
NOTICE OF CANNON EYECARE HIPAA PRIVACY PRACTICES

IN COMPLIANCE WITH THE FEDERAL REGULATIONS OF HIPAA'S (Health Information Portability and Accountability Act of 1996) PRIVACY RULE, THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO IT.

We respect our legal obligation to keep health information that may identify you private. We are obligated by law to make this notice of our HIPAA policy available to you. This notice describes how we protect your health information and what rights you have regarding it.

Any written requests should be sent to our privacy officer, Dr. Mark Cannon, at Cannon EyeCare, 2602 NE University Village Street, Seattle, WA 98105

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reasons we would use or disclose your health information is for treatment (co-management with other providers, etc.) payment, or business operations. We routinely use and disclose your medical information within the office on a daily basis. We do not need specific permission to use or disclose your medical information in the following matters, although you have the right to request that we do not.

Examples of how we might use or disclose health information for treatment purposes might include:

- ✓ Setting up or changing appointments including leaving messages with people at your home or office who may answer the phone, or
- ✓ Leaving messages on voicemail, answering machines, or emails
- ✓ Calling your name in the optical
- ✓ Prescribing glasses, contact lenses, or medications as well as relaying this information to suppliers by phone, fax, or other electronic means including initial prescriptions and refills
- ✓ Notifying you that your contact lenses (or glasses) are in office
- ✓ Referring you to another doctor for care not provided at this office
- ✓ Obtaining copies of health records from doctors you have seen previously
- ✓ Discussing your care with you directly or with family or friends you have inferred or agreed may listen to information about your health
- ✓ Sending you postcards or letters or calling/emailing/texting to remind you of appointments
- ✓ Upon request, we can also provide you with a copy of your records (or Rx) via email
- ✓ Upon written request, we can send a copy of your records to another provider for coordination or transfer of care

Examples of how we might use or disclose health information for payment purposes might include:

- ✓ Asking you about your vision or medical insurance plans or other sources of payment
- ✓ Preparing and sending bills to your insurance provider or to you (or to the person responsible for your account)
- ✓ Providing any information required by third party payers in order to ensure payment for services rendered to you

- ✓ Sending notices of payment due on your account to the person designated as responsible party or head of household on your account with fee explanations that could include procedures performed and for what diagnosis
- ✓ Collecting unpaid balances either ourselves or through a collection agency, attorney, or district attorney's office.
- ✓ At the patient's written request we may not disclose health care information that you have paid for out of pocket. This only applies to those encounters related to the care you want restricted.

Examples of how we might use or disclose health information in business operations might include:

- ✓ Financial or billing audits
- ✓ Internal quality assurance programs
- ✓ Participation in managed care plans
- ✓ Defense of legal matters
- ✓ Business planning
- ✓ Certain research functions
- ✓ Informing you of products or services offered by our office
- ✓ Compliance with a local, state, or federal government agency's request for information
- ✓ Oversight of activities such as licensing of our doctors
- ✓ Audits by Medicare or other insurers
- ✓ Providing information regarding your vision status to the Department of Licensing, a school nurse, or agency qualifying for disability status

USES AND DISCLOSURES FOR OTHER REASONS NOT NEEDING PERMISSION

In some other limited situations, the law allows us to use or disclose your medical information without your specific permission. Most of these situations will never apply to you but they could.

- When a state or federal law mandates that certain health information be reported for a specific purpose
- For public health reasons, such as reporting of a contagious disease, investigations or surveillance, and notices to and from the federal Food and Drug Administration regarding drugs or medical devices
- Disclosures to government or law authorities about victims of suspected abuse, neglect, domestic violence, or when someone is or is suspected to be the victim of a crime
- Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative hearings
- Disclosures to a medical examiner to identify a deceased person or determine cause of death or to funeral directors to aid in burial
- Disclosures to organizations that handle organ or tissue donations
- Uses or disclosures for health related research
- Uses or disclosures to prevent a serious threat to health or safety of an individual
- Uses or disclosures to aid military purposes or lawful national intelligence activities
- Disclosures of de-identified information
- Disclosures related to a workman's compensation claim
- Disclosures of a "limited data set" for research, public health, or health care operations

- Incidental disclosures that are an unavoidable by-product of permitted uses and disclosures
- Disclosure of information needed in completing a form related to a school vision screening or information related to certification for occupational or recreational licenses such as a pilot's license or commercial driver's license
- Disclosures to business associates who perform health care operations for Cannon EyeCare in Seattle, Washington. We also require any business associate, employee, or contractor to comply with our HIPAA privacy policies.
- Unless you object, disclosures of relevant information to family members or friends who are helping you with your care; their allowed presence will cause us to assume you approve of their exposure to relevant information about your health

USES OR DISCLOSURES TO PATIENT REPRESENTATIVES

It is the policy of Cannon EyeCare (at Market Optical) for our staff to take phone calls from individuals on a patient's behalf requesting information about making or changing an appointment; the status of eyeglasses, contact lenses, or other optical goods ordered by or for the patient. Cannon EyeCare and Market Optical staff will also assist individuals on a patient's behalf in the delivery of eyeglasses, contact lenses, or other optical goods. During a telephone or in person contact, every effort will be made to limit the encounter to only the specifics needed to complete the transaction at hand. No information about the patient's vision or health status may be disclosed without proper patient consent. Cannon EyeCare and Market Optical doctors and staff will also infer that if you allow another person in an examination room, treatment room, dispensary, or any business area within the office with you while testing is performed or discussions held about your vision or health care or your account, that you consent to the presence of that individual.

OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your health information unless you sign a written authorization via a Medical Release Form. Federal law determines the content of this form. This form may be used to authorize sending your health info from another practice to us, or from us to another practice. The request for signing the Medical Release document may be initiated by you or by Cannon EyeCare. We will comply with your request if it is applicable to the federal policies regarding authorizations. If we ask you to sign an authorization, you may decline to do so. If you do not sign the authorization, we may not use or disclose the information we intended to use. If you elect to sign the authorization, you may revoke it at any time. Revocation requests must be made in writing to the Privacy Officer named at the beginning of this Notice.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your personal health information. You may ask us to restrict our uses and disclosures for purposes of treatment (except in emergency care), payment, or business operations. This request must be made in writing to Privacy Officer named at the beginning of this Notice. You may ask to review or get copies of your health information. There are a very few limited situations in which we may refuse your access to your health information. For the most part we are happy to provide you with the opportunity to either review or obtain a copy of your medical information. All requests for review or copy of medical information must be made in writing to our Privacy Officer: Dr. Mark Cannon. While we usually respond to these requests in just a day or three, by law we have fifteen (15) days to respond to your request. We may request an additional thirty (30) day extension in certain situations. Health care information you request copies of may be delivered to you in electronic format. The formats Cannon EyeCare has approved as

secure include secure email, FAX, or paper documents handed to the patient or mailed to the patient or external healthcare provider of the patient's choice.

You may ask us to amend or change your health care information if you think it is incorrect or incomplete. If we agree, we will make the amendment to your medical record within thirty (30) days of your written request for change sent to our Privacy Officer, Mark Cannon, OD. We will then send the corrected information to you or any other individual you feel needs a copy of the corrected information. If we do not agree, you will be notified in writing of our decision. You may then write a statement of your position and we will include it in your medical record along with a rebuttal statement we may wish to include.

You may request a list of any non-routine disclosures of your health information that we might have made within the past six (6) years (or a shorter period if you wish). Routine disclosures would include those used for your treatment, payment and our business operations of Cannon EyeCare. These routine disclosures will not be included in said list of disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you must pay for them in advance at a fee of \$15 per list. We will usually respond to your written request (made to our Privacy Officer) within thirty (30) days but we are allowed one thirty (30) day extension if we need the time to complete your request. You may obtain additional copies of this Notice of HIPAA Privacy Policies from our office or online at our web address (SeattleEyeCareDoctor.com).

BREACH NOTIFICATION POLICY

In the event of a reportable breach of patient information, Cannon EyeCare agrees to abide by the breach notification requirements as established by the HIPAA Breach Notification Rule. If a breach occurs, Cannon EyeCare will consult with a HIPAA attorney and take all necessary steps to remain in compliance with this rule including notification of individuals, business associates, the Secretary of Health and Human Services, and prominent media outlets.

WHISTLEBLOWER PROTECTION RULE

Cannon EyeCare will take no action against any individual who provides information to the Office of Civil Rights, Office of the Inspector General, or individual state Attorney General's office regarding concerns related to the privacy and security procedures or actions at Cannon EyeCare.

CHANGING OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this notice of privacy practices until we choose to substantially change the Notice. We reserve the right to change this Notice at any time. If we change this Notice, the new privacy practices will apply to your existing health information as well as any additional information generated in the future. If we change this Notice, we will post a new Notice on our website (SeattleEyeCareDoctor.com) and make it available for review in our office.

COMPLAINTS

If you think that anyone at Cannon EyeCare has not respected the privacy of your health information, you are free to complain to our Privacy Officer. We are more than happy to try to resolve any concern you may make in writing. If we cannot resolve your concern at that level, you may also file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights or the state Attorney General's Office. We will not retaliate against you if you make such a complaint.