

# HIPAA: Notice of Privacy Practices

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## Bella Vision – Derrick I. Choe, O.D. & Associates

*This notice describes how medical information about you may be used and disclosed and how you can get access to this information.*

**Our Legal Duty:** We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow privacy practices that are described in this Notice while it is in effect. This notice takes effect July 23, 2011, and will remain in effect until we replace it.

**Change to this Notice:** We will abide by the terms of the Notice currently in effect. We reserve the right to change the terms on this Notice and to make the new Notice provisions effective for all protected health information that we maintain. An updated version is available at any of our BELLA VISION locations.

**Notice Effective Date:** The effective date of this Notice is July 23, 2011. You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

**Uses and Disclosures of Health Information:** We disclose health information about you for treatment, payment, and healthcare operations. We also use this information for these purposes. For example:

**Treatment:** We may use your health information to provide optical goods and services to you. For example, we may disclose your health information to an optometrist or other healthcare provider providing treatment to you in order to: (a) provide, coordinate, or manage the healthcare and related services that are provided to you by healthcare practitioners; (b) enable your healthcare providers to consult among themselves about your vision; (c) refer you to a new healthcare provider; or (d) to contact you in the event of a product recall. We may also use your health information for these purposes.

**Payment:** We may use and disclose medical information about you in order to be paid for the optical goods and services rendered to you. This may include contacting your health insurer to determine the existence of insurance coverage for the optical goods and services you receive, sending copies or excerpts of your health information to your health insurer to receive payment, and using your health information for our own internal management of the billing process. By way of example, a bill sent to your insurance company may include information that identifies you and the procedures used to provide services to you.

**Appointment Reminders and Treatment Alternatives:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters) or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use your health information to provide you with information regarding services that we offer related to your healthcare needs.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations encompass all those activities that we as an eye clinic must do to run smoothly and efficiently and specifically include activities such as quality assessment and improvement activities reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, and conducting training programs, accreditation, certification, licensing or credentialing activities. For example, we may periodically review your records, as well as those of other patients, in connection with these activities. As part of our healthcare operations, it may also become necessary for us to use and disclose your health information in connection with the healthcare operations of another company that has a relationship with you, such as an HMO.

**Business Associates:** We may use and disclose certain medical information about you to our business associates. A business associate is an individual or entity under contract with us to perform or assist us in performing a function or activity that requires us to disclose your health information to them. Examples of business associates include, but are not limited to, consultants, accountants, lawyers, and third-party billing companies. We require the business associate to protect the confidentiality of your health information.

**To You, Your Family and Friends:** We must disclose your health information to you, as described in the Information Right section of this Notice. We may disclose your health information to a family member, friend or other person to help with your healthcare or with payment for your healthcare, but only if you agree or do not object that we may do so or, if you are not able to agree, if it is necessary in our professional judgment.

**Persons Involved in Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for assisting you to obtain healthcare services. If

you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event you become incapacitated, or during an emergency, we may disclose your health information to others, including healthcare providers, on the basis of our professional judgment. We will also use our professional judgment and our experience with common practice to make reasonable inferences in your best interest in allowing a person to pick up eyewear, medical supplies, or forms of health information.

**Required by Law:** We may use or disclose your health information when we are required to do so by law, including disclosures for use in judicial and administrative proceedings, or to law enforcement officials, or to the proper authorities if we reasonably believe that you are a possible victim of other crimes.

**Public Health:** We may use or disclose your health information in connection with public health activities, health oversight activities, and with worker's compensation matters. We may also disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorize federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose protected health information to a correctional institution or law enforcement official having lawful custody of an inmate or patient.

**State Laws:** The laws of the state where you are receiving your eye services and goods from us may provide greater rights to you.

**Your Authorization:** In addition to our use and disclosure of your health information for the purpose described above, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

**Your Information Rights:** Although all records concerning your goods and services obtained from us are our property, you have the following rights concerning your information.

**Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your information. We are not required to honor your request. We encourage you to make these requests in writing.

**Right to Confidential Communications:** You have the right to receive confidential communications of your information by alternative means or at alternative locations. For example, you may request that we contact you only at work or by mail. We require that you make this request in writing.

**Right to Inspect and Copy:** You have the right to inspect and copy your information in most circumstances. We require that you make this request in writing.

**Right to Amend:** You have the right to amend your health information in circumstances where you believe that information is inaccurate or incomplete. We require that you make this request in writing, and that you tell us why you believe that we should amend your information.

**Right to Accounting:** you have the right to request and obtain an accounting of certain disclosures of your information. You must make this request in writing.

**Right to Obtain a Copy:** You have the right to obtain a paper copy of this Notice upon request.

*A request to exercise any of these rights must be submitted to the Privacy Officer. To help make your requests, please visit any of our Bella Vision location, and request a copy.*

If you have questions and would like additional information, you may contact Sandy Choe at (425) 747-7887. If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services, Office of Civil Rights, HIPAA, and 200 Independence Avenue, S.W., Washington, DC 20201. To file a complaint with us, Please contact Sandy Choe, Privacy Officer, Bella Vision, 3900 Factoria Blvd SE Suite A, Bellevue, WA 98006. All complaints must be submitted in writing.