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NOTICE OF PRIVACY PRACTICES OF NORTH CASCADE EYE ASSOCIATES, P.S.

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 pledge regarding medical information:

We understand that information about you and your health is personal. We are legally required to protect the privacy of your health information. We call this information “protected health information,” or “PHI” for short, and it includes information that can be used to identify you. We create a record of the care and services you receive at our practice. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice of Privacy Practices applies to all of the records of your care generated by North Cascade Eye Associates. This notice will tell you about the ways in which we may use and disclose information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your PHI.

We are required by law to:

- maintain the privacy of medical information that identifies you;
- give you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the Notice that is currently in effect.

We protect your information

We maintain protocols to ensure the security and confidentiality of your personal information. We have physical security in our building, passwords to protect databases, compliance audits, and virus/intrusion detection software. Further, we have specific policies in place to maintain your privacy to include (but not limited to), fax verification when a fax machine is used to send information, and locking of records after hours to insure no unauthorized access. Within our practice, access to your information is limited to those who need it to perform their job.

HOW WE MAY USE AND DISCLOSE PROTECTED INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose your PHI. 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.

- For Treatment. We may use medical information about you to provide you with medical treatment for services. We might use your medical information to write a prescription for you, or we might disclose your medical information to a pharmacy or an optical lab when we order a prescription for you. Many of the people who work for our practice including, but not limited to, our doctors, technicians and opticians, may disclose your medical information in order to treat you or to assist others in your treatment. Additionally, we may disclose your medical information to a personal representative who may assist in your care, such as your spouse, children, parents, sister or brother or anyone in your family or employ who indicates (by you allowing them to accompany you into the exam areas) they are involved in your care. You will be asked to indicate if there are any immediate family members that you do not wish to have access and we will protect your information as requested. Further, if there are any persons outside your immediate family who you wish to have access to your PHI, you will be asked to identify those authorized persons.
- For Payment. We may use and disclose PHI about you so that the treatment and services you receive at North Cascade Eye Associates may be billed to and payment may be collected from you, and insurance company or a third party. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits). We may also provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We will also provide necessary billing information to your insurer to enable them to pay benefits in your behalf. We do use an outside billing entity to print and mail our private balance statements. This entity has agreed, under HIPAA regulations, to protect your PHI in the same manner that we protect it. Again, we will release payment information to any immediate family who indicates they are responsible or assisting you with your account. If you do not wish certain members of your immediate family to have access, you will be asked to identify them and we will protect your information as requested.
- For Health Care Operations. We may use and disclose PHI about you for North Cascade Eye Associates operations. These uses and disclosures are necessary to run North Cascade Eye Associates and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. In addition, we may use your PHI to conduct cost management and business planning activities for our practice. We may also remove information that identifies you from this set of information so others may use it to study health care and health care delivery without learning of the specific patients.

- Business Associates. We are permitted by law to utilize Business Associates to carry out treatment, payment, or health care operations functions that may involve the use and disclosure of some of your PHI. **NCEA will release and disclose only the “minimum necessary” of information to accomplish the intended purpose.** For example, we may use a billing service to handle billing functions. We also may utilize medical practice management computer services and require specialists in computer services to assist us with functions relating to billing and management of our practice and our computer systems. These Business Associates may have access to your PHI during the course of their services to us. We will only use such Business Associates when we believe it to be the most effective means of carrying out permissible treatment, payment or health care operation functions. However, in any such instance, unless the disclosure of health information is to another health care provider for the purpose of providing treatment to you, we will have entered into a formal agreement with the Business Associate that requires the Business Associate to maintain the confidentiality of any patient information received, **and to ensure that any subcontractor it may engage on their behalf that have access to PHI agree to the same restrictions and conditions that apply to the Business Associate with respect to such information,** and generally requires the Business Associate to limit its use of such information to only the purpose for which it was disclosed by us.
- Appointment Reminders and Recall notices. We may use and disclose PHI to contact you as a reminder that you have or need to have an appointment for treatment or medical care at our practice. It is our general practice to leave a message identifying our practice as well as the date and time of your appointment on your answering machine or with a person at your reported phone number. Recall cards or letters are sent to your address of record notifying you when another appointment is needed and a Business Associate may be utilized to provide the service of sending said cards and letters. We will not send information via email without your specific authorization. If you contact us via email regarding questions about your bill, care or appointments, **members of the staff have access to encrypted email. You may be asked a verification question prior to opening the email.**
- Eye care related benefits and services. We may use and disclose your PHI to notify you of health care and eye care related benefits, services or products which may be of interest to you. This may include, for example, invitations to optical shows or mailings about new services available at our clinic. We will not provide your PHI (or a mailing list of any type) to an outside entity for the purposes of marketing their products or services directly to you.
- Marketing. **North Cascade Eye Associates is required to obtain an authorization (prior to communication) from you should we utilize your PHI for marketing or fundraising to describe health-related products or services, or treatments for you. Should NCEA receive “financial remuneration,” the fact will be disclosed on the authorization, as well as, describing the intended purpose of the request for use and disclosure.**

- Fundraising. Although North Cascade Eye Associates performs fundraising activities annually; we do not utilize patient lists to solicit or advertise the event to you. Should that occur, you have the right to opt-out of fundraising communications of any kind. NCEA will make reasonable efforts to ensure communication is not passed on to you, should you choose to opt-out.
- Individuals involved in your care or payment for your care. We may release PHI about you to a person who is involved in your medical care or payment for your care, such as your family or a close friend. Also, if there is any immediate family member who you do not wish to have access, we will track that information and honor your request. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

SPECIAL SITUATIONS

- Public Health Risks. We may disclose PHI about you for public health activities. These activities generally include the following:
 - to prevent or control disease, injury or disability;
 - to report births and deaths;
 - to report child abuse or neglect;
 - to report reactions to medications or problems with products;
 - to notify people of recalls of products they may be using;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- Worker's Compensation. We may release your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- Health Oversight Activities. We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- Law Enforcement. We may release PHI if asked to do so by a law enforcement official:

In response to a court order, subpoena, warrant, summons or similar process;
To identify or locate a suspect, fugitive, material witness, or missing person;
About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
About a death we believe may be the result of criminal conduct;
About criminal conduct at our practice; and
In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person you committed the crime.

- Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release PHI about patients of our practice to funeral directors as necessary to carry out their duties. **The health information of individuals who have been deceased for more than 50 years will not be protected by the privacy rule at all. NCEA will disclose PHI to a family member or other individual involved in the care of a decedent, or payment care of the decedent prior to death, however, if it was the preference of the individual and is inconsistent, PHI will not be disclosed.**
- Research. Under certain circumstances, we may use and disclose PHI for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. Also, as part of the research process we may disclose PHI to individuals preparing to conduct the research project, for example, to help them look for patients with specific medical needs, but any such medical information will not be allowed to leave our practice. Where consistent with the research goals and purposes, we will use or disclose only de-identified information, so that your identity cannot be ascertained from the information disclosed. When research cannot be conducted with such de-identified information, we will ask for your specific authorization for such use or disclosure.
- As required by law. We will disclose medical information about you when required to do so by federal, state, or local law.
- To avert serious threat to health or safety. We may use PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- Military and Veterans. If you are a member of the armed forces, we may release PHI as required by military command authorities. We also may release PHI to the appropriate foreign military authority if you are a member of a foreign military.

- Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

You have the following rights regarding medical information we maintain about you:

- Right to inspect and copy. You have the right to inspect and copy medical records that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer at 2100 Little Mountain Lane, Mount Vernon, WA 98274. You may also request a copy in person from our front desk personnel. Valid identification may be required. **We will ask that you complete a “Request for Access” form for our records and for our staff to document the request was completed.** If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request (.83c per page for the first 30 pages and 63c per page for all other pages per Wash. Rev. Code Ann. 70.02.010(12)). Response to your request will occur within 15 days as required by Wash. Rev. Code Ann 70.02.080. We may deny your request to inspect and copy in certain very limited circumstances. If your attending physician or an attending clinical psychologist has placed a written statement in your medical record indicating that, in his or her opinion, having access to the record would be injurious to your health or well-being, we can deny your request to inspect or copy. However, if you are denied access to your medical records under such a circumstance, you may request that the denial be reviewed by another physician or clinical psychologist of your choice (whose licensure, training and experience relative to your condition are at least equivalent to that of the physician or clinical psychologist upon whose opinion the denial is based). We will comply with the outcome of that review.
- Right to request an amendment. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to Sheri Saldivar, the Privacy Officer at 2100 Little Mountain Lane, Mount Vernon, WA 98274 (360) 416-6735. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
 1. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;

2. Is not part of the medical information kept by or for our practice;
3. Is not part of the information which you would be permitted to inspect and copy; or
4. Is accurate and complete.

Response to your request to amend your medical records will occur within 10 days of receipt of your written request.

- Right to an accounting of disclosures. You have the right to an “accounting of disclosures” at your request. This is a list of disclosures we made of medical information about you for purposes *other than treatment, payment, or health care operations*. **You also have a right to an “access report”; this report will provide certain information about every time the individual’s electronic PHI that is maintained in a designated record set is accessed.** The list will not include uses or disclosures that are incidental to a permitted use or disclosure. To request this list you must submit your request in writing to the Sheri Saldivar, Privacy Officer at 2100 Little Mountain Lane, Mount Vernon, WA 98274. **Disclosures made through an electronic health record system for treatment, payment and health care operations purposes will be included in the accounting, but is limited to three years of disclosure information.** Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs for providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- Right to request restrictions. **It is now the right of the individual to restrict certain disclosures of PHI to health plans when you have paid out of pocket for a healthcare item or service. We will (as the healthcare provider) document in your medical record to indicate the restriction of release of PHI to your health plan. If prescribed a medication you may also ask for a written prescription to avoid submission through your health plan.**
You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care. For example, you could ask that we not use or disclose information about a surgery you had performed. **We are not required to agree to your requests.** If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. Regardless, it is our policy not to release your medical information to others outside of you and your legal surrogate without your permission unless it is medically necessary for your care. To request restrictions, you must make your request in writing to the Privacy Officer at 2100 Little Mountain Lane, Mount Vernon, WA 98274. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.
- Right to request confidential communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.

For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer at 2100 Little Mountain Lane, Mount Vernon, WA 98274. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- Right to a paper copy of this notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have signed an acknowledgement or agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please contact our Sheri Saldivar, Privacy Officer at (360) 416-6735. You may also request a copy in person by asking any Patient Services Coordinator at the front desk.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make revised and change notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our practice **and practice website at www.ncascade.com**. The notice will contain on the first page, in the top right-hand corner, the effective date. You can always obtain a copy of our most current notice by making the request of our Vicki Jevons, Privacy Officer at (360) 416-6735.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services at The Office of Civil Right, The U.S. Department of Health and Human Services, 200 Independence Ave. SW, Washington, D.C., 20201 or call toll free 1-877-696-6775.. To file a complaint with our practice, contact Janet Knutson, Privacy Officer at 2100 Little Mountain Lane, Mount Vernon, WA 98274 or call (360) 416-6735. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF PROTECTED HEALTH INFORMATION

Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

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