

# Notice of Privacy Practices

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**Envision Optometry**  
**10220 NE 8<sup>th</sup> Street**  
**Bellevue WA 98004**  
**(425) 455-4602**

**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.**

This Notice of Privacy Practices describes how we may use and disclose your personal information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your Personal information.

Each time you visit a hospital, physician or other health care 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 is often referred to as your health or medical record. At Envision Optometry we understand that medical information about you and your health is personal, and we are committed to protecting your personal information.

## **Uses and Disclosures of Personal information**

Your Personal information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

### **For Treatment:**

- Information obtained by your physician, or other member of our health care team, will be recorded in your medical record and/or our computer database and used to help decide what care may be right for you.
- We may also provide information to other health professionals involved in your care. This will help them stay informed about your care. For example, your personal information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to treat you.

### **For Payment:**

- Your personal information may be used, as needed, to obtain payment for your health care services. For example, obtaining approval for an office visit may require that your relevant personal information be disclosed to your health plan to obtain approval. Information provided to health plans may include your diagnoses and recommended care.

### **For Healthcare Operations:**

- We may use your medical records to assess quality and improve services. We may use and disclose medical records to review the performance of our health care providers and to train our staff.
- We may use your personal information to contact you to remind you of an upcoming appointment. We may send a postcard reminder for you to contact our office for an appointment. We may contact you, or leave a message, regarding an appointment, test result or eyewear order at your home, work, cell phone or email.
- We may call you by name in the waiting room when your physician is ready to see you.
- We may use and disclose your information to conduct or arrange for services, including Medical Quality review by your health plan; accounting, legal, risk management and insurance services; and audit functions, including fraud and abuse detection and compliance programs.

### **Other Permitted and Required Uses and Disclosures:**

- We may use or disclose your personal information in the following situations without your authorization. These situations include: As required by law (for example, public health issues, communicable diseases, abuse or neglect or Food and Drug Administration requirements); legal proceedings (when subpoenaed); law enforcement; military activity and national security; and Workers' Compensation cases. We also must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with mandated privacy requirements.
- We may use your personal information for office communications with your written authorization. Such communications would be informational newsletters or notification of sales and special events only.

**Your Rights**

Following is a statement of your rights with respect to your personal information.

**You have the right to inspect and copy your personal health information.**

- You examine your personal medical information and to get a copy of that information. The law requires us to keep the original record. This includes your medical record, your billing record and other records we use to make decisions about your care. To request your medical information, please contact our staff. Standard copy fees may be assessed.
- If you examine your medical information and believe that some of the information is wrong or incomplete, you may ask us to amend your record. Your request must be made in writing and submitted to the Privacy Officer and a reason must be provided to support your request. This request may be denied in which case you will receive a written response. Both the request and the denial will be stored in your medical record and included with any release of your records.

**You have the right to request a restriction of your personal information.**

- You may ask us not to use or disclose any part of your personal information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your personal information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. However, your physician is not required to agree to a restriction that you may request.

**You may cancel prior authorizations.**

- A written revocation of your authorization to use or disclose personal information does not affect information that has already been released. It also does not affect any action taken before we have the revocation.
- Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

**You may request a list of any disclosures of your personal information.**

- The list will not include disclosures to third party payors.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.**

**Complaints**

- You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

We reserve the right to change this notice and to make the provisions in our new notice effective for all medical information we maintain. If we change any of these practices, we will publish a revised Notice of Privacy Practices. The revised notice will be available, and posted, at our place of service.

We are required by law to maintain the privacy of our patients and to provide individuals with this Notice of Privacy Practices. If you have any questions about this notice or would like additional information, please contact the Privacy Officer for Envision Optometry. If you are concerned that we may have violated your privacy, or you disagree with any decision made about access to your record, you may contact our Privacy Officer.

It is our intention to protect your privacy as much as is legally possible and we believe our policies achieve that goal. We welcome any comments or suggestions that you may have regarding our policies or this notice.

I give my permission to be placed on Envision Optometry’s mailing list. I understand this mailing list will be for communication purposes only, as described above under *Other Permitted and Required Uses and Disclosures*. Initials: \_\_\_\_\_

I give my permission to share information regarding my health with (please circle): my parents    mother only    father only  
spouse    my children    others: \_\_\_\_\_ Initials: \_\_\_\_\_

Your signature below authorizes our use of your personal information and acknowledges that you have received a copy of this Notice of Privacy Practices.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_