



## EYES OF OREGON

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### **THIS NOTICE DESCRIBES YOUR RIGHTS & HOW MEDICAL INFORMATION MAY BE USED & DISCLOSED**

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

By law, we are allowed to use or disclose your protected health information (PHI) without your written consent for the purpose of treatment, payment or health care operations. Examples include scheduling appointments; prescribing corrective lenses or medications and providing prescription information to labs; referrals for other medical care; getting copies of past records; acquiring guarantor/insurance information; processing bills or claims; financial or billing audits; internal quality assurance; personnel decisions; credentialing; legal defense; business planning and record storage.

#### **USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION**

In some other limited situations, the law allows us to use or disclose your PHI without your permission. Examples include disclosures required by law, subpoenas or court orders; reporting threats to health or safety; suspected abuse or neglect; knowledge relating to a crime; public health oversight; organ procurement; worker's compensation disclosures; incidental disclosures; de-identified information; "limited data sets" for research and disclosures to "business associates" who are under contractual obligation to respect the privacy of your PHI. Any Information that is disclosed will be limited to the minimum information required and will only be given to parties with the proper authorization to obtain this information

#### **APPOINTMENT REMINDERS AND NOTIFICATIONS**

We may call, write or email you to notify you of routine examinations due, appointment confirmation, order status or services available at our office. Unless you tell us otherwise, we will send you an appointment reminder on a post card, email you or call you at the numbers you have given us or leave a message at your home or office number.

#### **OTHER USES AND DISCLOSURES**

We will not make any other uses or disclosures of your PHI unless you sign a written "authorization form" as determined by federal law. The authorization may be revoked at any time by writing address above.

#### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

All requests must be made in writing and will be responded to within the time allowed by law (usually 30 days).

- You may ask us to restrict our uses and disclosures for purposes of non-emergency treatment, payment or health care operations. We do not have to agree to this, but if we do, we must honor the restrictions that you want.
- You may ask us to communicate with you in a confidential way, such as using a specific phone number or address. We will accommodate reasonable requests.
- You may ask to see or to get photocopies of your PHI. You may have to pay for photocopies in advance. By law, there are a few limited situations in which we can refuse to permit access or copying. If we deny your request, we will send you a written explanation and instructions about how to get an impartial review of our denial if one is legally available.
- You may ask us to amend PHI that you think is incorrect. If we do not agree, a statement of your position and any rebuttal statement that we may write will be included in your PHI and will be included any time we disclose your PHI.
- You may request a list of our disclosures of your PHI. By law, the list will not include: disclosures for purposes of 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.
- You can receive additional paper copies of this Notice of Privacy Practices upon request.

#### **OUR NOTICE OF PRIVACY PRACTICES (NPP)**

We are obligated by law to protect your PHI and to abide by the terms of this NPP. We reserve the right to change this notice at any time as allowed by law. Any changes in our NPP will be posted in our office and on our website and will apply to any PHI that we already have as well as any that we may generate in the future.

#### **COMPLAINTS**

If you think we have not properly respected the privacy of your PHI, you may contact our office or the U.S. Dept. of Health and Human Services, Office for Civil Rights to discuss your complaint without fear of retaliation.

#### **CONTACT INFORMATION:**

For more information about our privacy practices you may call, write or visit our office at the numbers or address above. All requests concerning your PHI must be made in writing to the address above.

**I acknowledge that I have received a copy of the Eyes of Oregon notice of privacy practices.**

Signature \_\_\_\_\_ Date \_\_\_\_\_