

NOTICE OF PRIVACY PRACTICES
Erickson's Inc. – Erickson's Eyes

421 W. Riverside Ave. #770, Spokane, WA 99201
509-747-6148x100 Hope Francis - Privacy Officer - manager@ericksons-eyes.com

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

Erickson's Inc. is committed to protecting the privacy and confidentiality of health information created and/or maintained at our facility. Federal and state regulations require us to maintain the privacy of your health information and to implement policies and procedures to safeguard the confidentiality of your health information. We are required by law to provide you with this Notice of Privacy Practices.

This notice provides you with information about our privacy practices and describes the ways in which we may use or disclose your health information. The notice also describes your rights and our legal obligations regarding any such uses or disclosures. It applies to all of your health information created and/or maintained at our facility, including any information that we receive from other health care providers. If you have any questions about this notice, please contact our Privacy Officer listed above.

We reserve the right to change this notice and to make the revised notice effective for all health information we already have about you as well as any information we create or receive in the future. We will make the revised notice available to you upon request on or after the effective date of the revised notice and will have a copy of the notice available at our facility to take with you. We will post a copy of the current notice in our facility. We will follow the terms of the notice that is currently in effect.

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Revised 12.06.16

A. How we may use and disclose your health information

Ericksons Inc. collects health information about you and stores it in an electronic chart. This is your medical record. The medical record is the property of Erickson's Inc., but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

- **Treatment.** We may use your health information to provide you with health care treatment and services. Our facility healthcare team will share information about you in order to coordinate your care. We may disclose your health information to doctors, therapists, or other personnel who are involved in taking care of you. For example, physicians involved in your care will need information about your symptoms in order to determine the course of treatment that should work best for you. We may also disclose health information about you to a healthcare facility, pharmacy or family member who will be involved in your care once you have been discharged from our facility, including your Power or Attorney if you have one.
- **Payment.** We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health insurance plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you. For example, we may provide an ambulance transport company your information so they may receive payment for services they have provided you.
- **Health Care Operations.** We may use and disclose medical information about you to operate Erickson's Inc. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your information with other health care providers, health care clearinghouses

or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts.

- Individuals involved in your care or payment for your care. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care (Power or Attorney) about: your location your general condition or, unless you have instructed us to do otherwise, in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others who take part or who are in charge of your care.

- Other Permitted or Required Uses and Disclosures We may use and disclose your health information for reasons permitted by the Health Insurance Portability & Accountability Act (HIPAA) Rule including, but not limited to the following:

- When required by the Secretary of Health and Human Services;
- As required by law;
- Public health activities;
- Health oversight activities;
- Change of Erickson's Inc. ownership;
- Proof of Immunization;
- Judicial or administrative proceedings;
- Workers' Compensation;
- Law enforcement officials;

- Coroners, medical examiners, or funeral directors;
- Organ procurement organizations or tissue banks;
- Research;
- To avert a serious threat to public health or safety;
- Specified Government Functions;

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. You have the right to revoke a written authorization at any time as long as your revocation is provided to us in writing.

B. When Erickson's Inc. May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, Ericksons Inc. will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize Erickson's Inc. to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

C. Your rights regarding your health information

- **Right to Request Special Privacy Protections.** You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.
- **Right to Request Confidential Communications.** You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a family member's address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.
- **Right to Inspect and Copy.** You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to, whether you

want to inspect it or obtain a copy of it. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary. We may deny your request under limited circumstances. If we deny your request to access the records of an incapacitated adult because we believe allowing access would be reasonably likely to cause substantial harm to the resident, the representative of said resident will have a right to appeal our decision.

- Right to Amend or Supplement. You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about any denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.

- Right to an Accounting of Disclosures. You have a right to receive an accounting of disclosures of your health information made by Erickson's Inc., except that Erickson's Inc. does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 4 (individuals involved in your care or payment for your care) and 5 (other permitted or required uses and disclosures) of Section A of this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent Erickson's Inc. has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

- Right to a Paper or Electronic Copy of this Notice. You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights or if you would like

to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices.

D. Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Practices will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice available in our lobby and upon request.

E. Complaints

Complaints about this Notice of Privacy Practices or how Erickson's Inc. handles your health information should be directed to our Privacy Officer listed at the top of this Notice of Privacy Practices.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

DOH Privacy Officer Department of Health P.O. Box 47904 Olympia, WA 98504-7904
Email: DOHPrivacyOfficial@DOH.wa.gov

Or, email the U.S. Office of Civil Rights: OCRMail@hhs.gov

The complaint form may be found at:

www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf. You will not be penalized or retaliated against in any way for filing a complaint.

Revised 12.11.18

ACKNOWLEDGMENT

I hereby acknowledge that I have received and had an opportunity to ask questions concerning Erickson's Inc. Notice of Privacy Practices.

_____ Client or Client's Representative

_____ Representative's Relationship to Client

Date _____

Revised 5.27.2020