



EYEDENTITY

EYECARE + EYEWEAR

9761 N. NEVADA ST., SUITE 210

SPOKANE, WA

99218

509.468.2020

HIPAA AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information and when we need your writing authorization to do so. This form is for the use when such authorization is required and complies with Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Standards.

PATIENT NAME: _____ D.O.B.: _____

PATIENT PARENT/GUARDIAN NAME (IF APPLICABLE): _____

I understand that I have the right to revoke this authorization, in writing, at any time; except where use(s) or disclosure(s) have already been made based upon my original form of consent, and that original permission may not be taken back. I may not be able to revoke this authorization if its purpose was to obtain insurance. In order to revoke authorization, I must do so in writing and sent it to the appropriate disclosing party/parties.

I understand that it is possible that information disclosed base upon my original consent, may be re-disclosed by the recipient and is no longer protected by the HIPAA Privacy Standards. Treatment by any party may not be conditioned upon my signing of this authorization (unless treatment is sought only to create health information for a third party or to take part on a research study) and that I may have the right to refuse to sign this authorization.

I will receive a copy of this authorization after I have signed it. A copy of this authorization is as valid as the original.

Information to be disclosed: Any/All Prescription info Scheduling Billing Medical Testing/Test Results

I, _____, give Eyedentity Eyecare + Eyewear consent and permission to disclose my private health information obtained at this facility to the following party/parties:

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

Patient/Guardian Signature: _____ Date: _____

Notice of Privacy Practices

This notice describes how medical information may be used and/or disclosed and how you can gain access to this information.

Please review it carefully.

We understand that medical information about you is personal and we are committed to protecting it. EYEDENTITY Eyecare + Eyewear is required by law to maintain the privacy of your health information, to follow the terms of this notice and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We are required to follow the terms of the notice that is currently in effect.

How EYEDENTITY Eyecare + Eyewear may use or disclose your health information:

- For routine eye care, specialty treatment and to provide prescription ophthalmic goods and services to you.
- For payment so that your vision services may be billed and payment may be collected from you, your insurance company, or a third party.
- For health care operations and activities necessary to run our office and to make sure that you receive quality customer service.
- For appointment reminders and health related products and services, including: annual eye examinations cards, information regarding health related products and services, or recommend possible treatment alternatives that may be of interest to you.
- To individuals involved in your care or providing payment for your care, including: a family member, friend or other appointed caretaker, provided that you agree to disclosure, or we give you an opportunity to object to the disclosure. If you are not available or unable to agree or object, we will use our best judgment to decide whether this disclosure is in your best interests.

We may also disclose your health information:

- As required by law to comply with federal, state, or local laws.
- To avert a serious threat to health and/or safety in relation to you, another person, or the public. Any disclosure would be only to someone able to avert the threat.
- For public health activity and/or risk prevention, including: activities to prevent or control disease or injury, to report problems with products or report abuse or neglect.
- For health oversight activities when requested by a health oversight agency, where authorized by law. For activities necessary for government to monitor the health care system, including: audits, investigation, inspections, and licensure.
- For lawsuits and disputes in response to a court administrative court order, or subpoena, a discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order of protecting that information.
- For specialized government functions, such as (1) If you are a member of the armed forces, as required by military command authorities. (2) If you are an inmate or in lawful custody, to a correctional facility or law enforcement office. (3) In response to a request from law enforcement, if certain conditions are satisfied. (4) For national security reasons authorized by law. (5) To authorized federal officials to protect the President, other authorized persons or head of state.
- For Workers Compensation or other similar programs.

Other uses and disclosures of your health information, except as described in this notice:

EYEDENTITY Eyecare + Eyewear will not use or disclose your health information without your written authorization. If you do authorize EYEDENTITY Eyecare + Eyewear to use or disclose your health information, you may revoke your authorization in writing at any time. If you revoke your authorization, this will stop any further use or disclosure of the health information for purposes covered by your state which we must follow when using or disclosing your health information, or any State laws which give you greater rights with respect to your health information.

You have the following rights with respect to your health information:

- You have the right to request that we follow special restrictions when using or disclosing your health information for treatment, payment or health care operations, or to someone who is involved in your care or the payment of your care. EYEDENTITY Eyecare + Eyewear is not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment or to follow other expectations pursuant to law.
- With certain expectations, you have the right to inspect and copy your health information. Usually such information includes prescription and billing records. We may deny your request to inspect and copy in certain limited circumstances.
- You have a right to request that EYEDENTITY Eyecare + Eyewear amend your health information if it is incomplete or incorrect. You must provide a reason supporting your request. We may deny your request if the health information is accurate and complete or is not a part of the health information kept by or for EYEDENTITY Eyecare + Eyewear. Even if we deny your request for amendment of the information you believe is incomplete or incorrect, you have the right to submit a statement of disagreement regarding any item in your record you believe is incomplete or incorrect. If you request, this will become a part of your medical record and we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe is incomplete or incorrect.
- You have the right to request an accounting of disclosures of your health information. This is a list of disclosures we made of your health information, other than for treatment, payment, health care operations, and other expectations pursuant to law. You must specify the time period, which may not be longer than six years and may not include dates before April 14, 2003.
- You have the right request that we communicate with you about the medical matters in a certain way or at a certain location. For example, you may request that we contact you only at work or at a different residence or post office box. We will accommodate all reasonable requests. If you would like to exercise one or more of these rights, contact **EYEDENTITY Eyecare + Eyewear**, or submit a written request.

EYEDENTITY Eyecare + Eyewear reserves the right to change this notice. We reserve the right to make the revision or changes effective for health information we already have about you, as well as any information we receive in the future. We will post a copy of the current notice in our office. If we change our notice you may obtain a copy of the revised notice upon request at:

EYEDENTITY Eyecare + Eyewear
9671 N. Nevada St, Suite 210 Spokane, WA 99218 P:509-468-2020 F:509-468-3272