

NOTICE OF PRIVACY PRACTICES

Effective Date: 01/31/2017

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.

CONTACT INFORMATION

For more information about our privacy practices, to obtain copies of this notice or for question or concerns please contact the clinic's Administrator or Privacy Officer.

Administrator: Angelic Henderson
Email: ahenderson@eyeclinicfbks.com
Telephone: 907-328-1819

Privacy Officer: Ericka El Ajli
Email: eelajli@eyeclinicfbks.com
Telephone: 907-456-7760

Address: 116 Minnie St, Fairbanks, AK 99701

OUR LEGAL RESPONSIBILITY

The law requires us to protect the privacy of your protected health information. We are also required to provide you a copy of this notice about our privacy practices which will describe our legal responsibilities and your rights regarding your protected health information.

We are required to abide by the privacy practices put forth in this notice while it is in effect. The effective date is provided on the top of this page. The notice of privacy practices will remain in effect unless the notice is replaced. We reserve the right to make any changes to this notice of privacy practices while remaining adhered to state and federal law. We reserve the right to amend this notice of privacy practices at any time.

The revision date of any notice will be reflected as the effective date. In the event of any revisions based on material changes to our practice policy, a revised copy will be provided to you. A revised copy of our notices is available at the clinic and our website.

Any changes to our notice of privacy practices will pertain to all medical information that we create, receive or maintain.

We practice physical and security procedural safeguards based on state and federal law. These safeguards ensure the integrity of your medical information as well as protection from loss, destruction and misuse.

USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION

Treatment: We can use your medical information and disclose it with other professionals who are involved in your treatment. We can use and disclose your medical information to run our practice, improve your care and contact you when necessary.

Payment: We provide medical and optometrist services. Our practice may use or disclose your medical information to seek payment from your insurance plan, vision plan or worker's compensation.

Health Care Operations: We may use and disclose your medical information for our clinic's health care operations. Health care operations include:

- Assessment of healthcare quality and healthcare improvement activities;
- Review and evaluation providers;
- Billing services;
- Accreditation, certification, licensing and credentialing activities;
- Conducting and responding to medical records reviews and audits;

Abuse or Neglect: Your medical information may be disclosed to the appropriate authorities if we believe that you are a victim of abuse or possible victim of other crimes. Information disclosed will be to the exact authorities necessary to protect your safety.

Family, Friends, and Others involved in Your Care or Payment for Care: We may disclose your medical information to a family member, friend or any other person you may have involved in your care or payment for your care. We will only disclose medical information that is relevant to the person involved.

Reminders: We may use or disclose medical information to send you reminders about your eye care, such as appointment reminders.

Public Health and Benefit Activities: We may disclose your medical information without your approval when required by law. The law authorizes the following type of public health activities and benefits to be reported:

- To report disease and vital statistics;
- To report child abuse, adult abuse, neglect or domestic violence;
- To prevent a serious and imminent threat to health and safety;
- For research;
- To respond to court orders and subpoenas;
- To coroners, medical examiners, funeral directors and organ procurement organizations;
- To military and federal officials for lawful intelligence, counterintelligence, and national security activities; and
- To correctional institutions and law enforcement regarding persons in lawful custody

Business Associates: We may disclose your medical information to our business associates that perform functions on behalf of our clinic to maintain our operations. Our facility is contracted with all of our business associates to protect the privacy of your protected health information as required by law. Business associates cannot use or disclose your protected health information other than what is specified in our contract.

Data Breach Notification Purposes: We may disclose your medical information to deliver notice of unauthorized acquisition, access or disclosures of your medical information as required by law.

Additional Restrictions on Use and Disclosure: Federal and state law add additional protection of certain types of sensitive medical information that cannot be disclosure without specific written consent. Sensitive medical information includes:

- Genetic testing;
- Mental health;
- Drug or alcohol abuse; and
- HIV/AIDS.

YOUR RIGHTS

Access: You have the right to acquire a copy of your medical information, with limited exceptions for your examination or records. We will provide you with a copy of your medical information in a format based on your request that is feasible and reasonable to us.

Accounting Disclosure: You have the right to obtain a list of instances of when and to whom we have disclose your medical information for purposes other than treatment, payment or health care operations that were authorized by you. You can request an accounting disclosure by contacting the privacy officer. We are not obligated to provide accounting disclosures for disclosures made over six years ago.

Medical Records Amendment: You have the right to request an amendment of your medical information. You can submit a request for the amendment to the privacy officer. We have the right to deny your request. If we deny you request for amendment, we will provide you a written explanation as to why. If your request for amendment is accepted, we will make the amendment part

of your medical information. Reasonable effort would be made to inform others who rely on the original medical information for treatment or payment, of the amendment.

Restrictions: You have the right to request that certain medical information be restricted from use or disclosure for treatment, payment, healthcare operations or to family or friends. We may deny restriction requests of use or disclosures that are contrary to law. We will accommodate requests for restriction of protected health information to health care plans if services are paid in advance and in full. You can submit your request to the privacy officer in writing. We will abide by the restriction agreement (except in emergencies) that we approve.

Confidential Communication: You have the right to request that we communicate your medical information to you through certain means and locations. We will respect feasible and reasonable requests. Submit your specific requests in writing to the Privacy Officer.

COMPLAINTS

If you have a concern that we have violated your privacy rights, or you disagree with a decision we made regarding access to your medical information, amending your medical information, restriction of use or disclosure of your medical information or how we communicate to you about your medical information, you may contact our Privacy Officer or Administrator. You also can submit a written complaint to the Office of Civil Rights of the United States Department of Health and Human Services at 200 Independence Avenue, SW, Room 509F, Washington, D. C. 20201. You can also contact them at the Office for Civil Rights Hotline at 1-800-368-1019 or on their website at <https://www.hhs.gov/hipaa/filing-a-complaint/>.

