

*This notice describes how information about you may be used and disclosed and how you can gain access to this information.*

## **Developmental Vision Associates, PLLC**

### **NOTICE OF PRIVACY PRACTICES**

#### **Our Uses and Disclosures of Your Protected Health Information**

1. Developmental Vision Associates, PLLC “(Developmental Vision Associates)” may use and disclose Protected Health Information for treatment, payment and healthcare operations. Examples of these include, but are not limited to, requested preschool, or sports physicals, foster care homes, home health agencies and/or referral to other providers for treatment, notify you of appointments by phone, email, text, or U.S. mail. Payment examples include, but are not limited to, insurance companies for claims including coordination of benefits with other insurers; collection agencies. Healthcare operations include, but are not limited to, internal quality control and assurance including auditing of records.
2. Developmental Vision Associates is permitted or required to use or disclose Protected Health Information without the individual’s written consent or authorization in certain circumstances. Two examples of such are for public health requirements or court orders.

#### **Your Choices**

1. Developmental Vision Associates will not use or disclose PHI for marketing purposes and/or disclosures constituting a sale of PHI without the individual’s Authorization.
2. Developmental Vision Associates will not sell or make any other use or disclosure of a patient’s Protected Health Information without the individual’s written authorization. Such authorization may be revoked at any time. Revocation must be written.
3. Developmental Vision Associates will abide by the terms of this notice currently in effect at the time of the disclosure of your Protected Health Information.
4. Developmental Vision Associates reserves the right to change the terms of its notice and to make new notice provisions effective for all Protected Health Information that it maintains. Developmental Vision Associates will provide each patient with a copy of any revisions of its Notice of Privacy Practices at the time of their next visit, or at their last known address if there is a need to use or disclose any Protected Health Information of the patient. Copies may also be obtained at any time at our offices.

## **Patient's Rights**

1. Any patient, guardian or personal representative has the right to object to the use of their health information for telephone or in-person inquiries as to the patient's name, the patient's location in the facility, the patient's condition, and the patient's religious affiliation.
2. Any patient, guardian or personal representative has the right to inspect and obtain copies of their medical record. The records will be provided within 30 days of the request, and a reasonable charge may be assessed for any copies after the first request in a 12-month period. If Developmental Vision Associates is unable to act within the required period, Developmental Vision Associates may provide the patient with written notice of the reason for delay and expected date of completion of the request. This extension of time will not exceed 30 days.
3. You can ask Developmental Vision Associates to contact you in a specific way (home, office, phone) and we will say yes to all reasonable requests
4. You can ask for a paper copy of this notice at any time, even if you have agreed to receive it electronically. Developmental Vision Associates will provide you with a paper copy promptly.
5. If you have given a person medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your medical information. We will ensure that person has this authority and can act before we take any action.
6. Any patient, guardian or personal representative has the right to request amendments or corrections be made to their medical record. We may deny your request, but we must tell you why we denied your request in writing within 60 days.
7. Any patient, guardian or personal representative has the right to request a 6-year accounting of all disclosures of their medical record. The history will be provided within 30 days of the request and a reasonable charge may be assessed for any copies after the first requested in any 12-month period. If Developmental Vision Associates is unable to act within the required period, Developmental Vision Associates may provide the patient/person with written notice of the reason for delay and expected date of completion of the request. This extension of time will not exceed 30 days.
8. Developmental Vision Associates will not use or disclose genetic information related to genetic tests of a patient or family members of a patient for underwriting purposes with an insurance carrier.
9. Any patient, guardian or personal representative has the right to request restrictions as to how their health information may be used or disclosed to carry out treatment, payment or healthcare operations. Developmental Vision Associates is not required to agree to the restrictions requested, but if Developmental Vision Associates does agree, Developmental Vision Associates must abide by those restrictions.
10. Any patient, guardian or personal representative has the right to restrict disclosure of certain Personal Health Information to a health plan for payment or

health care operation purposes, but not for treatment purposes, for items or services that have been paid in full and out-of-pocket.

11. Any person/patient has the right to be notified by the Developmental Vision Associates Security Officer following a breach of unsecured Personal Health Information of the affected individual. Developmental Vision Associates may use email to notify the person/patient of a breach. Practice will use phone to notify the person/patient of a breach if there is an imminent threat. Any person/patient may file a complaint to Developmental Vision Associates and to the U.S. Secretary of Health and Human Services if they believe their privacy rights have been violated. To file a complaint with the Practice, please contact the Privacy Officer, Dodie Bailey, at the following: 12301 NE 10<sup>th</sup> Pl., Suite 302, Bellevue, Washington 98005, and/or (360) 698-2390. All complaints will be addressed and the results will be reported to the Privacy Officer.
12. It is the policy of Developmental Vision Associates that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance of the privacy standards.

### **Our Responsibilities**

1. Developmental Vision Associates is required by law to maintain the privacy and security of your Protected Health Information.
2. Developmental Vision Associates will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
3. Developmental Vision Associates must follow the duties and privacy practices described in this notice and give you a copy of it.
4. Developmental Vision Associates will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time by notifying us in writing.

## Developmental Vision Associates, PLLC

### Acknowledgement of Notice of Privacy Practices

I acknowledge that I have received a copy of the Notice of Privacy Practices from Developmental Vision Associates, PLLC on this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_. I understand that I may request a paper copy at any time.

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Patient (Print)

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Patient Signature