



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.

Pacific Northwest Retina is committed to protecting the confidentiality of your health information. We are required by law to maintain the privacy of your Protected Health Information (commonly called PHI), even in electronic format, and to notify you following a breach of unsecured PHI. We are also required to notify you of our legal duties and privacy practices regarding your PHI and abide by the practices of this current Notice. This Notice applies to all Pacific Northwest Retina providers and facilities that provide health care to you. This Notice provides detailed information about how we may use and disclose your health information with or without authorization as well as more information about your specific rights with respect to your health information.

Uses and Disclosures of Your Health Information that Require an Authorization

Certain uses and disclosures of your protected health information will be made only with your written authorization. You may revoke an authorization at any time. However, your revocation does not affect information that has already been released pursuant to a valid authorization. These uses and disclosures include uses and disclosures not outlined in this Notice and sale of health information.

Uses and Disclosures of Your Health Information that Do Not Require an Authorization

To Contact You

- Your information may be used to contact you to remind you about appointments, provide test results, advise you about other health-related benefits and services, and such.

Treatment

- Your information may be shared either physically or electronically with any healthcare provider who is providing you with healthcare services. Examples of healthcare providers who may need your information may include your referring provider, pharmacist, and other providers such as a physical therapist.
- Unless you object, we may use and disclose health information about you to a friend or family member who is involved in your medical or payment for care. If you object, we will not use or disclose your health information to your family members or friends.

Payment

- In order to obtain payment for your healthcare services, we may have to provide your health information to the party responsible for paying, such as your insurance company. Your insurance company may need your health information to determine your eligibility for coverage or providing authorizations for services.

Operations

- Your health information may be used in order to support our business activities and to assure quality healthcare services. Some of these activities can include data aggregation, risk management activities, quality assessments, and audits by regulatory agencies.

Other Uses and Disclosures of Your Health Information that Do Not Require an Authorization

There are other ways that your PHI may be used or disclosed without your authorization. These uses and disclosures are either required by law or for public health and safety purposes.

When Required by Law – We may use or disclose your PHI when required by law.

Public Health - We may use or disclose your health information to a public health authority for public health activities. Public health activities include preventing or controlling disease, injury, disability, and responding to reports of abuse, neglect or domestic violence. We may use or disclose your PHI to a person or agency required to report adverse events, product defects or problems, biologic product deviations, or for product recalls, repairs or replacements.

Health Oversight - We may use or disclose your health information to health oversight agencies for oversight activities authorized by law.

Legal Proceedings - We may use or disclose your health information in response to court or administrative order in an administrative or judicial proceeding, or in response to a subpoena, discovery request, or other legal process.

Law Enforcement - We may use or disclose your PHI for law enforcement purposes such as responding to legal processes, providing limited information to identify or locate a suspect, providing information about crime victims, reporting suspicion that death has occurred as a result of criminal conduct, reporting a crime which has occurred on Pacific Northwest Retina's premise, and for medical emergencies.

Preventing a Serious Threat - We may use or disclose your health information if we believe in good faith that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or of the public.

Research - We may use and disclose your PHI to people preparing to conduct a research project and researchers, provided that the research has been approved and the protocols have been approved to ensure your privacy.

Military Activity - We may use and disclose the health information of Armed Forces personnel for activities deemed necessary by appropriate military command authorities, for the purpose of a determination by the Department of Veteran Affairs of your eligibility for benefits, or to a foreign military authority if you are a member of that foreign military service.

Worker's Compensation - We may use and disclose your PHI as necessary to comply with workers' compensation laws and other similar legally established programs.

Disaster Relief - We may use and disclose your health information to an entity assisting in a disaster relief effort.

Your Privacy Rights

Right to Access Your Health Information

- You have the right to request a physical or electronic copy of your health information that we maintain with some limited exceptions. You may make this request in writing. Ask us about our Authorization for Disclosure of Protected Health Information form.
- You may request that your health information be sent to another entity. We reserve the right to charge a reasonable fee for the cost of producing and providing your health information.

Right to Confidential Communications

- You have the right to request communication with you regarding your PHI by different methods or alternative locations. You may make this request in writing. Please ask our facility administrator how.

Right to Amend Your Health Information

- You have the right to request an amendment of your health information maintained by Pacific Northwest Retina. You need to request and submit this amendment in writing. Please ask us about our Request to Correct or Amend Health Information form.
- We will consider the request but are not required to agree to the amendment. We will notify you in writing of any denials. You have the right to appeal our denial by filling a written statement of disagreement, which will be filed in your medical records and included with any valid release of your information.

Right to Restrict Restrictions

- You have the right to request restrictions on the way we use or disclose your health information for treatment, payment, or healthcare operations. Additionally, you have right to request a limit on the health information we disclose about you to someone involved in or payment for your care. You may submit the request in writing. We will consider the request but are not required to agree to the restriction. If we agree to the restriction, we will not use or disclosure your health information in violation of that restriction, unless it is needed for an emergency.

Right to an Accounting of Disclosure

- You have a right to a listing of disclosures we make of your health information, except for those disclosures made for treatment, payment, operations or those made pursuant to your authorization. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.

Right to Restrict Disclosure to Health Plans

- You may request in writing that we not disclose information to health plans where you have paid for services or items out of pocket in full.

Right to a Copy of the Notice of Privacy Practices

- You have the right to request a paper copy of this Notice of Privacy Practices, even if you agreed to receive the notice electronically.