

NOTICE OF PRIVACY PRACTICES

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

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

Protected health information (PHI), about you, is maintained as a written and/or electronic record of your contacts or visits for health care services with our practice. Specifically, PHI is information about you, including demographic information name, address, phone number, etc.), that may identify you and relates to your past, present or future physical or mental health condition and related health care services

Our practice is required to follow specific rules on maintaining the confidentiality of your PHI, using your information, and disclosing or sharing this information with other health care professionals involved in your care and treatment. This Notice describes your rights to access and control your PHI. It also describes how we follow applicable rules and use and disclose your PHI to provide your treatment, obtain payment for services you receive, manage our healthcare operations and for other purposes that are permitted or required by.

Your Rights Under the Privacy

Following is a statement of your rights, under rule, in reference to your PHI. Please feel free to discuss any questions with our staff

You have the right to receive and we are required to provide you with a copy of this Notice of Privacy Practices- We are required to follow the terms of this notice. We reserve the right to change the terms of our notice, at any time. Upon your request, we will provide you with a revised Notice of Privacy Practices if you call our office and request that revised copy be sent to you in the mail or ask for one at a time of your next appointment. The Notice will also be posted in a conspicuous location within the practice, and if such is maintained by the practice, on its website.

You have the right to authorize other use and disclosure- This means you have the right to ask us to contact you about medical matters using an alternative method telephone and to a destination cell phone number, alternative address, etc.), designated by you. You must inform us in writing, using a form provided by our practice, how you wish to be contacted if other than the address/ phone number that we have on file. We will follow all reasonable request.

You have to right to inspect and copy PHI- This means you may inspect and obtain a copy of your complete health record. If your health record is health record is maintained electronically, you will also have the right to request a copy in electronic format. We have the right to charge a reasonable fee for paper or electronic copies as established by professional, state, or federal guidelines.

You have the right to request a restriction of your PHI- This means you may ask of, and writing, not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. If we agree to their requested restriction, we will abide by it except In emergency circumstances when the information is lead it for your treatment. In certain cases, we may deny your request for restriction. You will have the right to request, in writing, that we restrict communication to your health plan regarding a specific treatment or service that you, or someone on your behalf has paid for in full or out of pocket. We are not permitted to deny this specific type of requested restriction.

You have the right to request an amendment to your protected health information- This means you may request an amendment of your PHI for as long as we maintain this information. In certain cases, we may deny your request. You have the right to request a disclosure accountability- This means that you may request a listing of disclosures that we have made, of your PHI, to entitle or persons outside of our office.

You have the right to receive a privacy breach notice - You have the right to receive a written notification if the practice discovers a breach of your unsecured PHI and determine through a risk assessment that notification is required.

If you have any questions regarding your privacy rights, please feel free to contact our privacy manager. Contact information is provided on the following page under privacy complaints.

How we may use or disclose protected health information- Following are examples of uses and disclosures of your protected health information there we are permitted to make. These examples I not meant to be exhaustive, but to describe possible types of uses and disclosure.

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Treatment- We may use or disclose your PHI To provide, coordinate, or manage your health care and any relative services. This includes the Corte nation or management of your health care with a 3rd party that is involved in your care and treatment. For example,

We were this close here PHI, as necessary, to a pharmacy and that would fill your prescriptions. We will also disclose PHI to other health care providers who may be involved in your care and treatment.

Special Needs- We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may contact you by phone or other means to provide for assaults from exams or test and to provide information that describes are recommends treatment alternatives regarding your care. Also, we may contact you to provide information about health-related benefits and services offered by our office, for fund -raising activities, or with respect to a group health plan, to disclose information to the health plan sponsor. You will have the right to opt out of such special. Needs notices, and each such notice will include instructions in opting out.

Payment- Your PHI will be used as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it a proof are pays off for the health care services, we recommend for you such as, making a determination of eligibility for coverage for insurance benefits.

Healthcare Operations- We may use or disclose, as needed, your PHI in order to support the business activities of our practice. This includes, but is not limited to business planning and development, quality assessment and improvement, medical review, legal services, auditing functions and patient safety activities.

Health Information Organization- The practice may elect to use a health information organization, or other such organization to facilitate the electronic exchange of the information for the purposes of treatment, payment, or health care operations.

Other Permitted and Required Uses and Disclosures- We are also permitted to use or disclose your PHI without your written authorization for the following purposes: as required by law; for public health activities; health oversight activities; in cases of abuse or neglect; to comply with Food and Drug Administration requirements; research purposes; legal proceedings; law enforcement purposes; coroner's; funeral directors; organ donation; Criminal activity; Military activity; National security; Workers compensation; When an inmate in a correctional facility; and if requested by the Department of Health and Human Services in order to investigate or determine our compliance with the requirements of the Privacy Rule.

Privacy Complaints- You have the right to complain to us, or directly to the secretary of the department of Health & Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying the Privacy Manager at:

Optometry Medical Group via email, our webpage or by mail to 3324 Rainier Ave S, Seattle WA 98144 or call us.

If you would like to authorize us to disclose your protected health information to a family member or caregiver, please list below.

Individual _____ Phone _____

Relationship _____

Signature of Patient/Legal guardian

Individual _____ Phone _____

Relationship _____

Signature of Patient/Legal guardian

Effective Date _____ Authorization valid for 1 year from date of signature