Notice of Privacy Practices

Effective date of notice: **April 14,** 2003

SEATTLE VISION CLINIC
677 So. Jackson St. Seattle, WA 98104
206.623.1100 fax 206.624.0463

This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information. Please review it carefully.

OUR PLEDGE REGARDING HEALTH INFORMATION:
We respect our legal obligation to keep health information, that identifies you, private. The law obligates us to give you notice of our privacy practices. Generally, we can only use your health information in our office or disclose it outside of our office, without your written permission, for purposes of treatment, payment, or healthcare operations. In most other situations, we will not use or disclose your health information unless you sign a written authorization form. In some limited situations, the law allows or requires us to disclose your health information without written authorization.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:
The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Treatment, Payment, And Health Care Operations

The most common reason why we use or disclose your health information is for treatment, payment or health care operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment; testing or examining your eyes; prescribing glasses, contact lenses, or eye medications and faxing them to be filled; showing you low vision aids; referring you to another doctor or clinic for eye care or low vision aids or services; or getting copies of your health information from another professional that you may have seen before us; may share information about you in order to coordinate the different things you need, such as prescriptions, advanced diagnostic procedures or therapy; we may phone to let you know that your glasses or contact lenses are ready to be picked up; we may use and disclose health information to tell you about or recommend possible treatment options or alternative that may be of interest to you. Examples of how we use or disclose your health information for payment purposes are: asking you about your health or vision care plans, or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency or attorney.) " Health care operations" mean those administrative and managerial functions that we have to do in order to run our office. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense or legal matters; business planning; and outside storage of our records.

Appointment Reminders

We may call to remind you of scheduled appointments. We may also call to notify you of other treatments or services available at our office that might help you.

Health-Related Benefits and Services

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

Research

Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medical treatment to those who received another for the same condition. All research projects, however, are subject to a special approval process. We will ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the clinic.

Special Uses & Disclosures without an Authorization

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never happen at our clinic at all. Such uses or disclosures are:

- We will disclose health information about you when required to do so federal, state, or local law.
- Public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the Food and Drug Administration regarding drugs or medical devices.
- Uses and disclosures to prevent a serious threat to health or safety.
- Disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence.
- Uses or disclosures for specialized government functions, such as for the protection of the president; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the Foreign Service.

• Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies.

• Disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else.

• Disclosure to a medical examiner to identify a deceased person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations.

• Uses and disclosures for health oversight activities, such as for the licensing of doctors, audits by Medicare or Medicaid, or investigation of possible violations of healthcare laws.

• Uses or disclosures for health related research.

• Disclosures relating to workers' compensation programs.

• Disclosures to business associates who perform healthcare operations for us and who agree to keep your health information private.

Other Disclosures

We will not make any other uses or disclosures of your health information unless you sign a written authorization form. You do not have to sign such a form. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it.

Your Rights Regarding Your Health Information

The law gives you many rights regarding your health information. You can:

• ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or healthcare operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you request. To ask for a restriction, send a written request to the individual Clinic Privacy Officer at the address, fax, or e-mail shown at the beginning of this notice.

• ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using e-mail to your personal e-mail address. We will accommodate these requests if they are reasonable. You will be held responsible for any extra cost in meeting your requested accommodations. If you•want to ask for confidential communications, send a written request to the individual Clinic Privacy Officer at the address, fax, or e-mail shown at the beginning of this notice.

• ask to see or to get photocopies of your health information. By law, there are a few 'hinted situations in which we can refuse to permit access or copying. Generally, however, you will be able to review or have a copy of your health information within 30 days of asking us. You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally required. By law, we can have one 30-day extension of the time for us to give you access or photocopies if we sent you a written notice of the extension. If you want to review or get photocopies of your health information, send a written request to the individual Clinic Privacy Officer at the address, fax, or e-mail shown at the beginning of this notice.

• ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know received the incorrect information, and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and/or rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have one 30-day.extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, send a written request, including your reasons for the amendment, to the individual Clinic Privacy Officer at the address, fax or e-mail shown at the beginning of this notice.

• get a list of the disclosures that we have made of your health information within the past six years (or a shorter period if you and may not include dates before April 14, 2003), except disclosures for purposes of treatment, payment or health care operations, disclosures made in accordance with an authorization signed by you, and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30-day extension of time if we notify you of the extension in writing. If you want a list, send a written request to the individual Clinic Privacy Officer at the address, fax, or e-mail shown at the beginning of this notice.

Our Notice of Privacy Practices

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time in compliance with and as allowed by law. If we change this notice, the new privacy practices will apply to your health information that we already have, as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office and have copies available in our office.

Complaints

If you think that we have not properly respected the privacy of your health information, you are free to complain to us. If you want to complain to us, send a written complaint to the individual Clinic Director at the address, fax or e-mail shown at the beginning of this notice. If you prefer, you can discuss your complaint in person or by phone. You also have the right to file a written complaint to the U.S. Department of Health and Human Services, Office for Civil Rights. **The quality of your *care* will not be jeopardized nor will you be penalized for filing a complaint.**

For More Information

If you want more information about our privacy practices, contact the individual Clinic Privacy Officer at the address or phone number shown at the beginning of this notice.

Receipt of Notice of Privacy Policies & Consent Form

SEATTLE VISION CLINIC
677 So. Jackson St. Seattle, WA 98104
206.623.1100 206.624.0463 fax

Patient Name:_____

In the course of providing service to you, we create, receive and store health information that identifies you. It is often necessary to use and disclose this health information in order to treat you, to obtain payment for our services and to conduct health care operations involving our office.

The ***Notice of Privacy Practices*** you have been given describes these uses and disclosures in detail. You are free to refer to this notice at any time before you sign this form. As described in our ***Notice of Privacy Practices,*** the use and disclosure of your health information for treatment purposes not only includes care and service provided here, but also disclosures of your health information as may be necessary or appropriate for you to receive follow-up care from another health professional. Similarly, the use and disclosure of your health information for purposes of payment includes (1) our submission of your health information to a billing agent or vendor for processing claims or obtaining payment; (2) our submission of claims to third-party payers or insurers for claims review, determination of benefits and payment; (3) our submission of your health information to auditors hired by third-party payers and insurers; and (4) other aspects of payment described in our ***Notice of Privacy Practices.*** Our ***Notice of Privacy Practices*** will be updated whenever our privacy practices change. You can get an updated copy here at the office.

When you sign this consent document, you signify that you agree that we can and will use and disclose your health information to treat you, to obtain payment for our services and to perform healthcare operations. You also signify that you have received a copy of our ***Notice of Privacy Practices.***

You have the right to ask us to restrict the uses or disclosures made for purposes of treatment, payment or healthcare operations, but as described in our ***Notice of Privacy Practices,*** we are not obliged to agree to these suggested restrictions. If we do agree, however, the restrictions are binding on us. Our ***Notice of Privacy Practices*** describes how to ask for a restriction.

I have read this document and understand it. I consent to the use and disclosure of my health information for purposes of treatment, payment, and healthcare operations. I acknowledge that I have received the *Notice of Privacy Practices* from Seattle Vision Clinic.

_____ _____
Signature Date

If signing as a personal representative of the patient, describe the relationship to the patient and the source of authority to sign this form:

_____ _____
Relationship to Patient Print Name

Source of Authority: