



Arbor Eyecare

## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE OF PRIVACY PRACTICES ("NOTICE") 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 this Notice. We are also required by law to notify affected individuals 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 for you; testing or examining your eyes; prescribing glasses, contact lenses, or eye medications and faxing them to be filled; showing you low vision aids; referring you to another doctor or clinic for eye care or low vision aids or services; or getting copies of your health information from another professional that you may have seen before us. 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 sending bills or claims; and collecting unpaid amounts (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 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; business planning; and outside storage of our records.

We may also use your health information to contact you with appointment reminders, to inform you about treatment alternatives or other health-related benefits and services that may be of interest to you, and to communicate with you about your care coordination. These communications may be made by telephone call, text message, email, or mail to the contact information you provide to us.

### ***BUSINESS ASSOCIATES AND SERVICE PROVIDERS***

We contract with outside companies and service providers ("business associates") to help us carry out certain business functions and provide services on our behalf. These business associates may receive, create, maintain, use, or disclose your health information as necessary to perform their services for us. Examples include companies that help us with document processing and routing, clinical record management, billing, data storage, practice management software, and technology services.



## Arbor Eyecare

We may use artificial intelligence and automated tools to support the quality and efficiency of your care. This includes using such tools to assist with clinical documentation, referral communications, and processing of incoming correspondence. When these tools are provided by outside service providers, they operate under the same HIPAA protections and Business Associate Agreements described above. When used directly by our clinical team, these tools are subject to the same privacy and security standards we apply to all of our health information practices. In all cases, clinical decisions remain under the supervision of your treating provider.

All business associates are required to sign a Business Associate Agreement that obligates them to protect your health information in accordance with HIPAA, limit their uses of your information to what is authorized, and apply appropriate safeguards.

Our Business Associate Agreements may permit our service providers to use health information for their own proper management and administration, including to maintain and improve the services they provide to health care organizations like ours, as allowed by HIPAA. When service providers use health information for such purposes, they remain bound by HIPAA's privacy and security requirements and the terms of their Business Associate Agreement with us.

Your individually identifiable health information will not be sold by us or by our business associates, and will not be used for marketing purposes without your express written authorization.

### ***VISIT RECORDING***

We may audio-record clinical visits for purposes of quality assurance, staff training, and accurate documentation. You will be informed before any recording begins, and your verbal consent will be obtained prior to recording in accordance with Washington State law (RCW 9.73.030). Recordings are treated as part of your health information and are subject to the same privacy protections described in this Notice. You may request that recording be paused or discontinued at any time during your visit, and your request will be honored without affecting the quality of your care.

### ***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 come up at our office at all. 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;



## Arbor Eyecare

- 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;
- 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 donations;
- uses or disclosures for health related research;
- uses and 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 relating to worker's compensation programs;
- 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;
- 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 (see "Business Associates and Service Providers" above);
- disclosures required under Washington State law, including the Uniform Health Care Information Act (RCW 70.02).
- if we receive health information related to substance use disorder treatment that is protected under federal regulation 42 CFR Part 2, that information is subject to additional restrictions on use and disclosure. Such records may not be used to initiate or substantiate any criminal charges or to conduct any criminal investigation of you. Additionally, such records, or testimony relaying their content, may not be used or disclosed in any civil, criminal, administrative, or legislative proceeding against you unless authorized by your written consent or by a court order issued after notice to you and an opportunity to be heard. We will obtain your written consent before using or disclosing such records except as otherwise permitted by law.

Unless you object, we will also share relevant information about your 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 or 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 are some specific uses and disclosures we may not make of your health information **without** your authorization:



## Arbor Eyecare

**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 communications we may make with individuals or promotional gifts of 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 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 such notes.

### ***YOUR RIGHTS TO PROVIDE AN AUTHORIZATION FOR OTHER USES AND DISCLOSURES***

- Other uses and disclosures of your health information that are not described in this 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 this Notice or are not otherwise permitted by applicable 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 or 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 your 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 purposes of payment for services received by you prior to the date you revoked your authorization.

### ***YOUR INDIVIDUAL RIGHTS***

You have many rights concerning the confidentiality of your health information. You have the right:

- **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 below.
- **To receive confidential communications of health information about you in any manner other than described in our authorization request form.** You must make such requests in writing to the address



## Arbor Eyecare

below. However, we reserve the right to determine if we will be able to continue your treatment under such restrictive authorizations.

- **To inspect or copy your health information.** You must make such requests in writing to the address below. If your health information is maintained electronically, you may request an electronic copy in a commonly available electronic format. If you request a copy of your health information, we may charge a reasonable, cost-based fee as permitted under HIPAA (45 CFR §164.524) and Washington State law (RCW 70.02 and WAC 246-08-400), which may include only the cost of labor for copying, supplies, and postage. Current fee schedules are available upon request. In certain circumstances we may deny your request to inspect or copy your health information, subject to applicable law.
- **To amend health information.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, you must write to us at the address below. You must also give us a reason to support your request. We will respond to your request within the timeframe required by applicable federal and Washington State law, whichever is shorter (currently 10 business days under RCW 70.02, or 60 days under HIPAA with a possible 30-day extension). 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.
- **To receive an accounting of disclosures of your health information.** You must make such requests in writing to the address below. 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. Your request must state how you would like to receive the report (paper, electronically).
- **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 the 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.
- **To request that we not record your clinical visit.** If we use visit recording for quality assurance or documentation purposes, you may request at any time that recording be paused or discontinued during your visit. Your request will be honored and will not affect the quality of your care.
- **To receive this Notice in electronic form.** You may request an electronic copy of this Notice at any time by contacting us at the address below or by visiting our website.
- **To receive a paper copy of this Notice.** You may request a paper copy of this Notice at any time, even if you previously agreed to receive it electronically.
- **To be notified of a breach.** You have the right to be notified if a breach of your unsecured health information occurs.



## Arbor Eyecare

### **Contact Person:**

Our contact person for all questions, requests or for further information related to the privacy of your health information is:

Practice Manager  
Arbor Eyecare  
126 E 2<sup>nd</sup> Street  
North Bend, WA 98045  
Phone: (425) 831-2020  
Email: [privacy@arboreye.org](mailto:privacy@arboreye.org)

### **Complaints:**

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or to 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 want to complain to us, send a written complaint to the office contact person at the address, fax or email shown above. If you prefer, you can discuss your complaint in person or by phone. To file a complaint with the federal government, you may contact: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Washington, D.C. 20201. Phone: 1-877-696-6775. Website: [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

### **Changes to This Notice:**

We reserve the right to change our privacy practices and to apply the revised practices to health information about you that we already have. Any revision to our privacy practices will be described in a revised Notice that will be posted prominently in our facility. Copies of this Notice are also available upon request at our reception area and on our website.

Notice Revised and Effective: March 18, 2026