be present during the course of the appointment, and that I cannot leave Ketchum Health premises during this time.
- I do have the right to designate another adult to accompany my dependent minor, if I cannot be present. I understand that an authorization may be needed for this purpose.

By my signature, I acknowledge that I have read and understand this Consent, and that any questions I have prior to signing can be answered by calling Ketchum Health at (714) 463-7500

<hr/>	<hr/>	
<hr/>		
Parent/Legal Guardian Name	Parent/Legal Guardian Signature	Date

Relationship to Patient

EXHIBIT 20 RISK ASSESSMENT 2019

Risk Management Program

Executive Summary

One of the most significant assets the University Eye Center possesses is the patient information it collects, uses, and stores. All employees have a fiduciary duty to ensure that all information is handled in a manner to prevent breaches and improper use. In order to evaluate the level of exposure of Protected Health Information (PHI), and to design the best practices to respond and mitigate the impact of threats and adverse events, a risk assessment and mitigation evaluation was conducted. This document describes the purpose, scope and approach of this assessment by evaluating workflow processes, general operations (including intern's performance), and information systems.

Appended November 2016

A big component of the privacy and security strategy at Ketchum Health is to conduct an annual risk assessment to create and/or improve processes, infrastructure and human activity that could have an impact in our operations. We have consistently performed an annual assessment, and have adjusted our risk strategies to reflect technological changes and government programs requirements accordingly.

The list of new areas being evaluated for risk and vulnerabilities is presented at the end of this document. We also have included new processes that needed review in light of the new ecosystem. We continue to use the National Institute of Standards and Technology- NIST special publication (SP) 800-30 as the designated risk framework to conduct the analysis. This year, we also incorporated the upgraded version of the Health and Human Services- HHS Risk Assessment tool, and some of our findings are documented in that platform as well.

Appended December 2017

As the pace of privacy and security incidents increased over the last year, we have focused our attention for the 2017 assessment on identifying risks and vulnerabilities that could create a breach of PHI at Ketchum Health. This analysis was conducted with cybersecurity standards protocols in mind, and several related areas were reviewed subsequently.

The 2017 assessment also covered a more inclusive approach to risk, involving all organizational units of the university. This exercise allowed us to identify potential and existing vulnerabilities for the entire enterprise, and it will help us in the developing of a new cybersecurity strategy and staff training goals.

Appended December 2018

2018 was a year of consolidation for several privacy and security initiatives at the organization. Key stakeholders were included in our security assessments. Relevant feedback and support from decision makers were incorporated in our assessment for this year.

We continue to focus our attention on social engineering awareness and training for the workforce across the entire enterprise. Our security team also gathered input on data management, specifically on data collection and retention protocols, password management, and an incident response plan.

As Ketchum Health continues to grow, our cyber safety committee will increase its efforts to ensure that all potential risks are evaluated, and appropriate measures are deployed. Finally, based on the current security and privacy environment, and the capabilities available, we have decided to focus our efforts at Ketchum Health clinics. Our security team will update and/or create the necessary policies and procedures at clinic level, and with help from other key stakeholders, we will expand to MBKU later.

Appended November 2019

As cybersecurity incidents continued to increase in 2019, we used a different approach this year to conduct our risk assessment, and to identify our risk surface more efficiently. Among key elements of this new strategy are:

- We used the upgraded Health and Human Services (HHS) security tool to create a baseline report on the three required areas: administrative, technical and physical safeguards.
- One-on-one interviews with stakeholders were conducted to better understand workflows and potential vulnerabilities.
- A customized privacy and security questionnaire was submitted to department chiefs, IT Director, and key staff at all associated clinics.
- To improve security and maintain compliance, Office 365 encryption was incorporated in all correspondence involving PHI. Appropriate training was performed to ensure best practices
- New training on Cyber-security best practices and Privacy of Information was conducted.

An appendix on the 2019 risk assessment methodology and action items is presented at the end of the current report.

Risk Assessment

A. Purpose.

To identify threats and vulnerabilities of Protected Health Information (PHI)/Personal Identifiable Information (PII), and the systems in which it resides. To assess individuals' performance and technology processes that may affect KH operations.

B. Scope.

The Risk Assessment report evaluates the **confidentiality** (protection from unauthorized disclosure of system and data information), **integrity** (protection from improper modification of information), and **availability** (chart completion or loss of system or document access) of PHI. Recommended privacy and security safeguards from this assessment will allow management to make decisions about protocols on security and privacy related initiatives.

C. Process Approach.

The risk assessment was conducted in accordance with the methodology described in National Institute of Standards and Technology (NIST) Special Publication (SP) 800-30, and it was only qualitative, without assessing the financial impact of data lost, or costs associated to any breach of PHI.

We also included in the analysis the updated methodology available in the HHS Security Risk Assessment (SRA Version 3.1) tool, revised and published in October 2019.

The assessment identified threats and vulnerabilities in *six* areas

- Workflow processes
- Operations
- Technical Security
- IT infrastructure.
- Cybersecurity threats and mitigation strategy (2015)
- Education and training, PHI inventory, incident response

D. Assessment Steps

The process was performed in three phases:

1. Threat/vulnerabilities inventory and identification. Interviews with key stakeholders and workflow analysis were conducted to determine which activities, by omission or commission, could trigger an adverse event.

2. Customized Questionnaire. A service-designed survey was submitted for review and response to service chiefs and directors, including Safety/Security Supervisor, and the Director of Information Technology.

3. Mitigation response. After evaluating each threat or vulnerability, we considered different options aimed at avoiding, minimizing or neutralizing the impact of the risk event .

E. Impact Analysis

The final step was to determine the level of impact of the adverse event and its consequences for Ketchum Health operations. Three categories were considered:

- **High:** the occurrence of the event will result in a severe PHI breach and there is great likelihood of occurrence. Mitigation measures must be implemented immediately.
- **Moderate:** the occurrence of the event may result in a violation of laws and internal policies, and could eventually affect Ketchum Health performance and reputation.
- **Low:** the occurrence of the adverse event may result in the potential breach or misuse of PHI, and could minimally affect business operations.

Risk Assessment

Workflow Processes

Risk Event	Level of Impact	Mitigation Response	In Place
<p>Sending PHI via email unencrypted.</p> <p><i>Reviewed/Updated November 2016)</i></p>	<p>High</p>	<p>Acquisition of software with technical capabilities to handle multiple users. Audit trail function available.</p> <p>Ability to send and receive encrypted PHI</p> <p><i>2015: A new software program was acquired to allow authorized users to communicate PHI electronically. This program encrypts not only attachments but also the body of the email. Employees were trained about the "duty to inform" doctrine, according to which patients who don't want their PHI encrypted must be informed of the risks and their approval must be documented.</i></p> <p><i>2016: A total of 10 encryption licenses were purchased from a specialized software vendor. These licenses were distributed to designated users within all service departments, including key personnel at UECLA-Los Angeles clinic.</i></p> <p><i>2017: Another license was assigned to a user in the Clinical Education department. The goal is to encrypt all the students' sensitive information when shared with training rotation sites.</i></p>	<p>In-Progress</p>

<p><i>Reviewed/updated</i> <i>November 2017</i></p> <p><i>Reviewed/Updated</i> <i>December 2018</i></p> <p><i>Reviewed/Updated</i> <i>December 2019</i></p>		<p><i>2018: As MBKU adopted the Microsoft 365 platform, outbound encryption for all email communications was implemented across the organization.</i></p> <p><i>2019: More training is required to allow all Ketchum Health personnel to use M-365 encryption capabilities. Despite its availability, just a fraction of employees use it to encrypt ePHI in transit.</i></p>	
<p>Leaving charts in open status for long periods (more than three days), allowing PHI to be edited or deleted.</p> <p><i>Reviewed/updated</i> <i>November 2017</i></p>	<p>High</p> <p><i>2017 changed status to "Low"</i></p>	<p>Implement a medical chart management program with enforcement protocols, quality control and continued supervision.</p> <p>Due to enforcement and education, faculty is finalizing charts within three business days. We continue monitoring chart completion strictly.</p>	<p>Y</p> <p>Y</p>

<p><i>Reviewed/updated December 2018</i></p> <p><i>Reviewed/Updated December 2019</i></p>	<p><i>2019 changed status to Moderate</i></p>	<p><i>2018: We run monthly reports on chart status, and follow up with Faculty accordingly. We must yet implement a sanction policy intended to repeating offenders</i></p> <p><i>2019: Gains from the past years have receded recently. Despite constant reminders to Faculty and clinicians, files are not being finalized timely, as expected. Enforcement protocols are being discussed with a sanction response as the ultimate goal.</i></p>	<p>In Progress</p> <p>In Progress</p>
<p>UEC-KH staff access PHI at work without having the business need.</p>	<p>Low</p> <p><i>2015. Change status to "Moderate"</i></p>	<p>Allow access to patient databases on a role based approach. Access rights only managed by systems administrator. Role-base access is implemented in EPM and EMR, with audit trail capabilities in both systems.</p> <p><i>2015: IT director in conjunction with the programmer and the compliance officer are working on a platform to identify patterns on users' access to PHI. Taking the audit trail capabilities of EMR software as a baseline, the platform will allow security officials to understand and follow up users with unusual access patterns. The ultimate goal is be able to determine with certainty which access is not business related, therefore, not permitted.</i></p> <p><i>2016: A new alert system was created by in-house developers to track users' access to PHI on a daily basis. The report is reviewed daily by the compliance officer and</i></p>	<p>Y</p> <p>In Progress</p>

<p><i>(Reviewed/Updated November 2016)</i></p> <p><i>Reviewed/Updated November 2017</i></p> <p><i>Reviewed/Updated November 2018</i></p>		<p><i>documented in the corresponding compliance log.</i></p> <p><i>2017: The patient access alert program was expanded to include both patient databases, NG and OfficeMate</i></p> <p><i>2018: The current access report needs to be refined to allow the security team to identify potential users misconduct</i></p>	<p>In Progress</p> <p>In Progress</p> <p>In Progress</p>
<p>Faxing PHI to unknown or generic recipients without confirming acknowledgement of receipt.</p> <p><i>Reviewed/Updated November 2016)</i></p>	<p>Moderate</p>	<p>Call the third party representative to make sure they are the authorized recipients and that the number is correct. Ask the recipient to acknowledge receipt of the fax.</p> <p><i>2016: A new, more secure way of sending faxes was implemented. The eFax capabilities allow for the secure transmission of documents directly from the email platform.</i></p>	<p>Y</p>
	<p>Moderate</p>	<p>Training and education.</p>	<p>Y</p>

<p>Documents left unattended, including but not limited to:</p> <ul style="list-style-type: none">• Faxes• Scanned documents• Fee Slips• Medical reports• Referral letters <p><i>Reviewed/Updated November 2018</i></p>	<p>Low</p> <p>2018 Changed status to "Low"</p>	<p>Continued monitoring and supervision.</p> <p>Colored signage posted on prominent locations around the clinic.</p> <p><i>2018: We have almost eliminated the quantity of printouts and docs needed in physical format to continue providing care to our patients. By using our EHR capabilities and with the proper software tools available, the needs for printed documents from patient databases is almost non-existent. We continue, however, monitoring and educating interns, faculty, and workforce</i></p>	<p>Y</p>
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<p>Sharing passwords with co-workers, interns, and work studies.</p> <p>Reviewed/Updated November 2017</p> <p>Reviewed/Updated November 2018</p> <p>Reviewed/Updated December 2019</p>	Moderate	<p>Staff education. Continued monitoring through the system administrator resources and creation of a sanction policy.</p> <p>Creation of password management program</p> <p>2017: Following NIST latest guidelines, the IT director is implementing new password guidelines for all users across the organization.</p> <p>2018: The IT Director drafted a password management policy for the entire enterprise. It was decided to present this policy for review and approval at KH Clinic Council. Also, our security team will re-define the risk to be assessed on this category in order to better approach the solution(s)</p> <p>2019: New password guidelines were implemented the second semester of the year. IT followed up with clear protocols regarding password management intended for the entire workforce.</p>	<p>Y</p> <p>In Progress</p> <p>In Progress</p> <p>Y</p>
Not documenting releases of PHI.	Low	Staff training. Emphasis on entering PHI releases into patient's records and dedicated log in the health information department.	Y
	High		

<p>Leaving workstations unlocked, with PHI on the screen.</p> <p><i>Reviewed/Updated November 2016</i></p> <p><i>Reviewed/Updated November 2017</i></p> <p><i>Reviewed/Updated December 2019</i></p>	<p>2017 Status changed to "Moderate"</p>	<p>Education and continued monitoring. Sanction policy implementation. Timed-out screensavers with password reentry.</p> <p><i>11/16, The layout of the exam rooms in the new building allows for the computer screens to face main halls and entrances, creating an expanded visual hacking risk. We are increasing our monitoring activities as well as our education and training to all EMR users, including students and faculty.</i></p> <p><i>2017: Due to continued education and monitoring, incidents of computers being left open with PHI have been almost eliminated. We continue to monitor the prevalence of this issue to prevent it from increasing again.</i></p> <p><i>2019: Despite continued efforts, computers are still being left open with sensitive information displayed. This is particularly prevalent when a new rotation starts.</i></p>	<p>Y</p> <p>In progress</p> <p>In Progress</p>
<p>Sharing or posting patient's PHI through</p>	<p>High</p>	<p>Creation of social media policy that includes expected behavior and sanction protocols.</p>	<p>Y</p>

<p>social network channels.</p> <p>Using social media to make comments about patients' conditions.</p> <p><i>Reviewed/Updated November 2016)</i></p>		<p>2016: <i>The social media policy was incorporated in the employee's manual and it's now part of the general policies for all employees at the organization</i></p>	Y
<p>Talking loud about patient conditions on offices, exam rooms, or public areas such as lobbies, halls, and reception area, and check-out desk.</p> <p><i>Reviewed/Updated November 2017</i></p>	<p>Moderate</p> <p><i>2017 Status changed to "Low"</i></p>	<p>Education and training. Continued supervision</p> <p>2017: Due to continue education and monitoring, and to the layout of the new building, the incidental disclosure of PHI through conversations with patients have been reduced significantly in the previous year.</p>	Y

<p>Sharing PHI through phone conversations without confirming the identity of the caller.</p> <p><i>Reviewed/Updated November 2016</i></p> <p><i>Reviewed/Updated November 2018</i></p>	<p>Medium</p>	<p>Education and training. Continued supervision.</p> <p><i>2015: several reminders have been shared with key stakeholders about the use of the “professional judgment” standard when communicating PHI to individuals different than patients. OCR guidelines on this issue were distributed electronically to administrative assistants for review and analysis.</i></p> <p><i>2016: New training sessions were conducted with key staff, specifically addressing this topic.</i></p> <p><i>2018: Every new employee is trained on this and other privacy and confidentiality issues. We provide at least one education session a year to targeted employees</i></p>	<p>Y</p> <p>Y</p>
<p>Staff downloading PHI or PII to portable devices using USB ports.</p>	<p>High</p>	<p>All USB ports in computers around the clinic were deactivated. Only authorized users with specific needs to have the USB ports active will have the ability to use this utility.</p> <p><i>2015: With the addition of the assistant to the Applications support manager person, we are now monitoring more accurately the use of USB ports that were left active. Due to periodic updates and patches applied to</i></p>	<p>In Progress</p>

<i>Reviewed/Updated November 2016</i>		<p><i>software, this process has to be constantly revisited.</i></p> <p><i>11/16: As we've moved to a new building, a review of all computers is being performed. We should assume all stations have the USB port active again and must be reviewed accordingly. A thorough review is being conducted on all computers hosting PHI</i></p> <p><i>2017: Deactivation of the USB ports for data storage began at all computers in exam and consultation rooms. Next steps will be to review which offices and users need to use the USB, and proceed with the deactivation of the ones not needed. The goal is to keep active only USB ports that are critical for the performing of duties at KH by key stakeholders.</i></p>	<p>In Progress</p> <p>Y</p>
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<p><i>Business associates handling PHI on behalf of MBKU-UEC</i></p> <p><i>Reviewed/Updated November 2016</i></p> <p><i>Reviewed/Updated November 2018</i></p>	<p><i>High</i></p>	<p><i>2015: We have conducted an exhaustive inventory of all the BAs we do business with in order to update and submit our BAA. We are reviewing the creation of an “attestation form intended to address privacy and security issues with BAs.</i></p> <p><i>A new BA agreement has been developed to reflect the new changes in the law.</i></p> <p><i>2016: A more comprehensive inventory of BA was conducted among all departments at the University. We updated and executed BAAs with companies, organizations and individuals handling PHI on behalf of KH.</i></p> <p><i>2018: A request to business units directors is sent annually asking to provide an inventory of their BA and the respective signed agreement</i></p>	<p><i>Y</i></p> <p><i>Y</i></p> <p><i>Y</i></p>
<p><i>Reviewed/Updated December 2019</i></p>	<p><i>High</i></p>	<p><i>2019: We sent the annual request to business units directors reminding them about the need to have all the vendors identified and with BAA executed accordingly. This year IT vendors have been a priority.</i></p>	

Risk Event	Level of Impact	Mitigation response	In Place
Termination process for employees.	High	<p>Created a policy which includes protocols on how to manage access to patient databases or storage PHI by the employee before she/he resigns or is terminated.</p> <p>IT and HR enforce these protocols.</p> <p>2015: An update on the termination access procedure was implemented addressing the promotion or rotation of employees within the organization. The goal is to grant access on a role-based basis, and terminating access to applications or programs outside their new domain.</p> <p><i>2017. The cyber safety committee recommended HR to revise the onboarding/outboarding process for employees</i></p>	Y
<i>Updated November 2017</i>			In Progress
Hiring new employees for the clinic	Low	2015An upgraded confidentiality agreement was created along with a HIPAA package to be given to new hires starting employment at the University Eye Centers.	Y

<p><i>Updated November 2017</i></p>		<p><i>2017: Every new employee coming to perform duties at KH is given a training on HIPAA practices, which include privacy and security education.</i></p>	<p>In progress</p>
<p>Using portable equipment containing PHI (laptops) or sharing PHI through hand held devices (texting) without proper encryption protocols.</p>	<p>High</p>	<p>Limit remote access to patient databases only to appropriate staff. Assign role-based access to databases.</p> <p>Portable equipment is encrypted, requiring two levels of password clearance to access PHI .</p> <p>Texting patient is not allowed yet.</p> <p>2015: Security reminders are periodically sent/documented to those users who have remote access. Such reminders include the need to exercise due diligence when handling PHI in public areas (if not avoiding such practice completely); avoid leaving portable devices unattended, inside vehicles or in public places; not allowing third parties to use the device that might contain PHI, even if it is done in a secure environment..</p> <p>New faculty and residents, who intend to have remote access granted, must read and sign the “remote access” policy and agreement, and have a training session with the IT assistant director before such access is allowed.</p>	<p>Y</p>

BYOD users accessing Networks and storing PHI. Policy creation.	Moderate	11/16: <i>A policy is being reviewed and drafted to regulate the rising prevalence of use of personal devices for business purposes, including tablets and smart phones.</i>	In progress
<i>Updated November 2017</i>	High	2017: <i>KH employees using BYODs to access and share PHI continues to be a challenge. Top management has been briefed about this practice, and the cyber safety committee is reviewing best practices for the industry to develop a standard, compliant policy for KH.</i>	In Progress
<i>Reviewed/Updated November 2018</i>	High	2018: <i>The Director of healthcare policy compliance and the IT Director briefed the Cyber Safety committee about the potential and real risks of not having a clear strategy in place. No action so far has been taken and this topic remains a high security and privacy concern.</i>	In Progress
		2019: <i>Management decided to approach this issue as “assume risk” and is no longer pursuing the drafting of a general policy or enforcement of existing protocols, if any.</i>	

<p><i>Reviewed/Updated</i></p> <p><i>December 201</i></p>	Low		
Accounting department having access to PHI through patient databases (NextGen), without following HIPAA privacy and security protocols.	Moderate	Make accounting department staff aware of PHI security and privacy protocols.	Y
<p>Faculty, interns and work studies printing reports with PHI, for educational purposes, without de-identification process</p> <p><i>Reviewed November 2017</i></p> <p><i>Reviewed/Updated November 2018</i></p>	Moderate	<p>Student and faculty education.</p> <p>Full SSNs removed from databases.</p> <p>Manage security rights on a role based approach. Printing rights only permitted when requested by faculty and following strict de-identification policies.</p> <p><i>2017: Reviewing the current policy to determine if there is a business need for students to have printing rights on their log-in to patient databases.</i></p> <p><i>2018: Ketchum Health Clinic Council will be asked to update printing rights for users at clinic level</i></p>	<p>In Progress</p> <p>In Progress</p>

		<i>Plan in place for Clinics. To follow up on this issue.</i>	No
<p>Social Engineering. Outside individuals getting access to our IT ecosystem by different deceiving techniques</p> <p><i>Reviewed/Updated November 2016</i></p> <p><i>Reviewed/Updated November 2017</i></p>	High	<p><i>2015: Targeted training is being implemented to address this risk. Continuous security reminders are communicated electronically (via email) and in person. Staff meetings are periodically used to discuss the risks of social engineering to PHI.</i></p> <p><i>11/16: Training sessions with all Clinic staff were hold, emphasizing key areas such as phishing scams, pretexting, etc. See appendix A for training sheet.</i></p> <p><i>11/17: A mock phishing email was sent to all MBKU employees to gauge their responses and readiness.</i></p> <p><i>A training exercise is being conducted, with emphasis on cybersecurity practices. IT will conduct more of these social engineering exercises to review how effective the training was, and develop new protocols accordingly.</i></p> <p><i>2018: Our security team stepped up the efforts to provide social engineering training of all workforce. Several mock attacks were</i></p>	<p>Y</p> <p>Y</p>

<p><i>Reviewed/Updated November 2018</i></p> <p><i>Reviewed/Updated December 2019</i></p>		<p><i>launched followed by the respective employee briefing/training to improve our security posture.</i></p> <p><i>2019: IT requested from all employees completion of two training courses before the end of calendar year:</i></p> <p><i>1- Social Engineering Red Flags</i></p> <p><i>2- Handling Sensitive Information</i></p>	
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Technical Security

Risk Event	Level of Impact	Mitigation Response	In Place
<p>Hard drives, memory cards and any other recording devices left on discharged equipment such as faxes, copiers and optical equipment.</p>	<p>Moderate</p>	<p>There are sanitation procedures in place that is implemented when equipment is decommissioned from Clinic premises. Same protocols apply when media devices are going to be disposed or reused.</p>	<p>Y</p>

<p>Using cloud base applications (Dropbox, gDrive) to store or share PHI.</p> <p><i>Reviewed/Updated November 2016</i></p> <p><i>Reviewed/Updated November 2018</i></p>	High	<p>Education and training. Sanction policy implementation to be discussed</p> <p>Ask for software to wipe- out data overnight from stations at Clinic</p> <p>11/16: Reviewing the process of acquiring services of Google cloud to share information. A BAA will be signed if services are contracted.</p> <p>2018: Secure cloud storage is now available through MS-365. Users need to be educated on its capabilities.</p>	In Progress

IT Infrastructure

Risk Event	Level of Impact	Mitigation Response	In Place
Computer systems exposure to virus attacks	High	Virus and firewall protection used on internet-facing and internal mail server, desktops, and other mission critical servers.	Y

Secure access to IT infrastructure, including building offices <i>Reviewed/Updated November 2016)</i>	High	Critical IT equipment and hardware infrastructure is located in a building to which security is access is monitored. <i>11/16 As we migrated to a new facility, critical network infrastructure was also relocated. Network servers are hosted in-house, and they are placed in a secured location.</i>	Y Y
Access control to critical and sensitive patient databases <i>Reviewed/Updated November 2016)</i>	High	Audit logs and audit controls in place for both patient databases <i>11/16: A program was written by IT staff to review users' access to patient databases and monitor their login activities. The next step is to build upon the existing program to identify access patterns and determine malicious intent or unauthorized access by users.</i>	Y In Progress
Disaster or any other emergency that threatens critical IT infrastructure	Moderate	Written business continuity/disaster recovery (contingency) plan that includes procedures to be followed in the event of a disruptive computer incident System backup and recovery procedures are tested for all mission critical systems and are performed annually.	Y

<i>Reviewed/Updated November 2016</i>		11/16: We currently don't have a disaster or emergency operation plan in place. This is an area we intend to make a priority for the next CY. IT director and compliance officer, in conjunction with the ? will discuss this topic to determine what type of resources are needed	In Progress
Tracking suspicious network activity <i>Reviewed/Updated November 2017</i>	Moderate <i>2017 Status changed to "High"</i>	Implemented log-on monitoring controls and security logs are periodically reviewed for suspicious activity. <i>2017: IT has a program in place to periodically test our data security controls, including monthly vulnerability scans and pre-configured alerts.</i> <i>We also have monitoring for our critical systems and an intrusion detection system on our firewalls.</i>	In Progress Y
Encryption of data at rest <i>Reviewed/Updated November 2016</i> <i>Reviewed/Updated November 2017</i>	Low	The newest version of EMR has encryption capabilities for data at-rest. We are implementing the software, and encryption at-rest is part of the upgrade. 11/16: IT was briefed and asked to provide feedback on this topic. <i>2017: PHI stored on our serves is encrypted at rest.</i> <i>2019: Correction from last year's assessment: currently there is no encryption "at-rest" of the servers containing ePHI and other sensitive</i>	In Progress

[illegible]

<i>Reviewed/Updated November 2016</i> <i>Reviewed/Updated November 2018</i>		<i>11/16: See 2016 Action items notes below.</i> <i>2018: An updated inventory of computers and equipment (including medical devices with storage drives) is maintained by IT.</i>	
<i>Contractors on campus performing maintenance and upgrades</i>	<i>Low</i>	<i>2015: A new procedure was implemented to control the flow of equipment technicians inside clinic premises.</i>	<i>In Progress</i>

2015 Action Items and Remediation Plans

As cybersecurity and digital threats have become critical topics for the health care industry, we have initiated a process to develop a strategy to cope with cyber risks and other related threats, in six core areas, as follows:

A comprehensive cybersecurity strategy. We started by requesting proposals for a risk assessment at the university premises and its systems. A request for quotes was sent to five companies which specialize in cyber risk management and mitigation response. We received three proposals with a different range in price and scope. A proposal by a company with vast experience in both, the education and healthcare fields, was accepted with the following approach:

- Security policy and standards
- Information security organization
- Human resource security
- Asset management and controls
- Cryptography
- Physical and environmental factors
- Operations management and communications security
- Systems acquisition and suppliers security
- Incident management
- Business continuity
- Compliance

We are reviewing our financial capabilities to decide if we move ahead with this company or we conduct the cybersecurity risk assessment with our own resources, organically.

Access to Clinic Premises. A new approach to allow equipment and software maintenance personnel and other individuals to access Clinic premises is being implemented. After reviewing the current practices, it was decided that we needed to improve our administrative and physical safeguards to have a more reliable access system and accountability process in place. A new policy was implemented and communicated clinic wide to achieve these goals. A further review is needed to measure progress and adherence to the protocols.

2. **Equipment and instruments connectivity.** Medical Device Security (MDS²) . As new technologies has come to market, and connectivity features become available, our compliance team realizes the need to address privacy and security concerns that come with these equipment and technologies. We are reviewing the Manufacturer Disclosure Statement for Medical Device Security (MDS²) protocol, which requires vendors who provide equipment and devices to attest their level of connectivity, and how well prepared they are to manage and mitigate PHI security incidents. This procedure, along with the access to clinic policy, will give us the tools to monitor our inventory of equipment and devices.
3. **Social engineering awareness and training.** This concept is being incorporated into the regular education process. Faculty, administrative staff, and interns/students are periodically reminded about the risks associated to social engineering. The IT director sends quarterly security reminders to all clinic members about the importance of keeping privacy and security mechanisms in place and PHI governance.
4. **Business Associates.** Due to logistic limitations on our business infrastructure, we regularly outsource part of our operations to third party vendors and providers. We conducted a new inventory of all business associates, and updated our standard Business Associates Agreement (BAA). The new contract accurately addresses privacy and security concerns and establishes new protocols when dealing with a breach incident.
5. **Access controls.** We are improving the monitoring of employees and interns' access to patient's databases. The goal is to identify patterns that in turn will allow Clinic management to address the issue of its workforce/students accessing files without the business need to do so. Using existing audit-trail capabilities from installed software, our IT programmer is writing a SQL code that will allow for the identification of those patterns. We will communicate the plan with HR to decide the best options when it comes to disciplinary actions against those out of compliance.

2016 Action Items and Remediation Plans

As our parent organization has expanded, new programs have been added to the educational component of our operations. This has required the University Eye Center- Ketchum Health to be re-located to a brand new facility. Consistent with this new challenge, we have decided to review the existing risk assessment, which was concentrated in the following areas:

1. **Inventory of equipment, work stations, and devices.** Due to the physical migration to a new facility, all equipment, devices and workstations were relocated, making necessary to conduct a new inventory. No new equipment or computers were added; however, our compliance team needed to identify and locate devices, including computers, where PHI might reside, in order to respond to and mitigate a security incident, should it occur. As the migration continues, we are diligently working on identifying those physical locations where PHI may reside and can be accessed or used.
2. **Bring Your Own Device- BYOD policy.** The use of personal, portable devices by Clinic personnel is increasing, and our security team is aware of the risks associated to this practice. We are developing a comprehensive policy that will include specific guidelines addressing among other things, texting PHI to other patients or third parties, sending PHI via email, device encryption, and remote access to servers and network infrastructure. This BYOD policy will be finally reviewed and approved by the IT director and the compliance officer, in conjunction with the HR department.
3. **Business Associates.** This topic continues to evolve as new technologies and vendors are available. The compliance team expanded the scope of its search of BAs within MBKU, and involved several departments which could outsource some of their PHI activities to outside vendors. This year we included the marketing, advancement, financial, human resources, and student affairs departments. We were able to identify the business associates who were handling PHI on behalf of Ketchum Health, and obtained executed agreements.
4. **Miscellaneous.** There are areas we need to improve, and we are aware of the vulnerabilities and risks associated to them, especially in the cybersecurity domain. Due to financial constraints, we are exploring the best options to pursuit, including hiring new specialized staff for the IT department, acquiring security software, and expanding our cybersecurity insurance coverage.

We are also stepping up our efforts to provide timely and relevant security training to all employees at the University Eye Center-Ketchum Health, including to those new hires who will be using or handling PHI.

Another area we need to address is the emergency continuation plan. We currently don't have a contingency operations roadmap, and we are diligently working in conjunction with the Information Technology department to create and implement such a plan soon.

2017 Action Items and Remediation Plans

As privacy and security incidents in the healthcare and higher education continued to increase, this year's risk assessment was focused on PHI and PII security management across organizational units at MBKU. We expanded the assessment to cover not only Ketchum Health (patient care at both clinics), but also other business units at the organization: Students Affairs, Human Resources, College of Physician Assistants, and Accounting and Financing.

MBKU created a Cyber Safety committee, spearheaded by the Director of Information Technology, with participation of all members of the Presidential Executive Council (PEC), and MBKU's Compliance Officer. The main purpose of the committee is to create awareness of cybersecurity issues among executive officers, and to implement and enforce MBKU cybersecurity strategic plan.

We also deepened our review of privacy and security practices at UECLA, and conducted a detailed risk analysis of its current environment.

For the first time, IT conducted a comprehensive cybersecurity training across the organization, with a successful participation and completion rate of 95% of the MBKU workforce. In addition, a social engineering exercise was conducted through a series of simulated phishing attacks. Such exercise is giving us the tools needed to evaluate and refine our training priorities for 2018 and beyond.

2018 Action Items and Remediation Plans

Being consistent with our strategy to provide excellent patient care, including protecting medical information, we were able in 2018 to identify and work toward a comprehensive data security program.

The following topics were reviewed and action plans developed accordingly:

- **Cyber Safety Committee Consolidation.** With participation by key decision makers across the organization, the cyber safety committee became the body in charge of reviewing and approving all policies and procedures regarding data security. Consolidation of this team was paramount to the implementation and enforcement of privacy and security initiatives, and we plan to continue asking for the committee's feedback on these issues.
- **User Security Awareness.** By continuing sending mock fishing attacks to all users in the organization, we were able to identify patterns and repeating offenders. This allowed to

us to provide targeted training, and address those individuals who needed remedial intervention. HR, in conjunction with the management team, are reviewing the enforcing actions aimed to those users. It is clear to the security team that without proper, timely training, enforcement activities are not conducive.

- **Data Discovery Exercise.** This activity included all business units at the organization, with the exception of the College of Pharmacy. Several types of data were examined, such as credit card, PHI, PII, student records, and the method of storage, and the safeguards in place to protect it from breaches and improper use. Key areas that need extra-attention are:
 - Data Storage on local workstations: many users store critical data on their local computers, which poses a security risk. IT is diligently working on users education and mechanisms intended to reduce, if not eliminate this practice.
 - Data Retention Policies: We found that there is not a uniform data retention protocol applicable to all the data available. This may present a bigger challenge considering the different types of data collected by each unit, and the multiple laws applicable. A data retention protocol at Ketchum Health was drafted and presented to Clinic Council for review and approval. This draft is intended to Ketchum Health initially, with the goal of expanding it to the rest of the organization, once approved and implemented at KH.
 - Incident Management Plan: Even though we have started the creation/implementation of a business continuity plan, our security team still needs to develop a comprehensive incident response plan, which must include all aspects of our operations. We are working toward completing that goal by mid-2019
- Bring Your Own Device-BYOD. The security team briefed the Cyber-Safety committee on this topic. We continue to evaluate the best approach to create a comprehensive policy.

2019 Risk Analysis Approach

Three new elements were incorporated into the 2019 assessment, as follows:

1. Security Risk Assessment-SRA Tool.

This tool was upgraded recently by the Health and Human Services Department to reflect a more problem-focused view of the process, and provide a user-friendly experience.

It includes, among other features, an enhanced user interface; a custom assessment logic, a progress tracker; an improved rating; and detailed reports available.

The tool has seven sections with a risk rating key ranging from improbable, to possible, to probable, using the low, medium and high impact score scale.

The final baseline report tailored to Ketchum Health contains 37 seven pages and is available upon request in a PDF format.

2. Key Staff Interviews.

We conducted interviews with the Safety and Security Supervisor to address the physical requirements of the rule, and with the Director of Information Technology to address the technical requirements. Following are some of the key findings:

a. Safety and Security Supervisor:

- i. There is a written Emergency Operations Plan for the organization, which is updated annually or as needed. It includes recommended procedures during emergencies such as earthquakes, fires, violent threats, etc.
- ii. The Plan outlines the basic procedures to safeguard critical network infrastructure during an emergency, including proper training with IT personnel in charge of backing up ePHI, and other sensitive personal identifiable information (PII). This Plan is available upon request and it will not be included as an attachment with this assessment.
- iii. There is also a Ketchum Health Operating Procedures manual, intended exclusively to address safety issues at Ketchum Health clinics, including Los Angeles facility.
- iv. This manual regulates hours of operations, physical access to critical network infrastructure by authorized individuals; use of examination rooms and work stations by clinic staff; vendor and special population (including inmates) access management; procedure documentation and log completion.
This Facilities manual is available upon request, and it will not be included as an attachment with this assessment.

Areas to address:

1. There is not current camera coverage aiming directly to the servers' room. Safety supervisor suggest installing a low-cost camera inside to enhance the security of this critical area.
2. Campus safety would like to have an advance notice of vendors who are showing up for maintenance or repairs. This will allow for a better monitoring of the flow of individuals inside KH premises.

b. Director of Information Technology

- i. There is a process to manage and control personnel access to epHI systems and facilities. It maintains general personnel access to systems through the on/off boarding process initiated via HR, and role-based access initiated by the user into the IT ticketing system. Both controls require accurate information to be provided by the supervisor.
- ii. Privileged accounts are limited and are audited by IT once a year.
- iii. Encryption at rest of the ePHI data that resides in servers is not possible due to technical challenges arising from the software architecture.

- iv. There is an inventory and location record of all equipment and devices containing ePHI. The list is updated at least annually when inventory is collected at the end of calendar year.
- v. There is an automatic logoff enabled on devices and platforms accessing ePHI. The idle timeout is set to 15 minutes after the device registers no activity.
- vi. There is a backup protocol in place to ensure availability ePHI. Backups are sent to tapes and tapes are taken offsite to an alternate location weekly. In addition, clinic instruments are backed up to a USB drive monthly. This drive is securely located at the IT room at Ketchum Health in Anaheim.
- vii. A VPN technology is used to allow outside parties temporary/permanent access to internal resources in our network infrastructure.
- viii. There is a sanitation protocol to remove sensitive PHI from devices and equipment before disposing them of, or re-using them. The non-volatile storage is destroyed using a secure e-waste vendor that certifies destruction according to DoD 5220.22M standards.
- ix. An authorized individual approves access levels within information systems and locations that use ePHI.

Areas to address:

- Documentation of processes. Some of the hands-on protocols are not properly documented in writing, creating an ad-hoc system lacking standardization.
- IT must accurately identify all the vendors it does business with that manage or have access to ePHI on Ketchum Health's behalf. Once identified, BAAs must be properly executed.
- It might be important to assign a dedicated individual to review the audit trails and access activity logs at clinics.
- We must work toward the drafting and implementation of the business continuity plan. IT, in conjunction with Ketchum Health directors must diligently and immediately work to have this document ready for the 2020 calendar year.

3. Customized Questionnaire.

The questionnaire was handed out to all chiefs of service and directors with patient care responsibilities at both Ketchum Health locations (Anaheim and Los Angeles). Key findings:

- Encryption of ePHI "in transit" is still not well understood by users, and its adoption is not fully embraced by all staff.
- Most users are aware of the need to change their passwords regularly. IT has embarked in an effective campaign aimed to address this issue proactively.
- ePHI remote access to users is only granted after IT receives the executed agreement required by protocol.
- Some users indicated that they use their personal mobile devices to manage and store PHI. They state that there is no other way to conduct their business, absent a centralized policy.

- The use of Cloud-based applications is still in place without the involvement of IT. Some users don't know that they can securely store documents in the cloud by using Office 365.

Areas to address:

- Encryption of ePHI in transit must be a universal practice, not only at Ketchum Health but also at the entire organization. More awareness and education is needed.
- Non-approved cloud-based store apps are not to be used at any time. We must provide training regarding the options we have through Office 365.
- Almost all users save/store some ePHI and sensitive personal information on their computers or personal mobile devices. This poses a significant risk to the availability of such data.

4. Miscellaneous

- Records retention policy. After careful deliberation, clinic council approved a retention policy. Paper files and printed documents, including images will be retained for a period of 10 years, following Medicaid record retention standards. The policy is available upon request.
- Even though "bring your own device-BYOD" continues to be a challenge for the organization, management has decided to handle the topic under the "assumed risk" approach moving forward, until a consistent policy can be developed and implemented.
- We must work effectively to eliminate the practice of leaving computer monitors on with ePHI and other sensitive information displayed. This is more prevalent after the start of new rotations, which indicates that more education is needed at the onboarding of these groups. Faculty should take the leadership on this issue.

EXHIBIT 21 BUSINESS ASSOCIATE AGREEMENT SAMPLE

This Business Associate Agreement (“BAA”) is entered into by and between **Marshall B. Ketchum University-Ketchum Health (“MBKU-KH”)**, hereinafter referred as **“Covered Entity”** and

_____ hereinafter referred as **“Business Associate”**, and is effective as of _____ (the “BAA Effective Date”). MBKU-KH and _____ may be individually referred to as a “Party” and collectively as the “Parties” in this BAA.

RECITALS

- A. MBKU-KH intends to disclose certain sensitive information to Business Associate pursuant to the terms of a separate service agreement (“Service Agreement”), some of which may constitute Protected Health Information (“PHI”).
- B. MBKU-KH and Business Associate intend to protect the privacy and security of PHI disclosed pursuant to the terms of the Service Agreement in compliance with (i) the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”); (ii) Subtitle D of the Health Information Technology for Economic and Clinical Act (“HITECH”); (iii) the Omnibus final rule, effective September 2013.
- C. The purpose of this agreement is to set forth the terms and conditions under which “protected health information” (PHI), as defined by “HIPAA” and regulations enacted thereunder, created, maintained or received by Business Associate and their subcontractors on behalf of Covered Entity, may be used or disclosed.

AGREEMENT

In consideration of the mutual promises below and the creation, use, or disclosure of Protected Health Information pursuant to this BAA, the Parties agree as follows:

- 1. Definitions.
 - a. “Breach” shall have the same meaning given to such term in 45 C.F.R. § 164.402.
 - b. “Business Associate Subcontractor” shall have the same meaning given to such term in 45 C.F.R. § 160.103.

- c. "Electronic Protected Health Information" shall have the same meaning given to such term under the Privacy Rule and the Security Rule in 45 C.F.R. § 160.103, as applied to the information that Business Associate creates, receives, maintains or transmits from or on behalf of Covered Entity.
- d. "Encryption" shall have the same meaning as the term "Encryption" in 45 C.F.R. § 164.304.
- e. "Electronic Media" shall have the same meaning given to such term under 45 C.F.R. § 160.103.
- f. "Individual" shall have the same meaning given to such term in 45 C.F.R. § 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 C.F.R. § 164.502(g).
- g. "Limited Data Set" shall have the same meaning given to such term in 45 C.F.R. § 164.514(e).
- h. "Protected Health Information" shall have the same meaning given to such term in 45 C.F.R. § 160.103.
- i. "Security Incident" shall have the same meaning given to such term in 45 C.F.R. § 164.304.
- j. "Security Rule" shall mean the Security Standards at 45 C.F.R. Part 160 and part 164, subparts A and C.
- k. "Unsecured PHI" shall have the same meaning given to such term in 45 C.F.R. § 164.402, and guidance promulgated thereunder.

Terms used, but not otherwise defined, in this agreement shall have the same meaning that those terms have under "HIPAA" (Public Law 104-191) and "HITECH" (Public Law 111-5).

2. Obligations and Activities of Business Associate

2.1 Permitted Uses and Disclosures of PHI

- a. Business Associate may use or disclose PHI to perform functions, activities or services for, or on behalf of, Covered Entity as specified in the Service Agreement. Business Associate shall not disclose protected health information to any member of its workforce unless Business Associate has advised such person (employee) of Business Associate the privacy and security obligations and policies under this Agreement, including the consequences for violation of such obligations. Business Associate shall take appropriate disciplinary action against any member of its workforce who uses or discloses protected health information in violations of this Agreement and applicable law.
- b. Business Associate may only use and disclose protected health information created or received by Business Associate on behalf of Covered Entity if necessary for the proper management and administration of Business Associate or to carry out legal responsibilities, provided that any disclosure is:

- i. Required by law, or
- ii. Business Associate obtains reasonable assurances from the person to whom the protected health information is disclosed that (i) the protected health information will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person; and (ii) Business Associate will be notified of any instances of which the person is aware in which the confidentiality of the information is breached.

c. Subcontractors. Business Associate shall ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of Business Associate agree to the same restrictions, conditions, and requirements that apply to Business Associate with respect to such information as required by 45 CFR §164.502(e)(1)(ii) and (2) and 164.308(b)(2)(i)-(iii). Business Associate may fulfill this requirement by having the subcontractors execute an agreement that incorporates the terms of this Agreement. Business Associate shall not disclose protected health information created or received by Business Associate on behalf of Covered Entity to a person, including any agent or subcontractor of Business Associate until such person agrees in writing to be bound by the provisions of the Agreement and applicable State or Federal law.

2.2 Appropriate Safeguards

- a. Privacy and Security of PHI. Business Associate will continue to create, implement, maintain, communicate and use appropriate administrative, technical, and physical safeguards to protect the privacy and security of the PHI, including its availability, integrity and confidentiality. The safeguards will reasonable protect PHI from any intentional or unintentional use or disclosure in violation of the e HIPAA Privacy and Security Rules and this BAA.
- b. Reporting of Improper Use or Disclosure, Security Incident or Breach. Business Associate shall, following the discovery of any breach of unsecured PHI, or the occurrence of any security incident affecting the use or disclosure of PHI, notify the covered entity of such breach or incident, without unreasonable delay, and in any event no more than thirty (30) calendar days following discovery. A breach shall be treated as discovered by Business Associate as of the first day on which such a breach is known to Business Associate. Such notification will contain the elements required in 45 C.F.R. § 164.410.
- c. Minimum Necessary Standard and Creation of Limited Data Set. Business Associate shall utilize a Limited Data Set if practicable, otherwise, only request, collect, use and disclose the minimum amount of PHI necessary to conduct its business, and in any

case, in accordance with Covered Entity's minimum necessary policies and procedures as disclosed by Covered Entity to Business Associates.

- d. Documentation of Disclosures. Business Associate agrees to maintain a record of all disclosures of PHI as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528, as applicable. Such record shall include (i) date of the disclosure, (ii) the name and, if known, the address of the recipient of the PHI, (iii) a brief description of the PHI disclosed, and (iv) the purpose of the disclosure.
- e. Accounting of Disclosures. Business Associate agrees to document all activity related to disclosures of PHI received from Covered Entity and will, upon request and to the extent permitted by law make it available to Covered Entity within ten (10) business days, should it respond to a request by an individual for an accounting of disclosures.
- f. Governmental Access to Records. Business Associate agrees to make its internal practices, books, and records relating to the use and disclosure of PHI received from Covered Entity or created or received by Business Associate on behalf of Covered Entity, available to the Secretary of the United States Department of Health and Human Services, for purposes of determining the Covered Entity's compliance with HIPAA Privacy and Security Rules.
- g. Amendment of PHI. Business Associate agrees to amend, pursuant to a request by Covered Entity, protected health information maintained and created or received by Business Associate, on behalf of the Covered Entity. Business Associate further agrees to complete such amendment within thirty (30) days of a written request by Covered Entity, and to make such amendment as directed by Covered Entity.

3. Obligations and Activities of Covered Entity.

- a. Notice of Privacy Practices. Covered Entity shall provide Business associate, at the request of Business Associate, with its Notice of Privacy Practices, produced in accordance with 45 C.F.R. § 164.520.
- b. Notifications of Restrictions and Changes. Covered Entity shall notify Business Associate any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 C.F.R § 164.522, to the effect that such restriction may affect Business Associate's use or disclosure of PHI.

4. Term and Termination

- a. Term. This agreement shall be effective as of the date executed by the parties and shall continue until terminated as provided below.
- b. Termination. Covered Entity may immediately terminate this Agreement and related agreements if Covered Entity determines that Business Associate has breached a material term of this Agreement. Alternatively, Covered Entity may choose to (i) provide Business Associate with ten (10) days written notice of the existence of an alleged material breach; and (ii) afford Business Associate an opportunity to cure said alleged material breach to the satisfaction of Covered Entity within (10) days. Business Associate's failure to cure shall be grounds for immediate termination of this agreement. Covered Entity's remedies under this Agreement are cumulative, and the exercise of any remedy shall not preclude the exercise of any other.
- c. Effect of termination. Upon termination of this agreement for any reason, Business Associate shall return or destroy all PHI created or received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity, and shall retain no copies of the PHI.

If infeasible for Business Associate to return or destroy the PHI upon termination of the Service Agreement or this BAA, Business Associate shall extend the protections of this Agreement to such information, and limit further uses and disclosures to those permitted to Business Associates to continue its proper management and administration, or to carry out its legal responsibilities.

5. Survival. The respective obligations of Business Associate under this BAA shall survive the termination, expiration, or cancellation of this Agreement and the Service Agreement.
6. Amendment. This agreement may be amended or modified only by a written document executed by the authorized representatives of both Parties. Nothing in this BAA shall confer any right, remedy, or obligation upon any third party.
7. Governing Law. This BAA shall be construed to comply with requirements of the HIPAA rules, and any inconsistency or ambiguity in this agreement shall be interpreted to permit compliance with the mandatory provision of the Privacy and Security Rules and the HITECH Act.
8. Indemnification Business Associate shall, to the fullest extent permitted by law, protect, defend, indemnify and hold harmless Covered Entity and its officers, employees, trustees, and agents ("Indemnitees") from and against any and all losses, costs, claims, penalties, fines, demands, liabilities, legal actions, judgments, and expenses of every kind (including reasonable attorney's fees, including at trial and on appeal) asserted or imposed against any Indemnitees arising out of the acts or omissions of Business

Associate or any of Business Associate's employees, directors, or agents or subcontractors related to the performance or nonperformance of this Agreement.

9. In the event of an inconsistency between the provisions of this BAA and a mandatory term of the HIPAA Requirements (as these terms may be expressly amended from time to time by the DHHS or as a result of interpretations by DHHS, a court or another regulatory agency with authority over the Parties), the interpretation of DHHS, such court or regulatory agency shall prevail. In the event of a conflict among the interpretations of these entities, the conflict shall be resolved in accordance with rules of precedence.
10. Where provisions of this BAA are different from those mandated by the HIPAA Requirements, but are nonetheless permitted by the HIPAA Requirements, the provisions of this BAA shall control.
11. Except as expressly provided in the HIPAA Requirements or this BAA, this BAA does not create any rights in third parties.

MBKU—KETCHUM HEALTH**BUSINESS ASSOCIATE**

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

EXHIBIT 22 REMOTE ACCESS CONFIDENTIALITY AGREEMENT

This Agreement is made between _____, hereafter referred to as “Faculty” or “Resident”, and the Marshall B. Ketchum University-Ketchum Health, hereafter referred to as “College”, on the _____ day of _____, _____.

Confidential Information

For the purpose of this agreement, College ePHI (Protected Health Information) refers to any information about health status, provision of health care, or payment for health care that can be linked to a specific individual and can be used to identify such individual, created and maintained by the College database.

Nondisclosure Agreement

As remote access of electronic protected health information (ePHI) becomes available to all Faculty and residents at the College, the use of confidential and proprietary patient data is granted to you as a privilege, on the basis of privacy and confidentiality. Accordingly, to protect the College’s PHI that will be accessed in such way, you agree to do as follows:

- A. Exercise all reasonable and practicable safeguards to maintain the privacy and security of the protected health information which access is granted, following the University remote access policy and associated protocols.
- B. Faculty and resident will refrain from using the remote access function to open and review ePHI except as required to carry out their job responsibilities. Such information seen in the course of professional duties will be kept confidential during and after the term of employment.
- C. The main purpose of the remote access function is to allow faculty and resident to expedite the completion of patient charts. Faculty or Resident will not share, release or disclose PHI in any way from any remote location. The release process will be performed following the established protocols at the University.
- D. Faculty and resident will communicate immediately to University officials any known, intentional or unintentional, disclosure of ePHI to a third party.
- E. MBKU reserves the right to initiate disciplinary action for violation of this agreement, up to and including termination of employment. Criminal action may be brought against Faculty or Resident by University officials if the nature of the violation constitutes a breach of the law which exposes the University to a higher liability.

I understand that by signing below I agree to the terms and conditions of this agreement

Faculty/Resident Name

Faculty/Resident Signature Date

EXHIBIT 23 PATIENT CONSENT TO PHOTOGRAPH/VIDEOTAPE/INTERVIEW-AUTHORIZATION TO RELEASE INFORMATION

Patient Name:	Birth Date:	
	Medical Record Number:	
Person(s) or Class of Persons Authorized to <u>Use/Disclose</u> the Information:	Persons Authorized to <u>Receive</u> the Information:	
Patient consents to be:		
<input type="checkbox"/> Photographed <input type="checkbox"/> Filmed <input type="checkbox"/> Videotaped <input type="checkbox"/> Interviewed <input type="checkbox"/> Other:		
Purpose of Use/Disclosure:		
<input type="checkbox"/> Publication in newspaper(s), magazine(s) or other publications, online or print distribution <input type="checkbox"/> Broadcast by radio or television <input type="checkbox"/> MBKU Ketchum Health marketing and public relations materials/publications <input type="checkbox"/> By Ketchum Health -University Eye Center to document the progress of my care <input type="checkbox"/> Other		
Description of Protected Health Information to be Used or Disclosed:		
<input type="checkbox"/> All Patient Identifying Information; or <input type="checkbox"/> Age/Date of Birth <input type="checkbox"/> City of Residence <input type="checkbox"/> Nature of Medical Condition/Illness	<input type="checkbox"/> Other: Name, photo, condition and treatment related to story.	<input type="checkbox"/> Not applicable

By way of my signature, I relieve and hereby agree to hold Marshall B. Ketchum University Communications and/or Ketchum Health University Eye Centers free and harmless from any and all liability arising out of the use and/or

release of information; interview; photograph/videotape/film; and subsequent publication or broadcast. I understand that the interview(s) or photo session(s) are being carried out upon my consent and authorization and so assume full responsibility.

I understand that:

1. I may refuse to sign the authorization and that it is strictly voluntary.
2. I will not be compensated for the uses described above.
3. If I do not sign this form, my health care and the payment for my health care will not be affected.
4. I may revoke this authorization at any time in writing, but if I do, it will not have any effect on any actions taken prior to receiving the revocation.
5. If the requester or receiver is not a health plan or health care provider, the released information may be re-disclosed by the recipient and may no longer be protected by federal privacy regulations. MBKU or Ketchum Health have no control of the materials after they have been published, and they will not be responsible for third-party uses of the information.
6. I understand that I may see/obtain a copy of the information described on this form, if I ask for it.
7. I get a copy of this form after I sign it.

This authorization will expire on the following: (check and complete only one box)

☐ Date: _____ ☐ When the University no longer has need for the image/video

I have read the above and authorize the disclosure of the protected health information as stated.

Signature of Patient/Guardian/Patient Representative or Employee/Volunteer/Physician:	Date:
Print Name of Patient's Representative:	Relationship to Patient:

**EXHIBIT 24 AUTORIZACIÓN PARA SER FOTOGRAFIADO, FILMADO, O ENTREVISTADO-
AUTORIZACIÓN PARA USAR Y DIVULGAR INFORMACIÓN**

Nombre del Paciente:		
Fecha de Nacimiento:		
Personas Autorizadas para Usar/Divulgar la Información Confidencial	Personas Autorizadas para Recibir la Información Confidencial <input type="checkbox"/> MBKU Comunicaciones & Mercadeo <input type="checkbox"/> MBKU Servicios Multimedia <input type="checkbox"/> MBKU/Ketchum Health	
Autorizo para ser : <input type="checkbox"/> Fotografiado <input type="checkbox"/> Filmado <input type="checkbox"/> Entrevistado <input type="checkbox"/> Otros :		
Propósito de la Divulgación de la Información: <input type="checkbox"/> Publicación en periódicos, revistas, u otras publicaciones de distribución impresa o virtual <input type="checkbox"/> Transmisión por radio o televisión <input type="checkbox"/> Publicaciones en materiales o productos de comunicaciones de la oficina de relaciones públicas de MBKU Ketchum Health <input type="checkbox"/> Otras		
Descripción de la Información para Divulgarse:		
<input type="checkbox"/> Cualquier información que identifique al paciente; o <input type="checkbox"/> Edad y fecha de nacimiento <input type="checkbox"/> Lugar de residencia <input type="checkbox"/> Descripción de la enfermedad o condición medica	<input type="checkbox"/> Otros: Nombre, foto, condición médica y tratamiento relacionado con la historia.	

Por medio de mi firma, declaro expresamente que acepto mantener al Departamento de Comunicaciones de la Universidad Marshall B. Ketchum y/o al Centro Universitario de los Ojos- Ketchum Health libres de cualquier responsabilidad derivada del uso y / o la divulgación de mi información médica confidencial; entrevista; fotografía / video / película; y su posterior publicación o difusión por cualquier medio impreso o virtual. Entiendo que las entrevistas o sesiones de fotos se llevan a cabo con mi consentimiento, por lo cual asumo toda la responsabilidad.

Entiendo que:

1. Puedo negarme a firmar la autorización y que mi consentimiento es estrictamente voluntario.
2. No seré compensado económicamente por los usos descritos anteriormente.
3. Si no firmo este formulario, mi atención médica y el pago de mi atención médica no se verán afectados.
4. Puedo revocar esta autorización en cualquier momento por escrito; si lo hago, no tendrá ningún efecto en ninguna acción tomada antes de recibir la revocación.
5. Si el solicitante o quien recibe la información no es un plan de salud o proveedor de atención médica, dicha información divulgada puede ser revelada nuevamente por el receptor y no estará protegida por las regulaciones federales de privacidad (HIPAA). MBKU o Ketchum Health no tienen control de los materiales después de su publicación, y no serán responsables por el uso de la información por parte de terceros.
6. Entiendo que puedo ver/obtener una copia de la información descrita en este formulario, si la solicito.
7. Recibo una copia de este formulario después de firmarlo.

Expiración de la Autorización	
<input type="checkbox"/> Fecha: _____	<input type="checkbox"/> Cuando la Universidad no requiera o use las imágenes o video(s)

He leído lo anterior y autorizo el uso y/o divulgación de mi información médica confidencial descrita.

Firma del Paciente-Representante Legal	Fecha:
Nombre del Paciente o Representante Legal:	Relación con el Paciente:

**EXHIBIT 24 NOTICE OF DATA BREACH
(CA SB 570, 2015)**

Mark Nakano, O.D.
Associate Dean of Clinics
5460 E. La Palma Ave.
Anaheim, CA 92807

What Happened?

We, at the Marshall B. Ketchum University-University Eye Centers take the privacy and security of your personal information as one of the most critical elements of our operations. We exercise extreme care and due diligence at protecting your data from unauthorized disclosures or breaches of any kind. Unfortunately, due to circumstances that are beyond our control, we were subject of a (describe the incident here) that might have compromised or exposed your personal information.

Based on our preliminary investigation, we have determined that on or around (date of discovery of the breach) our network infrastructure was intruded /a theft of portable device occurred-explain.) Upon detection of the incident, MBKU took steps to contain the attack/intrusion and further secure our network.

What Information Was Involved?

The investigation is ongoing, and to date, there is no conclusive evidence that Protected Health Information or any other sensitive information was compromised; however, we cannot decisively dismiss that possibility, and for that reason we are taking precautionary measures by informing you about the incident. The types of information stored in the network/stolen device include: names, date of births, phone numbers, Medicare and/or health ID card plan numbers, medical diagnosis and test results, and medications.

What We Are Doing

As required by law, we have notified local and federal authorities, and we're proactively working with the FBI to determine the extent of this incident. The investigation is ongoing and we are putting all of our resources available to mitigate negative consequences to your identity and to help to protect yourself.

As a result, we've made arrangements with (describe the type of credit monitoring services contracted) which will oversee the credit monitoring process for the period of . These services are provided to you at no cost, and you will have to enroll in the program by registering here: .In addition, we have established a hot line to help you with any questions you might have regarding the status of this event.

We value your personal information and we will do anything in our power to mitigate the potential negative effects of this incident on your identity.

What You Can Do

Once you have enrolled in the credit monitoring program, you can also take advantage of your right to the free fraud alert services offered by the three major credit bureaus. Keep in mind that by placing fraud alerts, you'll have an additional protection to your credit history.

You can always contact us during business hours to inquire for additional details regarding the incident, unless otherwise forbidden by law enforcement due to the ongoing investigation.

Other Important Information**For More Information**

As we keep committed to our patients and their wellbeing, we have made available a Toll-Free Hotline. Please call us at _____ Monday through Friday from 8am to 5pm. You can also visit our website at www.ketchumhealth.org.

EXHIBIT 25 NOTICE OF PRIVACY PRACTICES-ENGLISH

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Understanding Your Clinic Record Information

Each time you visit a health care provider, the provider makes a record of your visit. Typically, this record contains your health history, current symptoms, examination and test results, diagnoses, treatment, and plan for future care or treatment. This information, often referred to as your medical record, serves as the following:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care that you received.
- Means by which you or a third-party payer can verify that you actually received the services billed for.
- Tool in medicine education and research.
- Source of information for public health officials charged with improving the health of the regions they serve.
- Tool to assess the appropriateness and quality of care that you received.
- Tool to improve the quality of health care and achieve better patient outcomes.

Understanding what is in your health records and how your health information is used helps you to:

- Ensure its accuracy and completeness.
- Understand who, what, where, why, and how others may access your health information.
- Make informed decisions about authorizing disclosure to others.
- Better understand the health information rights detailed below.

Your Rights under the Federal Privacy Standard

Although your health records are the physical property of the health care provider who completed it, you have the following rights with regard to the information contained therein:

- Request restriction on uses and disclosures of your health information for treatment, payment, and health care operations. "Health care operations" consist of activities that are necessary to carry out the operations of the provider, such as quality assurance and peer review. The right to request restriction does not extend to uses or disclosures permitted or required under the following sections of the federal privacy regulations: § 164.502(a)(2)(i) (disclosures to you), 164.510(a) (for facility disclosures, but note that you have the right to object to such uses), or 164.512 (uses and disclosures not requiring consent or an authorization). The latter uses and disclosures include, for example, those required by law, such as mandatory

communicable disease reporting. In those cases, you do not have a right to request restriction. The consent to use and disclose your individually identifiable health information provides the ability to request restriction. We do not, however, have to agree to the restriction. If we do, we will adhere to it unless you request otherwise, or we give you advance notice. You may also ask us to communicate with you by alternate means, and if the method of communication is reasonable, we must grant the alternate communication request. You may request restriction or alternate communications on the consent form for treatment, payment, and health care operations.

- Obtain a copy of this Notice of Privacy Practices. Although we have posted a copy in prominent locations throughout the facility and on our website, you have a right to a hard copy upon request.
- Inspect and copy your health information upon request. Again, this right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You do not have a right of access to the following:
 - Psychotherapy notes. Such notes consist of those notes that are recorded in any medium by a health care provider who is a mental health professional documenting or analyzing a conversation during a private, group, joint, or family counseling session and that are separated from the rest of your medical record.
 - Information compiled in a reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.
 - Protected health information ("PHI") that is subject to the Clinical Laboratory Improvement Amendments of 1988 ("CLIA"), 42 U.S.C. § 263a, to the extent that giving you access would be prohibited by law.
 - Information that was obtained from someone other than a health care provider under a promise of confidentiality and the requested access would be reasonably likely to reveal the source of the information.

In other situations, we may deny you access, but if we do, we must provide you a review of our decision denying access. These "reviewable" grounds for denial include the following:

- A licensed healthcare professional, such as your attending physician, has determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of yourself or another person.
- PHI refers to another person (other than a health care provider) and a licensed health care provider has determined, in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to such other person.
- Your personal representative makes the request and a licensed health care professional has determined, in the exercise of professional judgment, that giving access to such personal representative is reasonably likely to cause substantial harm to you or another person.

For these reviewable grounds, another licensed professional must review the decision of the provider denying access within 60 days. If we deny you access, we will explain why

and what your rights are, including how to seek review. If we grant access, we will tell you what, if anything, you have to do to get access. We reserve the right to charge a reasonable, cost-based fee for making copies.

- Request amendment/correction of your health information. We do not have to grant the request if the following conditions exist:
 - We did not create the record. If, as in the case of a consultation report from another provider, we did not create the record, we cannot know whether it is accurate or not. Thus, in such cases, you must seek amendment/correction from the party creating the record. If the party amends or corrects the record, we will put the corrected record into our records.
 - The records are not available to you as discussed immediately above.
 - The record is accurate and complete.

If we deny your request for amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain. If we grant the request, we will make the correction and distribute the correction to those who need it and those whom you identify to us that you want to receive the correct information.

- Obtain an accounting of non-routine uses and disclosure, those other than for treatment, payment, and health care operations. We do not need to provide an accounting for the following disclosures:
 - To you for disclosures of protected health information to you.
 - For the facility directory or to persons involved in your care or for other notification purposes as provided in § 164.510 of the federal privacy regulations (uses and disclosures requiring an opportunity for the individual to agree or to object, including notification to family members, personal representatives, or other persons responsible for your care, of the your location, general condition, or death).
 - For national security or intelligence purposes under § 164.512(k)(2) of the federal privacy regulations (disclosures not requiring consent, authorization, or an opportunity to object).
 - To correctional institutions or law enforcement officials under § 164.512(k)(5) of the federal privacy regulations (disclosures not requiring consent, authorization, or an opportunity to object).
 - That occurred before April 14, 2003.

We must provide the accounting within 60 days. The accounting must include the following information:

- Date of each disclosure.
- Name and address of the organization or person who received the protected health information.
- Brief description of the information disclosed.

- Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of your written authorization or a copy of the written request for disclosure.

The first accounting in any 12-month period is free. Thereafter, we reserve the right to charge a reasonable, cost-based fee.

- Revoke your consent or authorization to use or disclose health information except to the extent that we have taken action in reliance on the consent or authorization.
- Request your PHI be provided in electronic format, or be transferred to you electronically, via email. We will try to accommodate such requests to the best of our abilities. If we cannot, we will inform you accordingly.
- Request a specific way of communication when releasing your PHI, e.g. fax, mail, email etc.
- Be notified immediately once a breach of PHI occurs, or is detected by any Clinic representative, and inform you what measures we are talking to mitigate the harm, if any.
- Restrict certain disclosures of PHI to a health plan if you pay out of pocket in full for the healthcare item or service, and the PHI requested is directly related to that item or service.

Our Responsibilities under the Federal Privacy Standard

We will not use or disclose your health information without your consent or authorization, except as described in this notice or otherwise required by law. In addition to informing you your rights, the federal privacy standard requires us to take the following measures:

- Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
- Provide you this Notice as to our legal duties and privacy practices with respect to individually identifiable health information that we collect and maintain about you.
- Abide by the terms of this Notice.
- Train our personnel concerning privacy and confidentiality.
- Implement a sanction policy to discipline those who breach privacy/ confidentiality or our policies with regard thereto.
- Mitigate (lessen the harm of) any breach of privacy/confidentiality.

Examples of Disclosures for Treatment, Payment, and Health Operations

- We will use your health information for treatment.
- Example: A physician or another member of your health care team will record information in your record to diagnose your condition and determine the best course of treatment for you. The primary caregiver will give treatment orders and document what he or she expects other members of the health care team to do to treat you. Those other members will then document the actions they took and their observations. In that way, the primary caregiver will know how you are responding to treatment.

- We will also provide your physician, other health care professionals, or subsequent health care provider copies of your records to assist them in treating you once we are no longer treating you.
- We will use your health information for payment.
- Example: We may send a bill to you or to a third-party payer, such as a health insurer. The information on or accompanying the bill may include information that identifies you, your diagnosis, treatment received, and supplies used.
- We will use your health information for healthcare operations.
- Example: Members of the staff, students or members of the quality assurance team may use information in your health record to assess the care and outcomes in your cases and the competence of the caregivers. We will use this information in an effort to improve the quality and effectiveness of the health care and services that we provide.
- Business associates: We provide some services through contracts with business associates.
- Examples include certain diagnostic tests, a copy service to make copies of medical records, and the like. When we use these services, we may disclose your health information to the business associates so that they can perform the function(s) that we have contracted with them to do and bill you or your third-party payer for services provided. To protect your health information, however, we require the business associates and their subcontractors to appropriately safeguard your information by following strict privacy and security protocols, as mandated by law.
- Notification: We may use or disclose information to notify or assist in notifying a family member, a personal representative, or another person responsible for your care, your location, and general condition.
- Communication with family: Unless you object, health professionals, using their best judgment, may disclose to a family member, another relative, a close friend, or any other person that you identify health information relevant to that person's involvement in your care or payment related to your care.
- Research: We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.
- Marketing/continuity of care: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. You have the right to request not to receive subsequent marketing materials and opt out from getting marketing communications.
- Fundraising: We may contact you as a part of a fundraising effort and may look for some demographic information for fundraising purposes. You have the right to request not to receive subsequent fundraising materials and opt out from getting fundraising communications.
- Food and Drug Administration ("FDA"): We may disclose to the FDA health information relative to adverse effects/events with respect to food, drugs, supplements, product or product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

- Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relation to workers compensation or other similar programs established by law.
- Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- Correctional institution: If you are an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.
- Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
- Health oversight agencies and public health authorities: If a member of our work force or a business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public, they may disclose your health information to health oversight agencies and/or public health authorities, such as the department of health.
- The Federal Department of Health and Human Services ("DHHS"): Under the privacy standards, we must disclose your health information to DHHS as necessary to determine our compliance with those standards.
- Educational presentations: We may use information collected in an examination for the purpose of educating our students and practitioners. Adherence to established protocols to ensure the privacy and confidentiality of your health care information will be applied.

WE RESERVE THE RIGHT TO CHANGE OUR PRACTICES AND TO MAKE THE NEW PROVISIONS EFFECTIVE FOR ALL INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION THAT WE MAINTAIN.

This Notice of Privacy Practices applies to the following entities:

- Clinics at Ketchum Health-Anaheim

How to Get More Information or to Report a Problem

Additional Information or complaints about how the Clinic(s) has handled your health care information should be directed to the Director of Healthcare Policy Compliance, by calling his office at 714.463.7534.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights, 200 Independence Avenue, S.W., Room 590F HHH Building, Washington, DC 20201

EXHIBIT 26 NOTICE OF PRIVACY PRACTICES-SPANISH

AVISO SOBRE PRACTICAS DE PRIVACIDAD

ESTE DOCUMENTO DESCRIBE COMO LA INFORMACIÓN RELACIONADA CON SU ARCHIVO MEDICO PUEDE SER USADA O DIVULGADA, Y COMO USTED PUEDE TENER ACCESO A DICHA INFORMACIÓN. POR FAVOR LEA ESTE DOCUMENTO CUIDADOSAMENTE.

Explicación sobre la información contenida en su archivo médico.

Cada vez que usted visita su proveedor de salud, dicho proveedor elabora un registro de su visita. Generalmente, este registro (archivo) contiene su historia médica, síntomas actuales, resultados de exámenes diagnósticos, tratamientos sugeridos y recomendaciones para cuidado en el futuro. Esta información, también conocida como archivo médico, tiene los siguientes propósitos:

- Servir de base para planear su atención médica.
- Permitir la comunicación entre profesionales de la salud que pueda contribuir al cuidado de su salud.
- Es un documento legal que describe el tipo de atención médica que usted recibe.
- Facilitar la verificación de servicios suministrados cuando otra entidad lo requiera, o para su propio beneficio.
- Servir de herramienta educativa y de investigación.
- Servir de fuente de información para funcionarios de la salud, encargados de mejorar las condiciones médicas de la región donde dichos funcionarios trabajan.
- Facilitar la evaluación de la calidad del servicio que usted ha recibido.
- Servir de medio para mejorar la atención a los pacientes.

Explicación acerca del contenido de su archivo médico.

El uso de la información de su archivo puede ayudarle a:

- Asegurar que dicha información este correcta y completa.
- Saber quién, qué, cómo, cuándo, dónde y cuáles otras entidades o personas tendrán acceso a dicho archivo.
- Decidir correctamente acerca de cómo entregar información a otras personas o entidades.
- Saber sus derechos sobre información de la salud, los cuales se detallan a continuación.

Sus Derechos contenidos en la Ley Federal de Privacidad.

Aunque el archivo médico es propiedad de la entidad que lo creó, usted tiene los siguientes derechos en cuanto a su contenido y al uso del mismo:

- Solicitar la restricción en el uso y divulgación de su archivo médico, para efectos de tratamiento, pagos y actividades médicas relacionadas. Dichas actividades consisten en todos aquellos actos necesarios llevados a cabo por los proveedores de salud para cumplir con sus operaciones, tales como control de calidad y evaluación del personal médico. El derecho a solicitar restricciones en el manejo de su archivo no se aplica al uso o divulgación permitidos o requeridos por la Ley Federal de Privacidad, de la siguiente manera: 164.502(a)(2)(i) (entrega del archivo a usted mismo), 164.510(a) (listados telefónicos del mismo centro de salud; sin embargo, usted tiene el derecho a oponerse a dichos usos), o 164.512 (uso del archivo cuando no se requiere consentimiento del paciente). El uso del archivo bajo estas leyes federales incluye, por ejemplo, el reporte de enfermedades contagiosas. En estos casos, usted no tiene el derecho de solicitar restricciones en el manejo del archivo. El consentimiento para usar y divulgar su información médica le permite a usted solicitar restricciones en dicho manejo. La Clínica no está obligada a cumplir con dicha solicitud de restricción. Si la Clínica acepta la solicitud, nosotros acataremos dicha restricción a no ser que usted disponga lo contrario; nosotros le avisaremos anticipadamente cualquier determinación en contrario. Usted puede solicitar también un medio alternativo para comunicarnos con usted; si la Clínica acepta dicho medio, nosotros acataremos su solicitud. Usted puede pedir restricciones o medios alternos de comunicación al momento de recibir esta forma.
- Obtener una copia de este documento. Aunque dicha forma está exhibida en la recepción y se encuentra publicada en nuestra página de Internet, usted tiene el derecho de solicitar una copia por escrito.
- Revisar y solicitar copia de su archivo. De nuevo, este no es un derecho absoluto. En ciertas ocasiones este derecho puede ser negado: por ejemplo, cuando el acceso a su archivo puede causar algún daño. En los siguientes casos, usted no puede acceder al archivo:
 - Notas de Terapia Psicológica. Dichas notas consisten en apuntes que son registrados o grabados en cualquier medio, por parte de un especialista en salud mental, y tienen como finalidad documentar o analizar conversaciones sostenidas durante terapias individuales o de grupo, o sesiones de ayuda familiar, y son separadas del resto de su archivo médico.
 - Cuando se ha recogido información anticipadamente la cual va a ser usada en procesos judiciales o administrativos
 - Información Médica Protegida ("PHI") regulada por el Acuerdo para Mejoramiento de Practicas de Laboratorio ("CLIA", por sus siglas en Inglés), 42 U.S.C. 263^a, cuando el acceso a dicha información esté prohibido por la ley.
 - Cuando la información fue obtenida de otra fuente diferente al proveedor de salud, bajo un acuerdo de confidencialidad, y la divulgación del archivo médico podría revelar la identidad de dicha fuente.

Pueden presentarse otras situaciones en las que le neguemos el acceso al archivo; en

dicho caso, le explicaremos las razones para dicha negativa, que podrían incluir los siguientes hechos:

- Un profesional de la salud, tal como el Doctor que lo atiende, en uso de sus facultades profesionales, considera que el acceso al archivo médico puede poner en riesgo la vida o la salud física suya, o de cualquier otra persona.
- La información médica contenida en el archivo hace referencia a alguna persona diferente al proveedor de salud, y el Doctor, en uso de sus facultades profesionales, considera que el acceso al archivo podría causarle daño a dicha persona

Otro Doctor deberá revisar las razones para negar el acceso al archivo, dentro de los siguientes 60 días. Si la Clínica niega el acceso a su archivo, le explicaremos las razones, y cuáles son sus derechos, incluyendo la petición para ser revisar la decisión.

Si la Clínica permite el acceso al archivo, le explicaremos qué debe hacer. La Clínica de Medicina Familiar se reserva el derecho de cobrar una suma de dinero razonable por copias y manejo administrativo.

- Solicitar que el archivo sea agregado y/o corregido. La Clínica puede negar dicha solicitud, si las siguientes condiciones se presentan:
 - El archivo no fue creado en la Clínica, y por lo tanto no podemos certificar la veracidad de la información. Tal es el caso cuando LA CLÍNICA obtiene un reporte de consulta creado por otro proveedor de salud. Sin embargo, usted podrá solicitar que el record sea corregido por dicho proveedor. Si el archivo es enmendado, la Clínica incluirá dicha información dentro de su record médico.
 - El archivo no está disponible, según lo expuesto en el punto anterior.
 - El record se encuentra completo y la información esta correcta.

En caso de que la Clínica niegue la solicitud de enmienda o corrección, le explicaremos las razones, y la forma en que usted podrá incluir en su archivo una declaración con su desacuerdo. La Clínica se reserva el derecho de agregar dicha declaración a su record. Si la Clínica acepta la solicitud de enmienda, nosotros corregiremos el archivo y lo haremos llegar a todas las partes que lo necesiten o a las personas indicadas por usted.

- Cuando su archivo ha sido usado para efectos diferentes al tratamiento médico, pagos o actividades relacionadas con su salud, usted podrá obtener un registro de dichas actividades y usos. La Clínica no está obligada a entregar copia de este registro en los siguientes casos:
 - Cuando la entrega de su información se ha realizado a usted mismo(a)
 - Al director de la Clínica o a las personas encargadas de su atención médica, o de acuerdo a lo dispuesto por la Ley Federal de Privacidad en 164.510 (uso o divulgación del archivo cuando se requiere que al paciente se le brinde la oportunidad de objetar o aprobar dichos usos, incluyendo la notificación a

familiares, representantes personales, o cualquier otra persona encargada de su atención médica, o cuidados generales, incluyendo su fallecimiento.

- Para efectos de seguridad nacional, de acuerdo a la Ley Federal de Privacidad 164.512(k)(2) (divulgación del archivo sin autorización u oportunidad para objetar)
- A establecimientos carcelarios o a funcionarios de ley de acuerdo a la Ley Federal De Privacidad 164.512(k)(5) (divulgación del archivo sin autorización u oportunidad para objetar).
- Uso o divulgación de información ocurrida antes del 14 de abril del 2003

La Clínica debe entregar el reporte dentro de 60 días. Dicho reporte debe incluir:

- Fecha de la entrega
- Nombre de la entidad o persona quien recibe la información confidencial
- Breve descripción de la información entregada
- Una declaración breve en la que se explique la razón para entregar su información confidencial, o copia escrita de su autorización para entregar información confidencial.

La información de los primeros 12 meses no tiene costo. La clínica se reserva el derecho de cobrar una suma razonable por información entregada después del primer año.

- Usted podrá revocar la autorización o consentimiento para el uso o la divulgación de su archivo medical, excepto en los casos en los cuales alguna actividad fue desarrolla antes de dicha revocación.
- Solicitar que su PHI le sea entregada en formato electrónico, o le sea transferida a usted electrónicamente vía email.
- Escoger el medio de comunicación más conveniente para usted cuando requiera su historial médico, e.g. fax, correo ordinario, etc.
- Ser notificado inmediatamente después de que alguna información de su archivo medico haya sido divulgada a terceras personas no autorizadas para recibirla. En dicho caso, le informaremos cuáles medidas se están tomando para corregir el incidente.
- Restringir la entrega de algún elemento de su historial médico a su plan de seguros, cuando la información requerida se relacione con un servicio o producto pagado en efectivo.

Responsabilidades de la Clínica bajo la Ley Federal de Privacidad

Además de informarlo a usted acerca de sus derechos, la Ley Federal de Privacidad nos exige que tomemos las siguientes medidas:

- Mantener la privacidad de su archivo médico, implementando medidas de seguridad físicas, técnicas y administrativas.

- Entregarle a usted este documento, el cual contiene información sobre nuestros deberes legales acerca del manejo de su archivo médico y de toda la información médica que obtengamos de usted.
- Acatar los términos de este documento.
- Instruir a nuestros empleados en todo lo relacionado con asuntos de privacidad y confidencialidad.
- Implementar políticas disciplinarias encargadas de corregir y sancionar al personal que incumpla las disposiciones de este documento.
- Corregir en lo posible cualquier violación a la privacidad de su archivo.

La Clínica no entregará información de su archivo sin su consentimiento, excepto en los casos mencionados en este documento, o cuando lo requiera la Ley.

Ejemplos de Divulgación del Archivo para Tratamiento, Pagos y Actividades Medicas Relacionadas.

- ***La Clínica usara la información médica para su tratamiento.***

Ejemplo: Cualquier miembro del equipo medico encargado de atenderlo, va a registrar toda la información en su archivo médico, con el fin de suministrar un diagnóstico y determinar el mejor tratamiento a seguir. El Doctor proveerá las órdenes relacionadas con su tratamiento, y registrará todas las indicaciones dadas al equipo médico acerca de cómo usted debe ser atendido. Dicho equipo médico registrara igualmente todas las acciones tomadas y sus observaciones. De esta manera, el Doctor sabrá cómo usted está respondiendo al tratamiento.

Cuando nosotros hayamos terminado con su tratamiento médico, la Clínica también entregará copia del archivo médico a su Doctor primario, o a cualquier otro profesional de la salud, para asistirlos en su atención.

- ***La Clínica usará la información médica para efectos de pago.***

Ejemplo: La Clínica podrá enviarle un cobro a usted o a su compañía aseguradora. Dicho cobro podrá incluir información confidencial que lo identifique, tratamiento recibido, diagnósticos, o suministros proveídos.

- Empleados, estudiantes, o miembros del equipo de servicio al cliente podrán usar la información de su archivo médico para evaluar el tratamiento brindado y los resultados obtenidos en su caso, así como también la idoneidad de los Doctores. La Clínica usará su información en un esfuerzo por mejorar la calidad de nuestros servicios.
- ***Socios de Negocios:*** La Clínica provee servicios a través de contratos con terceros. Ejemplos incluyen exámenes diagnósticos, o servicios de copiado, y similares. Cuando la Clínica contrata estos servicios, es posible que su información médica sea divulgada o usada para llevar a cabo el servicio contratado; igualmente, podremos enviarle un cobro por dichos servicios. La Clínica exige que nuestros socios de negocios protejan adecuadamente su información confidencial.

- **Notificación:** La Clínica usará su información para avisarle a su familia, a su representante personal o a cualquier otra persona responsable por su cuidado, acerca de su ubicación y de su estado de salud.
- **Comunicación con la familia:** Nuestros doctores podrán, en uso de sus facultades profesionales, divulgar su información médica a miembros de su familia, amigos personales, o a cualquier otra persona siempre y cuando la participación de dichas personas sea relevante para llevar a cabo su tratamiento o para efectos de pago.
- **Estudios de Investigación:** La Clínica podrá divulgar información confidencial a los investigadores siempre y cuando el estudio en curso haya sido aprobado por la Junta Institucional de Revisión, y se hayan establecido procedimientos adecuados para proteger su información confidencial.
- **Mercadeo/ Continuidad en la atención médica:** La Clínica podrá contactarlo(a) a usted para recordarle visitas de control, o para ofrecerle tratamientos alternativos, o cualquier otro plan de salud que pudiera beneficiarlo. Usted puede solicitar no ser contactado para estos propósitos.
- **Recolección de Fondos:** Nosotros podremos contactarle como parte de nuestros esfuerzos para la obtención de recursos económicos. Usted puede solicitar no ser contactado para estos propósitos.
- **Administración Federal de Drogas y Alimentos ("FDA"):** La Clínica podrá entregar a la FDA información relacionada con efectos secundarios adversos causados por alimentos, drogas, suplementos, producto(s) defectuosos, o información relacionada con seguimiento a productos que permitan su reemplazo o decomiso de dichos productos.
- **Compensación al trabajador:** Nosotros podremos entregar información relacionada con la Compensación al Trabajador hasta el límite permitido por la ley para dichos efectos, o para programas similares.
- **Salud Pública:** De acuerdo a la ley, la Clínica podrá entregar su información confidencial a entidades públicas encargadas de velar por el control y prevención de enfermedades, accidentes y discapacidades.
- **Instituciones Carcelarias:** Si usted está detenido, nosotros podremos entregar su información médica a la institución carcelaria para efectos del cuidado de su salud y la seguridad de cualquier otra persona alrededor.
- **Cumplimiento de la Ley:** Podremos entregarles información confidencial a miembros de la fuerza pública cuando así lo requiera la ley, o cuando se solicite a través de decisión judicial.
- **Supervisión por parte de Entidades de Control y Agencias Públicas de Salud:** Si alguno de nuestros empleados, o asociado de negocios considera de buena fe que la Clínica se ha involucrado en alguna conducta ilegal, o de alguna manera ha violado los estándares profesionales y está poniendo en riesgo a uno o más pacientes, empleados o al público en general, nosotros podremos entregar su información confidencial a entidades públicas de control, tales como el Departamento de Salud.
- **Departamento Federal de Salud y Servicios Humanos ("DHHS"):** Bajo los estándares de privacidad, nosotros tendremos la obligación de divulgar su información confidencial

al DHHS hasta el punto necesario para determinar nuestro cumplimiento con dichas normas de privacidad.

- **Educación:** La Clínica podrá usar la información médica obtenida en el curso de su examen para efectos educativos. Nosotros haremos cumplir todos los procedimientos con el fin de que la privacidad de su información confidencial sea respetada.

LA CLINICA SE RESERVA EL DERECHO DE CAMBIAR SUS PROCEDIMIENTOS, Y DE AGREGAR NUEVAS DISPOSICIONES RELACIONADAS CON EL MANEJO DE LA INFORMACION MEDICA CONFIDENCIAL QUE POSEE. EN CASO DE CAMBIAR NUESTRAS POLITICAS DE MANEJO DE INFORMACION, LA CLINICA LE ENVIARA POR CORREO UNA COPIA DE LOS NUEVOS PROCEDIMIENTOS.

Cómo Obtener Información Adicional o Reportar un Problema

Cualquier reclamo acerca de sus derechos sobre el manejo de la información confidencial, diríjase al Director de Políticas de Salud, llamando al 714.463.7534

Si por cualquier motivo usted no se encuentra satisfecho con el manejo dado a su reclamo, usted puede formular una queja directamente a:

DHHS, Oficina de Derechos Civiles
200 Independence Avenue, SW
Room 5009F HHH Building
Washington, DC 20201

EXHIBIT 27 CONFIDENTIALITY NON-DISCLOSURE AGREEMENT – PERSONAL VISIT

I, the undersigned, acknowledge that during the course of my visit at Ketchum Health, (hereby referred to as “facility”), I may receive or have access to Sensitive Confidential Information of the facility, including protected health information (PHI) that is prohibited from disclosure to others. Such information can be acquired by any means and in any form, written, spoken, or electronic.

An express consent from the patient must be obtained before allowing third party individuals to be present during the exam. Signing this form does not guarantee access to protected health information if the patient refuses to allow individuals other than faculty or interns to be present during the evaluation.

I agree not to share, disclose or discuss Confidential, Protected Health Information with anyone who does not have a legitimate interest in such information. I will maintain and protect the privacy of the facility’s employees, medical staff and patients in my business use and disclosure of Confidential Information, and I will not misuse or be careless with such information.

I acknowledge that I have reviewed this document entirely. I understand that compliance with the principles, policies and procedures expressed above is a condition of my participation and continued presence at the facility.

Name

Signature

Date

EXHIBIT 28 APPLICATION FOR DISCOUNTED SERVICES-PROOF OF INCOME REQUIRED*

I hereby request consideration for professional services to be discounted based on my household income. I voluntarily give the below requested information for the purpose of determining my eligibility for these services.

Parent/Guardian name(s) _____

Patient's name(s) _____

DOB _____ SS# _____

Address _____

City _____ State _____ Zip _____

Phone Numbers: Home _____ Work _____ Cell _____

Employer _____

Employer's Address _____

Do you have health insurance such as Medicare, Medi-Cal, Kaiser, Blue Cross?

☐ Yes ☐ No

Do you belong to a vision care plan such as Medi-Cal or VSP (Vision Service Plan)?

☐ Yes ☐ No

Are you entitled to Medi-Cal/ CalOptima benefits?

☐ Yes ☐ No

Attach Proof of Household Income * 3 months most recent pay stubs OR W2/1099 forms. W2/1099 forms will ONLY be accepted through June 30th of each calendar year.

List total household income. Household income refers to income from any source of all members living in the same residence.

Gross wages or salary before taxes \$ _____ Per _____

Public Assistance (cash aid, food stamps) \$ _____ Per _____

Other income \$ _____ Per _____

Total monthly income \$ _____

Total number of legal dependents _____

I hereby certify that the information on this form is true and correct. I further authorize the **University Eye Center at Fullerton** to check with any person, business, credit reporting agency, or government organization, whether named above or not, for the purpose of verifying the information provided.

I understand and agree that if it is later determined that the information I have provided on the form has been misrepresented or is not factual, the amount of the reduction of professional fees obtained by this request will, at the discretion of the **University Eye Center at Fullerton**, be added to my account and that sum is due and payable on the date the determination is made.

Signature of Requestor

Date

****DISCOUNTS ARE ONLY VALID FOR 6 MONTHS FROM APPROVAL DATE.****



KETCHUM HEALTH

University Eye Center

LABORATIVE
HEALTH CARE
ACCOUNTABILITY
PHYSICIAN
ASSISTANT
PATIENT-CENTERED
WELLNESS
PHYSICIAN
ASSISTANT