

**OPTIC ONE EYE CARE CENTERS OF SPOKANE, P.C.
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& ASSOCIATES**

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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.**

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to provide you with a notice of our privacy practices. This Notice details how we protect your health information and what rights you have regarding it.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reason why we use or disclose your health information is for treatment, payment and healthcare operations. Examples of how we use or disclose information for treatment purposes are: setting up appointments; testing and examining your eyes; prescribing eyewear or medications and faxing or mailing them to be filled; showing low vision aids; and referrals to another doctor, hospital, or clinic for additional visual/medical care. Examples of how we use or disclose your health information for payment purposes are: requesting information about your medical or vision care plans or other sources of payment; verifying your plan benefits; preparing and sending bills or claims; appealing claim denials; and collecting unpaid balances, either in office or through a collection agency or attorney. Health care operations include those administrative or managerial functions we have to perform in order to run our office. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; and business planning.

We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your information outside our office for these reasons we usually will not ask you for special written permission.

We will ask for special written permission in the following situations:

- Prior to obtaining copies of previous health care records.
- Forwarding records to another health care provider.

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our office at all. Such uses or disclosures are:

- when state or federal law mandates that certain health information be reported for a specific purpose;
- for public health services, such as contagious disease reporting, investigation, or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or medical devices;
- disclosures to governmental authorities about victims of suspected abuse, neglect, or domestic violence;
- uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare and Medicaid; or for investigation of possible violations of health care laws;
- disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else;
- disclosures to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or 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;

- uses or disclosures for specialized government functions, such as for the protection of the president or high-ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the Foreign Service;
- disclosures of de-identified information;
- disclosures related to worker's compensation program;
- 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 or disclosures;
- and disclosures to business associates who perform health care operations for us and who commit to respect the privacy of your health information.

Unless you object, we will also share relevant information about your care with your family or friends who are helping with your eye care.

APPOINTMENT REMINDERS AND BIRTHDAY CARDS

We may call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of additional treatments or services available at our office that may help you. As a courtesy to you we will also send you a Happy Birthday postcard. Unless you tell us otherwise, we will mail you an appointment reminder on a postcard, and/or leave a reminder message on your home answering machine or with someone who answers if you are not home.

OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your health information unless you sign a written "authorization form." Federal law determines the content of an "authorization form". Either you may initiate the request for authorization, if the disclosure is your idea, or our office, if the disclosure is our idea. If the disclosure is your idea you may provide us with a completed authorization form, or use one of ours.

If we initiate the process and request you sign the authorization form, you are not required to sign it. If you do not sign the authorization, we cannot make the disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing. Send them to the office contact person at the address, fax, or e-mail address shown at the beginning of this Notice.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information. You can:

- ask us to restrict the uses and disclosures for purposes of treatment (except emergency treatment), payment, or health care operations. We do not have to agree to do this, but if we agree, we must honor restrictions you want. To request a restriction, send a written notice to the office contact person named at the address, fax, or e-mail address shown at the beginning of this Notice.
- ask that we communicate with you in a confidential way, such as phoning you at work rather than at home, by mailing health information to a different address, or by sending e-mail to your personal e-mail address. We will accommodate these requests if they are reasonable, and if you pay us for any extra cost. To request confidential communications, send a written notice to the office contact person at the address, fax, or e-mail address shown at the beginning of this Notice.
- ask to see or get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 30 days of your request (sixty days if the information is stored off-site). You will have to pay for the photocopies in advance. If we deny your request, we will send a written explanation, and instructions about how to get an impartial review of our denial, if one is available. By law, we are permitted one 30 day extension for us to provide you with access or photocopies if we send you a written notice of the extension. To request to review or receive photocopies of your health information, send a written request to the office contact person at the address, fax, or e-mail address shown at the beginning of this Notice.
- ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days of your request. We will send the corrected information to the persons who we know received the incorrect information, and others you specify. If we do not agree, you can write a statement of your position, and we will include it with your health information along with any rebuttal statement we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it whenever we make a permitted disclosure of your health information. By law, we can have one 30-day extension to consider your request for amendment if we notify you in writing of the extension. If you wish to request an amendment of your health information, send a written request to the office contact person at the address, fax, or e-mail address shown at the beginning of this Notice.

-receive a list of the disclosures that we have made of your health information within the past six years (or a shorter period that you specify). By law, the list will not include, disclosures for treatment, payment, or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. You are entitled to one such list per year without charge. If you request lists test within 60 days of receipt, but by law we are permitted one 30-day extension provided we notify you of the extension in writing. If you wish to request a list, send a written request to the office contact person at the address, fax or e-mail address shown at the beginning of this Notice.

-Receive additional copies of the Notice of Privacy Practices upon request. It does not matter if you have already received a copy, either electronically or in paper form. If you wish to request additional paper copies, send a written request to the office contact person named at the address, fax, or e-mail address shown at the beginning of this Notice.

OUR NOTICE OF PRIVACY PRACTICES

By law, we are required to abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your existing health information as well as to information we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office, have paper copies available upon request, and post it on our Web site.

COMPLAINTS

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you wish to make a complaint, send a written complaint to the office contact at the address, fax or e-mail address shown at the beginning of this Notice.

FOR ADDITIONAL INFORMATION

If you want additional information about our privacy practices, call or visit the office contact person at the address of phone number shown at the beginning of this Notice.