



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

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**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MA  
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE R**

We respect our legal obligation to keep health information that identifies you private. We a  
with a notice of our privacy practices. This Notice details how we protect your health inform  
regarding it.

**TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**

The most common reason why we use or disclose your health information is for treatment, p  
Examples of how we use or disclose information for treatment purposes are: setting up appo  
your eyes; prescribing eyewear or medications and faxing or mailing them to be filled; show  
to another doctor, hospital, or clinic for additional visual/medical care. Examples of how w  
information for payment purposes are: requesting information about your medical or vision  
payment; verifying your plan benefits; preparing and sending bills or claims; appealing claim  
balances, either in office or through a collection agency or attorney. Health care operations  
managerial functions we have to perform in order to run our office. Examples of how we us  
information for health care operations are: financial or billing audits; internal quality assuranc  
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 sp  
disclose your information outside our office for these reasons we usually will not ask you fo

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 inform

- uses or disclosures for specialized government functions, such as for the protection of high-ranking government officials; for lawful national intelligence activities 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 respect the privacy of your health information.

Unless you object, we will also share relevant information about your care with your family and 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 new appointment. We also call or write to notify you of additional treatments or services available at our office that you may be interested in. In addition, you we will also send you a Happy Birthday postcard. Unless you tell us otherwise, we will send you a reminder on a postcard, and/or leave a reminder message on your home answering machine 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 an authorization form. Federal law determines the content of an "authorization form". Either you may initiate the disclosure, or the disclosure is your idea, or our office, if the disclosure is our idea. If the disclosure is your idea, you must complete an 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 an authorization, we cannot make the disclosure. If you do sign one, you may revoke it at any time. If you are in reliance upon it. Revocations must be in writing. Send them to the office contact person at the 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) and 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 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, home, by mailing health information to a different address, or by sending e-mail to a different e-mail address. We will accommodate these requests if they are reasonable, and if they do not cause any extra cost. To request confidential communications, send a written notice to the 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 situations in which we can refuse to permit access or copying. For the most part, you will be able to review or have a copy of your health information within 30 days of your request.

-receive a list of the disclosures that we have made of your health information within 60 days (or a shorter period that you specify). By law, the list will not include, disclosures for payment, or health care operations; disclosures with your authorization; incidental disclosures required by law; and some other limited disclosures. You are entitled to one list per year without charge. If you request lists test within 60 days of receipt, but by law we can only provide one 30-day extension provided we notify you of the extension in writing. If you wish to receive 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 receive additional paper copies, send a written request to the office contact person named at the beginning of this Notice, 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 change it. We have the right to change this notice at any time as allowed by law. If we change this Notice, the new notice will apply to your existing health information as well as to information we may generate in the future. If you wish to see our Privacy Practices, we will post the new notice in our office, have paper copies available upon request.

### **COMPLAINTS**

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

