

Notice of Patient Privacy Practices

Your Personal Health Information

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. It describes your rights and certain obligations we have for using your health information and informs you about laws which provide special protections for our health information. It tells you how any changes in this notice will be posted and made available.

The law protects the privacy of health information we create and obtain in providing our care and services to you. 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 covers the information practices of all healthcare professionals, employees, contract staff, students and volunteers for Retina Consultants of Seattle. This notice applies to the health information and health records used for you in these facilities.

Using Your Personal Health Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- ◆ Basis for planning your care and treatment
- ◆ Means of communication among the many health professionals who contribute to your care,
- ◆ Legal document describing the care you received,
- ◆ Means by which you or a third-party payer can verify that services billed were actually provided,
- ◆ A source of information for public health officials charged with improving the health of the community
- ◆ A tool in educating health professionals,
- ◆ A source of data for medical research, when approved by the correct oversight authority,
- ◆ A source of data for facility planning and marketing, and
- ◆ A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, to better understand who, what, when, where and why others may access your health information, and to make more informed decision when authorizing disclosure to others.

At Retina Consultants of Seattle, we may use your health information without authorization:

1. **To provide treatment for you.** For example, we may share your personal health information to other care providers such as physicians, nurses, therapists and others who are involved with your care

2. **To carry out health care operations** such as monitoring quality and improving our service to you. For example, we might combine your health information with that of other patients to evaluate treatments for different medical conditions and see where improvements can be made.

We may also use your health information when we call you for appointments, to inform you about treatment recommendations, or to advise you about other health-related benefits and services.

3. Washington State law requires authorization for use and disclosure of protected health information for payment purposes.

Using Your Personal Health Information Without Your Consent

We are legally required to use or disclose identifiable health information about you without your consent to meet special reporting requirements, to facilitate continuity of care, or for public health and other purposes. For example, we provide:

- ◆ Reports to the Food and Drug Administration
- ◆ Data for health oversight activities such as auditing or licensure
- ◆ Reports on communicable diseases
- ◆ Reports to employers for work-related illnesses or injuries such as in Workers' Compensation
- ◆ Reports on abuse, neglect or domestic violence
- ◆ Reports to avert a serious threat to health or safety or to prevent serious harm to an individual
- ◆ Communication with designated family members or other individuals who you select as your personal representative about your care
- ◆ When required by law, such as for law enforcement or judicial activities in specific circumstances.

Special Authorization

Certain federal and state laws that provide special protections for certain kinds of personal health information call for specific authorizations from you to use or disclose information. When your personal health information falls under these special protections, we will contact you to secure the required authorizations to comply with federal and state laws such as:

- ♦ Uniform Health Care Information Act (RCW 70.02)
- ♦ Sexually Transmitted Diseases (RCW 70.24.105)
- ♦ Drug and Alcohol Abuse Treatment Records (RCW 70.96A.150)
- ♦ Mental Health Services for Minors (RCW 71.05.390-690)
- ♦ Communicable and Certain Other Diseases Confidentiality (WAC 246-100-016)
- ♦ Confidentiality of Alcohol and Drug Abuse Patients (42 CFR Part 2)

If we need your health information for any other reason that has not been described in this notice, we will ask you for your written authorization before using or disclosing any identifiable health information about you. Most important, if you choose to sign an authorization to disclose information, you can revoke that authorization at a later time to stop any future use and disclosure.

Your Individual Rights

You have individual rights over the use and disclosure of your personal health information. You may:

Limit use: You may request in writing that we not use or disclose your information for treatment and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally required to accept it. If we agree to your request we will honor your request.

Receive confidential communications: We may call you to confirm an appointment, and leave a message on your voice mail or with another person. You have the right to receive confidential communication by alternative means or locations. This includes an alternative mailing address or an email address. If this is necessary, please let us know.

Inspect and copy: You have the right to look at your health information and review your record of healthcare. You may request a copy of your health information. Standard copy fees will be assessed.

Request amendments: If you believe that information in your record is incorrect or if important information is missing, you have the right to request that the existing information be amended.

Know about disclosures: You have the right to receive a list of instances where we have disclosed information for reasons other than treatment, payment or health care operations. 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.

Receipt of this notice: You have the right to receive this notice either on paper or electronically. Please let us know if you would like a copy of this notice in another format.

Complaints: If you are concerned that we have violated your privacy, or you disagree with a decision we made about access to your records, you may discuss this with your physician or the practice manager either in person or by calling our office at 206-363-7035

If you are not satisfied with the protection your personal health information, you may contact the Secretary of Health and Human Services if you feel your privacy rights have been violated. Retina Consultants of Seattle will not retaliate against a patient for filing a complaint.

When New Uses Are Required

Our Legal Duty: We are required by law to protect the privacy of your information, provide this notice about our information practices, and to follow the information practices that are described in this notice.

Retina Consultants of Seattle reserves the right to change the terms of this notice and to make the new notice provisions effective for all the personal health information that it maintains. We may change our policies at any time but with any significant policy change the new notice will be changed, posted, and distributed to our patients. Also, this notice will be promptly revised and distributed whenever there is a material change to the uses or disclosures, your rights, our legal duties or other privacy practices changes. Any such changes will become effective on the date the revised notice is issued. You may request a copy of this notice from Retina Consultants of Seattle at any time.

This notice is effective as of: 04/14/2003