

Bellevue Vision Clinic: HIPAA - Practice Policy Effective 09/23/2013

Bellevue Vision Clinic is committed to protecting your privacy. This notice describes how medical information about you may be used and disclosed, how you can get access to this information, and your rights concerning your health information. Bellevue Vision Clinic provides this notice to comply with the privacy regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). We are required by law to:

- maintain the privacy and safeguard the security of your health information;
- provide you with a notice of our privacy practices and your legal rights with respect to protected health information about you; and
- notify you, along with all other affected individuals, of a breach of unsecured health information
- follow the conditions of the notice that is currently in effect.

This Notice Describes our Practice's Policies, which Extend to:

- Any health care professional authorized to enter information into your chart (including Optometric physicians, technicians, opticians, office staff etc.);
- All areas of the practice (front desk, administration, billing and collection, etc.);
- All employees, staff and other personnel that work for or with our practice;
- Our business associates (including a billing service, or facilities to which we refer patients).

How We May Use and Disclose Medical Information About You

The following categories describe different ways that we use and disclose protected health information that we have and share with others. Not every use or disclosure in a category is either listed or actually in place. The explanation is provided for your general information only.

- **Medical Treatment.** We use information for treatment purposes, when, for example, we set up an appointment for you, when our technician or doctor tests your eyes, when the doctor prescribes glasses or contact lenses, when the doctor prescribes medication, when our staff helps you select and order glasses or contact lenses, when our staff helps you select and order glasses or contact lenses. We may disclose your health information outside of our office for treatment purposes if, for example, we refer you to another doctor or clinic for eye care or low vision aids or services, if we send a prescription for glasses or contacts to another to be filled, when we provide a prescription for medication to a pharmacist, or when we phone to let you know that your glasses or contact lenses are ready to be picked up. Sometimes we may ask for copies of your health information from another professional that you may have seen before us.
- **Payment.** We may use and disclose medical information about you for services and procedures so they may be billed and collected from you, an insurance company, or any other third party. For example, we may need to give your health care information, about treatment you received at the Practice, to obtain payment or reimbursement for the care. We may also tell your health plan and/or referring physician about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment, to facilitate payment of a referring physician, or the like. State law requires us to get your authorization to disclose this information for payment purposes.
- **Health Care Operations.** We may use and disclose medical information about you so that we can run our Practice more efficiently and make sure that all of our patients receive quality care. These uses may include reviewing our treatment and services to evaluate the performance of our staff, deciding what additional services to offer, deciding what services are needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, drug representatives and other personnel for review and learning purposes. We remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.
- We may also use or disclose information about you for internal or external utilization, for purposes of helping us to comply with our legal requirements, to auditors to verify our records, to billing companies to aid us in this process and the like. We shall endeavor, at all times when business associates are used, to advise them of their continued obligation to maintain the privacy of your medical records.
- **Appointment and Patient Recall Reminders.** We may call, text, email, or mail 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.

Uses and Disclosures without consent or 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 come up at our office at all. Such uses or disclosures are:

- when a state or federal law mandates that certain health information be reported for a specific purpose;
- for 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;

- disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;
- uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws;
- 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 dead 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 or disclosures for health related research;
- uses and disclosures to prevent a serious threat to health or safety;
- uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service;
- disclosures relating to worker's compensation programs;
- disclosures to business associates who perform health care operations for us and who agree to keep your health information private.

Your health information rights/access:

- You have the right to review or get copies of your health information, with limited exceptions. You may request that we provide your records electronically or hard copies. You may be asked to make a request in writing to obtain access to your health information.
- Disclosure accounting: 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, where you have provided an authorization and certain other activities, for the last 6 years (or shorter if our relationship with you has existed for less than 6 years).
- Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. Upon your request, and except as otherwise required by law, we will not disclose your health information to a health plan for purposes of payment or healthcare operations when the information relates solely to a service/product for which you paid out-of-pocket in full.
- Alternative communication: You have the right to request in writing that we communicate with you about your health information by alternative means or alternative locations. Your request must specify the alternative means or location.
- Amendment: 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 website or by email, you are entitled to receive this Notice in written form, as well.
- Breach of unsecured health information: If we discover that your health information has been breached, and the privacy or security of the information has been compromised, we must notify you of the breach without unreasonable delay and in no event later than 60 days following our discovery of the breach.

Privacy questions and complaints

- If you want more information about our privacy practices or have privacy questions or concerns, please contact us.
- If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice.
- You may separately choose to file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights
- We support your right to the privacy of your health information.
- We will not retaliate in any way if you choose to file a complaint with us or with the Office of Civil Rights.

Contact information

If you want more information about our privacy policy or have questions or concerns, please contact us.

Dr. Charles Clayton or Dr. Nermeen Hamza

Bellevue Vision Clinic

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