

Notice of Privacy Practice

Puget Sound Eye Care and Optical Solutions

Effective Date: April 14, 2003

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.

Office Information:

Seattle Office:

2501 North 45th Street
Seattle, WA 98103
Phone: 206/526-5222
Fax: 206/675-1460

Bellevue Office:

1515-116th Avenue NE, Suite 104
Bellevue, WA 98004
Phone: 425/454-0200
Fax: 425/454-2345

Privacy and Public Information Officer

Curtis A. Ono, OD

Email: cono@pugetsoundeyecare.com

WHO WILL FOLLOW THIS NOTICE:

This Notice describes Puget Sound Eye Care's privacy practices and that of:

- Any health care professional authorized to enter information into your medical record.
- All departments of the facility.
- All providers, employees, and other personnel.
- Puget Sound Eye Care will follow the terms of this notice. In addition, these entities, sites, and locations will share PHI with each other for treatment, payment, or healthcare operation purposes described in this notice.

OUR COMMITMENT TO YOUR PRIVACY:

We understand that medical information about you and your health is personal. We are committed to maintaining the privacy of your Protected Health Information (PHI). We need this record to provide you with quality eye care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by our practice.

This notice will tell you about the ways in which we may use and disclose PHI about you. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI.

WE ARE REQUIRED BY LAW TO:

- Maintain the confidentiality of health information that identifies you;
- Provide you with the notice of our legal duties and privacy practices with respect to your PHI; and
- Follow the terms of the notice of privacy practices that is currently in effect.

HOW WE MAY USE AND DISCLOSE YOUR PHI:

The following categories describe different ways that we use and disclose your PHI. For each category of uses and disclosures we will explain what we mean and give you some examples. Not every use or disclosure in a category will be listed.

***FOR TREATMENT:**

We may use PHI about you to provide you with medical treatment or services. We may disclose PHI about you to doctors, nurses, technicians, healthcare students, or other personnel who are involved in taking care of you at Puget Sound Eye Care. For example, a practitioner treating you for an eye infection may need to know if you are allergic to certain medications. Different areas of the practice may also share PHI about you in order to coordinate the different things you need, such as contact lens/spectacle prescriptions, medication on prescriptions and lab work. We also may disclose PHI about you to people outside the office who may be involved in your care.

***FOR PAYMENT**

We may use and disclose PHI about you so that treatment and services you receive at Puget Sound Eye Care may be billed to and payment may be collected from you, and insurance company, or a third party. For example, we may need to give your health plan information about treatment you received at Puget Sound Eye Care so your health plan will pay us or reimburse you for the treatment. We also tell your health plan about a treatment you are going to receive to obtain prior approval to determine whether your plan will cover the treatment.

***FOR HEALTHCARE OPERATIONS:**

We may use and disclose PHI about you for health care operations. These uses and disclosures are necessary to ensure that all of our patients receive quality care. For example, we may use PHI to review our treatment and services, and to evaluate the performance of our staff in care for you. We may also combine medical information about our patients to decide what additional services Puget Sound Eye Care should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to physicians, nurses, technicians, healthcare students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other facilities to compare how we are doing and determine where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care delivery without learning who the specific patients are.

***APPOINTMENT REMINDERS:**

We may use and disclose your PHI to contact you and confirm a scheduled appointment.

***INDIVIDUALS INVOLVED IN YOUR CARE:**

We may release your PHI to a friend or family member who is involved in your care, or who assists in taking care of you. For example, a friend may drive you to and from our office for follow-up appointments. If you need to return for additional visits, we may have to tell your friend, family member or healthcare assistant about the appointment in order to arrange transportation. Therefore, some of your PHI may be shared.

***TREATMENT ALTERNATIVES:**

We may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

***HEALTH-RELATED BENEFITS AND SERVICES:**

We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you.

***AS REQUIRED BY LAW:**

We will disclose PHI about you when required to do so by federal, state, or local authorities.

USE AND DISCLOSURES OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES:

The following categories describe unique scenarios in which we may use or disclose your PHI.

***RESEARCH:**

We may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes, except when:

- Our disclosure was approved by an Institutional Review Board or Privacy Board
- We obtain oral or written agreement of a researcher that (1) the information being sought is necessary for the research study (2) the use or disclosure of your PHI is being used only for the research and (3) the researcher will not remove any of your PHI from our practice.

***TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY:**

We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. And disclosure, however, would only be to a person or organization about to help prevent the threat to health or safety.

***MILITARY AND VETERANS:**

If you are a member of the armed forces, we may release PHI about you as required by military command authorities with your written authorization.

***WORKERS COMPENSATION:**

We may release PHI about you for Workers' Compensation or similar programs with your written authorization. These programs provide benefits for work-related injuries or illnesses.

***PUBLIC HEALTH RISKS:**

We may disclose PHI about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury, or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recall products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or authorize by law.

***HEALTH OVERSIGHT ACTIVITIES:**

We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil right laws.

***LAWSUITS AND DISPUTES:**

We may disclose PHI about you in response to a court or administrative order, if you are involved in lawsuit or similar proceeding. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by another party involved in the dispute.

***CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS:**

We may release PHI to a coroner, or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about Puget Sound Eye Care patients to funeral directors as necessary to carry out their duties.

***NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES:**

We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may also disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

***INMATES;**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

***YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:**

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

***RIGHT TO INSPECT AND COPY:**

You have the right to inspect or obtain copies of your protected health information that may be used to make decisions about your care. In addition, you may have a request to send copies of your records for disability, attorneys, and life insurance reasons. All requests must be made in writing to our Privacy and Public Information Officer listed on this notice. Privacy and Public Information processes the requests for patient access to protected health information, and requests to send records to another health care provider for continuity of care. The phone number to call for such requests is 206/526-5222 for the Seattle office and 425/454-0200 for the Bellevue office. Puget Sound Eye Care may charge a reasonable fee for the record copies, as allowed by Washington State law (RCW 70.02.080). If a person is unable to afford such a payment, and shows proof of inability to pay, the fee may be waived. Puget Sound Eye Care shall have ten (10) business days to comply with all requests. We may deny your request to inspect and copy your medical information in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Puget Sound Eye Care will review your request and the denial.

***RIGHT TO AMEND:**

You may ask us to amend your health information if you believe it is inaccurate or incomplete. You have the right to request an amendment for as long as Puget Sound Eye Care maintains the information. To request an amendment, your request must be made in writing to our Privacy and Public Information Office. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support your request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the office;
- Is not part of the information which you would be permitted to inspect and copy or;
- Is accurate and complete.

***RIGHT TO AN ACCOUNTING OF DISCLOSURES:**

You have the right to request an accounting of disclosures of PHI made by Puget Sound Eye Care, except for the following disclosures:

- To carry out treatment, payment, and healthcare operations;
- To individuals of protected health information about them;
- Pursuant to an authorization.

To request this accounting of disclosures, you must submit your request in writing to our Privacy and Public Information Officer. Your request must state a time period, which may not be longer than six years and may not include date before April 14, 2003. There will be no charge for the first list you request in a 12-month period. We may charge a reasonable fee for each subsequent request for an accounting by the same individual within the 12-month period. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

We must provide you with this list no later than 60 days after the request is received. If we are unable to provide the accounting within the time required we may extend the time to provide the accounting by no more than 30 days if we provide you with a written statement of the reasons for the delay and the date by which it will be completed.

***RIGHT TO REQUEST RESTRICTIONS:**

You have the right to request a restriction in our use or disclose of your PHI for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

To request restrictions, you must make your request in to our Privacy and Public Information Officer. In your request, you must provide us with the following:

- What information you want restricted;
- Whether you want to limit our practice's use, disclosure, or both;
- To whom you want the limit to apply

We are not required to agree to your request. If we do agree, we will comply with your request unless the restricted protected health information is needed to provide you with emergency treatment. In this case we would disclose the information to a health care provider to provide such treatment. You have the right to terminate a restriction at any time.

***RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS:**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make a written request to our Privacy and Public Information Officer, specifying the requested method of contact, or the location where you wish to be contacted. We will accommodate all reasonable requests. You do not need to give a reason for you request.

***RIGHT TO A PAPER COPY OF THIS NOTICE:**

You have the right to a paper copy of this notice. You may ask us to provide you with a copy of the notice at any time. Even if you have agreed to receive a copy of this notice electronically, you still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, please visit either of our offices in Seattle or Bellevue.

***CHANGES TO THIS NOTICE:**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We have a current copy of our notice in both our Puget Sound Eye Care offices. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, you may request a copy of our current notice at any time.

***COMPLAINT PROCESS:**

If any individual believes that their privacy rights have been violated, they may file a complaint with the Privacy and Public Information Officer or with the Secretary of Health and Human Services. By registering the complaint, an individual can be assured that there will be no adverse consequences or retaliation.

***OTHER USES OF PROTECT HEALTH INFORMATION:**

We will obtain you written authorization for uses and disclosures that are not identified by this notice or permitted by law. If you provide us with permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke you permission, we will no longer use disclose protected health information about you for the reason covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with you permission, and that we are required to retain our records of the care that we provided you.