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Notice Of Privacy Practices

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION AND HOW YOU CAN GET ACCESS TO SUCH INFORMATION. PLEASE READ IT CAREFULLY.

Your "health information," for purposes of this Notice, is generally any information that identifies you and is created, received, maintained or transmitted by us in the course of providing health care items or services to you (referred to as "health information" in this Notice).

We are required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable laws to maintain the privacy of your health information, to provide individuals with this Notice of our legal duties and privacy practices with respect to such information, and to abide by the terms of the Notice. We are also required by laws to notify affected individual following a breach of their unsecured health information.

USES AND DISCLOSURES OF INFORMATION WITHOUT YOUR AUTHORIZATION

The most common reasons why we use or disclose your health information are for treatment, payment or health care operations. Examples of how we use or disclose your health information for treatment purposes are: setting up an appointment, testing or examining your eyes prescribing glasses, contact lenses, or eye medications and faxing them to other providers, referring you to another doctor or clinic for eye care or other health concerns.

Examples of how we use or disclose your health information for payment purposes are: asking you about your health or vision care plans, or other sources of payment; preparing and submitting bills or insurance claims; and collecting unpaid portions (either ourselves or through a collection agency or attorney). "Health care operations" mean those administrative and managerial functions that we must carry out in order to operate 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; business planning; and outside storage of our records.

OTHER DISCLOSURES AND USES WE MAY MAKE WITHOUT YOUR AUTHORIZATION OR CONSENT

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

When a state or federal law mandates that certain health information be reported for a specific purpose;

For public health purposes, 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 or 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 and report information about a crime at our office or that happened somewhere to our knowledge;

Disclosure 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 donation;

Uses of disclosures: For health related research; to prevent a serious threat to health or safety; 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 relating to workman's compensation programs; Disclosures of a "limited date set" for research, public health, or health care operations; Incidental disclosures that are unavoidable by-product of permitted uses or disclosures

Disclosures to "Business Associates" and their subcontractors who perform health care operations for us and who commit to respect the privacy of your health information in accordance with HIPAA

Unless you object, we will also share relevant information about our care with any of your personal representatives who are helping you with your eye care. Upon your death, we may disclose to your family members or to other persons who were involved in your care of payment for health care prior to your death (such as your personal representative) health information relevant to their involvement in your care unless doing so is inconsistent with your preferences as expressed to us prior to your death.

SPECIFIC USES AND DISCLOSURES OF INFORMATION REQUIRING YOUR AUTHORIZATION

The following uses would require your authorization; although, at this time our practice does not partake in such activities.

Marketing activities:

We must obtain your authorization prior to using or disclosing any of your health information for marketing purposes unless such marketing communications take the form of face-to-face communication we may make with individuals or promotional gifts or nominal value that we may provide. If such marketing involves financial payment to us from a third party your authorization must also include consent to such payment.

Sale of health information:

We do not currently sell or plan to sell your health information and we must seek your authorization prior to doing so.

Psychotherapy notes:

Although we do not create or maintain psychotherapy notes on our patients, we are required to notify you that we generally must obtain your authorization prior to using or disclosing any health information.

YOUR RIGHTS TO PROVIDE AN AUTHORIZATION FOR OTHER USES AND DISCLOSURES

Other uses and disclosures of your health information that are not described in the "Notice" will be made only with your written authorization.

You may give us written authorization permitting us to use your health information or to disclose it to anyone for any purpose.

We will obtain your written authorization for uses and disclosures of your health information that are not identified in the Notice or are not otherwise permitted by application law.

We must agree to your request to restrict disclosure of your health information to a health plan if the disclosure is for the purpose of carrying out payment of health care operations and is not otherwise required by law and such information pertains solely to a health care item or service for which you have paid in full (or for which another person other than the health plan has paid in full on your behalf).

Any authorization you provide to us regarding the use and disclosure of your health information may be revoked by you in writing at any time. After you revoke our authorization, we will no longer use or disclose your health information for the reasons described in the authorization. However, we are generally unable to retract any disclosures that we may have already made with your authorization. We may also be required to disclose health information as necessary for purpose of payment for services received by you prior to the date you revoked the authorization.

YOUR INDIVIDUAL RIGHTS

To request restrictions on the health information we may use and disclose for treatment, payment and health care operations. We are not required to agree to these requests. To request restrictions, please send a written request to us at the address provided.

To receive confidential communications of health information about you in any manner other than described in our authorization request form. You must make such request in writing to the address provided. However, we reserve the right to determine if we will be able to continue your treatment under such restrictive authorizations.

Request to inspect or copy your health information

We must comply with your written request of private health information regarding a specific health care item or service not be disclosed to a health plan for purposes of payment or health care operations if you paid out-of pocket, in full, for that item or services rendered.

Electronic Health Records (EHR)

We are required by law to produce an electronic copy of your private health information in a readily producible format if requested.

Breach Notification

We are required by HIPAA to determine whether a breach of unsecured health information occurred and shall follow our internal policies standards on who to notify and how to address the incident.

Request to amend health information:

If you feel that the documented health information on file is incorrect or incomplete, you have the right to amend this information. To request an amendment, you must have in writing a reason to support your request. We may deny your request to amend your health information if it is not in writing or does not provide a reason to support your request. We may also deny your request if the health information:

- Was not created by us, unless the person that created the information is no longer available to make the amendment, is not part of the health information kept by or for us, or is accurate and complete.

To receive an accounting of disclosures of your health information:

Request should be in writing. Not all health information is subject to this request. Your request must state a time period for the information you would like to receive, no longer than 6 years prior to the date of your request and may not include dates before April 14, 2003. Your request must state how you would like to receive your records (paper or formatted electronic copy).

To designate another party to receive your health information:

If your request for access of your health information directs us to transmit a copy of health information directly to another person the request must be made by you in writing to the address below and must clearly identify the designated recipient and where to send the copy of the health information.

Complaints:

If you believe your privacy rights have been violated, you may file a written complaint either with us or the federal government. We will not take any action against you or change our treatment of you in any way if you file a complaint. To file a written complaint with us, please address to the **Compliance Officer (Donna Mitchell)** at our current address provided.

To file a complaint with the federal government, please use the following contact information:

The U.S. Department of Health and Human Services

Office of Civil Rights

200 Independence Avenue, S.W.

Washington, D.C. 20201

Toll Free: 1-877-696-6775

<http://www.hhs.gov/ocr/civilrights/complaints/index.html>

Changes to our Notice Of Privacy Practices:

We reserve the right to change / update our **Notice of Privacy Practices** and to apply the revised practices to health information as required by federal and state laws. Any revision to our privacy practices will be posted prominently in our facility. Copies of the Notice are available upon request, and are available on our website.