



NORTHWEST EYE SURGEONS

PATIENT NOTICE OF PRIVACY PRACTICES

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.

Northwest Eye Surgeons respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes us to do so.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes.

This Notice is also on our web site at www.nweyes.com

Examples of Use and Disclosures of Protected Health Information for Treatment, Payment, and Health Operations.

Information obtained by a nurse, technician, physician or other member of our health care team will be recorded in your medical record and used to help decide what care may be right for you.

- We may also provide information to others providing you care. This will help them stay informed about your care.

For payment:

- We request payment from your health insurance plan. Health plans need information from us about your medical care. Information provided to health plans may include your diagnoses, procedures performed or recommended care.

For health care operations:

- We use your medical records to assess and improve services.
- We may use and disclose medical records to review the qualifications and performance of our health care providers and to train our staff.
- We may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.
- We may use and disclose your information to conduct or arrange for services, including:
 1. medical quality review by your health plan;
 2. accounting, legal, risk management and insurance services;
 3. audit functions, including fraud and abuse detection and compliance programs.
- Some types of disclosure will require specific authorization. Those include psychotherapy notes, disclosures for marketing purposes, and the sale of any protected health information.
- You have the right to opt out of any communications that may be construed as fundraising or marketing.

- Any other disclosures not specifically mentioned in this notice will require an authorization.

Your Health Information Rights

The health care billing records we create and store are the property of Northwest Eye Surgeons. The protected health information in it, however, generally belongs to you. Under certain circumstances we have the right to deny you access. You have a right to:

- Receive, read and ask questions about this Notice;
- Restrict certain uses and disclosures. With the exception of the right to limit disclosures to insurers if you, as the patient, paid for the services, we are not required to grant the request. In this case, your medical records will be released directly to you;
- Request and receive from us a paper copy of the most current Privacy Policy Notice for Protected Health Information;
- Request that you be allowed to see and get a copy of your protected health information. This request must be in writing. We have a form available for this type of request.
- Have us review a denial of access to your health information;
- Ask us to change your health information. You may write a statement of disagreement if your request is denied. It will be stored in your medical record and included with any release of your records.
- When you request, we will give you a list of disclosures of your health information. The list will not include disclosures to third-party payers. You may receive this information, as well as a copy of your health information, without a charge once every 12 months. We will notify you in advance of any cost involved if you request this information more than once every 12 months.
- Ask that your health information be given to you by another means or at another location. Please sign, date and give us your request in writing.
- Cancel prior authorizations to use or disclose health information by giving us a written revocation. We have a form available for this. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

For help with these rights during normal business hours, please contact:

Clinic or Surgery Center Manager or Privacy Officer at (800) 826-4631.

Our Responsibilities:

- Keep your health information private;
- Give you this notice;
- Notify you of a breach of unsecured protected health information,
- Follow the terms of this Notice.

We have a right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting Northwest Eye Surgeons to pick one up.

To Ask Questions or Complain

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may contact:

Clinic or Surgery Center Manager or Privacy Officer at (800) 826-4631.

If you believe your privacy rights have been violated, you may discuss your concerns with the clinic or surgery manager or the Privacy Officer. You may also deliver a written complaint to any Northwest Eye location. You may also file a complaint with the U.S. Secretary of Health and Human Services. If you complain, we will not retaliate against you.

Other Disclosures and Uses of Protected Health Information

Notification of Family and Others

- Unless you object, we may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose health information about you to assist in disaster relief. If you object, we will not use or disclose it.

We may use & disclose your protected health information without your authorization as follows:

- Another physician within Northwest Eye Surgeons may review records for the purpose of random review as part of quality improvement.
- To Medical Researchers: if the request has been approved and has policies to protect the privacy of your health information.
- To Funeral Directors/Coroners
- To Organ Procurement Organizations
- To the Food & Drug Administration (FDA)
- To comply with Workers' Compensation Laws: if you made a workers' compensation claim
- For Public Health & Safety Purposes as allowed or required by law & Health & Safety Oversight Activities
- To report Suspected Abuse or Neglect
- For Law Enforcement Purposes & to Correctional Institutions
- For Work-related Conditions that could affect Employee Health
- To the Military Authorities of U.S. & Foreign Military Personnel as required by law
- In the Course of Judicial Administrative Proceedings at your request or as directed by a subpoena or court order.
- For Specialized Government Functions
- Uses & disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.