



### **Notice of Privacy Rights**

*THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AS WELL AS HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.*

#### **Our Legal Duty**

We are required by Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and other applicable laws to maintain the privacy of your health information, to provide individuals with this Notice of our legal duties and privacy practices, and to abide by the terms of this Notice while it is in effect. We reserve the right to change our privacy practices and the terms of this Notice at any time; provided such changes are permitted by applicable law. This Notice, as well as any changes are effective for all health information that we maintain, including health information we created or received. In the event we make an important change in our privacy practices, we will update this Notice and make the new Notice available upon request. We are also required by law to notify affected individuals following a breach of their unsecured health information.

#### **Uses and Disclosures of Information Without Your Authorization**

Below lists examples of times we may use or disclose your medical health information:

- *Treatment:* We may use or disclose your health information to doctors, nurses, technicians, medical students, or other people who are taking care of you for: (i) the provision, coordination, or management of health care and related services by health care providers; (ii) consultation between health care providers; (iii) referring you to another doctor or clinic; (iv) setting up appointments for you; (v) sending prescriptions and/or (vi) recall information.
- *Payment:* We may use or disclose your health information to obtain payment for services we provide to you. This may include: (a) billing and collection activities and related data processing; (b) actions by a health plan or insurer to obtain premiums or to determine/fulfill its responsibilities for coverage and provision of benefits under its health plan or insurance agreement, determinations of eligibility or coverage, adjudication or subrogation of health benefit claims; and (c) medical necessity and appropriateness of care reviews, utilization review activities
- *Health Care Operations:* We may use or disclose your health information in connection with administrative/managerial functions that we must carry out to run our office. This may include training, internal quality assurance, evaluation of employees, communication/interaction with subcontractors, defense of legal matters, and getting the necessary certifications we need to serve you.
- *Marketing Health Care Products or Services:* We will not use your health information for marketing communications without your prior written authorization. If marketing involves financial payment to us from a third party your authorization must also include consent to such payment. We will never sell your health care information.
- *To Family and Friends:* Unless you object, we may use our professional judgement to share relevant information with a family member, friend, or other person to the extent necessary to help with your healthcare or payment for your healthcare. This includes allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information. You must submit written request to restrict the disclosure of your health information to an person/persons. Upon your death, we may disclose to your family or other persons health information relevant to their involvement in your care, unless this is inconsistent with your preferences as expressed to us prior to your death.

- *Appointment Reminders & Treatment Alternatives:* We may use or disclose your health information to provide you with appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- *Required by Law/National Security:* We may use or disclose your health information when we are required to do so by law. Including but not limited to, investigations, national security activities, and judicial/administrative proceedings. We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities.
- *Abuse or Neglect:* We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. Or to report a crime or information about a crime that took place in our office.

### **Your Individual Rights**

- *Access:* You have the right to review or get copies of your health information. By default, this information will be provided electronically through the patient portal. You may request that we provide copies in an alternative format; we will use the format you request unless we cannot practicably do so.
- *Accounting of Disclosures:* You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations and other specified exceptions. The request must be made in writing, must state a time period for the information you'd like to receive, and must list how you would like the information provided to you (mail, electronically ,etc.)
- *Restriction:* You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). You must make your request in writing.
- *Alternative Communication:* You have the right to request in writing that we communicate with you about your health information by alternative means or to alternative locations. Your request must specify the alternative means/location, and provide satisfactory explanation of how payments will be handled under the alternative means/location of your request.
- *Amendment:* If you feel the information we have about you is incorrect or incomplete, you have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.
- *Electronic Notice:* If you receive this notice on our Web site or by e-mail and wish to receive a paper copy, you have the right to obtain a paper copy by visiting our office or calling the main phone line.

### **QUESTIONS AND COMPLAINTS**

- If you are concerned that we may have violated your privacy rights, if you have questions, would like more information, or if you disagree with a decision we made about access to your health information you may contact us using the contact information listed at the end of this notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint.

Contact: Richard Baxter O.D., Owner

Telephone: 360-357-3410

Fax: 360-357-5652

Address: 5164 Capitol Blvd SE, Tumwater WA 98501