



Notice of Privacy Practices

Effective Date: February 24, 2017

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.

Our Duties: We are required by law to protect the privacy of your health information and to notify you of any breaches of your unsecured health information. We are also required by law to give you a copy of and follow the terms of the Notice, which sets forth our legal duties and privacy practices with regards to your health information.

Who is Subject to this Notice?

North Cascade Eye Associates dba Cascadia Eye and Eye Associates Surgery Center, which includes its employees, student/trainees, volunteers and workforce members at:

NCEA Sedro Woolley

2131 Hospital Drive
Sedro Woolley, WA 98284

NCEA Mount Vernon

2100 Little Mountain Lane
Mount Vernon, WA 98274

NCEA Stanwood

26910 92nd Ave SW Ste C6
Stanwood, WA 98292

NCEA Whidbey

109 NE Birch St
Coupeville, WA 98239

NCEA Anacortes

1110 12th Street
Anacortes, WA 98221

EASC

2100 Little Mountain Lane
Suite B
Mount Vernon, WA 98274

NCEA Bellingham

3115 Old Fairhaven Parkway
Bellingham, WA 98225

- North Cascade Eye Associates and Eye Associates Surgery Center shall hereafter be referred to as N-E.

- This Notice covers only the health information collected, created and maintained by, through or at N-E. “We”, “us”, and “our” in this Notice refer to the parties listed above. This Notice does not cover the care that you may

receive from independent providers outside N-E.

- N-E is not responsible for the acts of the other entities that may provide information to us that becomes a part of your health information.

Questions

If you have questions, please contact your Privacy Officer.

Use and Disclosure of Your Health Information for Treatment, Payment and Operations:

Treatment: We may use and disclose your health information to give you care and to coordinate and manage your treatment or other services. For example, we also may disclose your health information to other health care providers not employed by N-E, who are seeing you in their office.

Payment: We may use and disclose your health information to bill and collect payment from you or your health plan for services you received. For example, we may give information about your surgery to your health plan so your health plan will pay us or reimburse you for the treatment.

Health Care Operations: We may use and disclose your health information for our operations. For example, our quality improvement teams may use your health information to assess the care and outcomes in your case and others like it.

Uses and Disclosures That We May Make Unless You Object:

Individuals Involved in Your Care or for Notification: We may disclose to a family member, close personal friend, or other person you identify certain health information that is needed for that person's involvement in your care or payment for your care. Except in limited situations, such as an emergency, we will ask you or determine if you object. We may use professional judgment and experience when allowing a person to pick up prescriptions, medical supplies, x-rays, or other similar health information on your behalf, in an emergency. We also may disclose your health information, directly or through a disaster relief entity, to find and tell those close to you of your location or condition.

Uses and Disclosures We May Make Without Your Authorization:

As Required by Law: We will disclose your health information when required to do so by federal, state or local law.

Fundraising: We do not release your information for fundraising. We may send you information directly (via email etc.) to let you know of a fundraising event with which we are involved.

Right to Request Confidential Communications: You have the right to request that we communicate with you about health matters in a certain way or at a certain location. To request confidential communications, you must submit our designated form to the Privacy Officer. We will agree to the request if it is reasonable for us to do so.

Right to a Copy of this Notice: You have the right to receive a written copy of this Notice (even if you agreed to receive this Notice electronically). Copies of the Notice are at the Check-In Desk at any of our locations. You may also print a copy of this Notice from our website at www.ncascade.com.

Changes to this Notice

We reserve the right to change this Notice. The revised Notice will be effective for information we already have about you, as well as any information we receive in the future. Unless required by law, the revised Notice will be effective on the new effective date of the Notice. The current Notice will be available in our registration areas or on our websites and will be posted in our facilities. The Notice will state an effective date.

COMPLAINTS

If you believe that your privacy rights have been violated, you may make a complaint to the Privacy Officer by calling (toll free) at (866) 856-1505 and asking for said Privacy Officer or faxing your complaint to (360) 424-6954.

In addition, you may file a complaint with the Federal Office for Civil Rights, Secretary of the Department of Health and Human Services. The Privacy Officer can give you information about filing a complaint. ***You will not be penalized for filing a complaint.***

Business Associates: We may disclose your health information to “business associates” with which we contract to perform services on our behalf.

Public Health Activities: We may disclose your health information for public health activities, including: to a public health authority authorized by law to collect information to prevent or control disease, injury or disability; to report actual or suspected child abuse or neglect; for certain federal Food and Drug Administration activities; to a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition, as authorized by law; and to an employer about an employee, in certain situations.

Victims of Abuse, Neglect, or Domestic Violence: As allowed or required by law, we may disclose health information about an individual we reasonably believe to be the victim of abuse, neglect, or domestic violence to a government authority authorized to receive such reports.

Health Oversight We may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure.

Lawsuits and Disputes: We may disclose your health information in response to a court or administrative order, subpoena, discovery request or other lawful process, as allowed or required by the law.

Law Enforcement Activities: We may disclose your health information if asked to do so by a law enforcement official: as required by laws that mandate certain types of reporting; in response to court orders, subpoenas, warrants, summons, grand jury subpoenas, certain administrative requests, or similar processes; to identify or locate a suspect, fugitive, material witness, or missing person (but we will give only limited information); about the victim of a crime in certain circumstances; about a death we believe may be the result of criminal conduct; about criminal conduct on our premises; and, in emergencies, to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors: We may disclose your health information to a medical examiner or coroner as necessary or required to identify a deceased person or determine the cause of death. We also may disclose your health information to funeral directors so they can perform their duties.

Organ and Tissue Donations: We may disclose health information to authorized organizations as required or needed for organ, eye, or tissue donation and transplants. Also, for medical device and implant manufacturers as required by the FDA.

To Avert a Serious or Imminent Threat to Health or Safety: We may use and disclose your health information when we reasonably believe it is necessary to prevent a serious or imminent threat to the health and safety of you, the public or another person. The disclosure would only be to someone who is likely to help prevent the threat such as law enforcement.

Workers' Compensation: We may disclose your health information for workers' compensation or similar programs.

National Security, Intelligence Activities, Protective Services and Military Personnel: We may disclose your health information to authorized federal officials for intelligence, counterintelligence, special investigations, and other national security activities authorized by law or to protect the President or other authorized persons. If you are a member of the armed forces, we may disclose health information about you as required by your military command authorities.

Inmates: We may disclose health information about an individual who is an inmate or is in custody to a correctional institution or law enforcement official.

Affiliated Covered Entities: We may share health information with providers who are “affiliated covered entities” of N-E. These are entities with which N-E has common ownership or control.

Incidental Disclosures: Certain incidental disclosures of your health information may occur as a by-product of permitted uses and disclosures. For example, another patient and you are in a per-op bay or in the optical department where areas are not separated by solid walls.

De-identified Information and Limited Data Sets: We may use and disclose your health information that has been “de-identified” by removing certain identifiers (such as name and address)

Personal Representatives: Minors and incapacitated adults may have “personal representatives”. These personal representatives may be able to act on the individual’s behalf and exercise the individual’s privacy rights.

Uses and Disclosures We May Make with Authorization:

Your Authorization: Other uses and disclosures of your health information not covered by this Notice or permitted by law will be made only with your written authorization. These types of uses and disclosures include psychotherapy notes, or uses or disclosures for the purposes of marketing or for the sale of your health information. You may revoke your authorization, in writing, at any time (unless you are told otherwise at the time you sign the authorization). If you revoke your authorization, except to the extent that we already have relied on your authorization. We are unable to take back any disclosures we already have made based on your authorization, and we are required to retain our records of the care that we provided to you.

Specially Protected Health Information: Unless otherwise required or permitted by law, we may need your authorization to disclose your health information regarding treatment for AIDS/HIV/ARC; mental health; drug addiction; alcoholism, and other substance abuse treatment; developmental disabilities; and/or genetic information or records.

Research: Under certain circumstances, we may use and disclose your health information for research purposes. However, it would not be disclosed without your authorization.

Your Health Information Rights

You have the rights described as follows:

Right to Inspect and Copy: You have the right to inspect and obtain copies of health information that we may use to make decisions about your care. To inspect or obtain a copy of your health information, you must submit your request in writing to the Privacy Officer. You may be charged a reasonable fee for the costs of copying, mailing, or other supplies related to your request.

Right to Amend: If you feel that health information we have about you is incorrect or incomplete, then you have the right to request an amendment for as long as we keep this information. We may deny your request in certain situations. To request an amendment, you must submit your request on a designated form to the Privacy Officer.

Right to an Accounting of Disclosures: You have the right to request an accounting of certain disclosures of your health information made by us. To request this list of accounting, you must submit your request on a designated form to the Privacy Officer.

Right to Request Restrictions: You have the right to request a restriction or limitation on health information we use about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care. To request a restriction, you must submit your request on a designated form to the Privacy Officer. You are entitled to a restriction, upon request, to not disclose information to your health plan for health care services we provided, and for which you paid us directly in full, when the purpose of the disclosure is for the health plan's payment or health care operations and is not otherwise required by law, and the health information pertains solely to the health care item or service for which you or a person on your behalf of has paid us in full. We are not required to agree to other types of request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.