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## **NOTICE OF PRIVACY INFORMATION PRACTICES**

**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**

### **A. PURPOSE OF THE NOTICE**

**Wolf Eye Center, Inc** is committed to preserving the privacy and confidentiality of your health information, which is created and/or maintained at our clinic. State and federal laws and regulations require us to implement policies and procedures to safeguard the privacy of your health information. This Notice will provide you with information regarding our privacy practices and applies to all of your health information created and/or maintained at our clinic, including any information that we receive from other health care providers or facilities. The Notice describes the ways in which we may use or disclose your health information and also describes your rights and our obligation concerning such uses or disclosures.

We will abide by the terms of this Notice, including any future revisions that we may make to the Notice as required or authorized by law. We reserve the right to change this Notice and to make the revised or changed Notice 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, which will identify its effective date in our clinic.

The privacy practices described in this Notice will be followed by:

1. Any health care professional authorized to enter information into your medical record created and/or maintained at our clinic;
2. All areas of the Practice (front desk, administration, billing and collection, etc.);
3. All employees, staff, and other personnel that work for or with our Practice;
4. Our business associates (including a billing service, facilities to which we refer patients, on-call physicians, and so forth.

The individuals identified above share your health information with each other for purposes of treatment, payment, and health care operations, as further described in this Notice.

By law, we are required to:

1. Make sure that the protected health information about you is kept private;
2. Provide you with a Notice of our Privacy Practices and your legal rights with respect to protected health information about you; and
3. Follow the conditions of the Notice that is currently in effect.

## **B. USES AND DISCLOSURES OF HEALTH INFORMATION FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**

### **1. The Use And Disclosure Of Medical Information, Payment, And Health Care Operations:**

By law we are allowed to use and disclose your medical information for most purposes related to your medical (“Treatment”), the (“Payment”) for your medical treatment, and our health care (“Operations”) or the operation of other covered entities to whom we disclose your medical information.

- a. **Treatment** means the provision, coordination, or management of health care and related services by or involving one or more health care providers, such as the coordination of consultations and referrals. For example, we can share most medical information regarding your health condition with another provider as part of a consultation. We may also contact you to remind you to make or that you already have made an appointment, to notify you regarding treatment alternatives, or other health related benefits and services that may be of interest to you.

Please note that by law, certain medical information such as psychotherapy notes, generally may not be used or shared even when it is related to your treatment, unless we obtain an Authorization from you to use or release that information.

**Payment** means activities related to obtaining reimbursement from insurers or other payers for services provided to you. Payment can also cover activities to determine your eligibility for services with your insurer, coordination of benefits with other insurers, billing, claims management, collection, medical necessity review activities, and disclosure to consumer reporting agencies. For example, we can disclose to your health plan, medical information that is required by the plan to determine whether the services we have provided to you are medically necessary. We can also disclose to your health plan a list of the services that you obtained from us so that we can be paid by the health plan for providing services to you.

**Operations** cover a range of activities that are necessary for the business of health care providers, payers, or clearing houses (i.e., entities performing certain billing or payment functions). They may be performed by our employees or in some cases, by third-party contractors. These operations include: quality assessment and improvement activities, peer review, credentialing and licensing, training programs, legal and financial services, business planning and development, management activities related to privacy practices, customer services, internal grievances, creating de-identified information for data aggregation or other purposes, certain marketing activities, and due diligence activities. For example, we evaluate practitioner performance to ensure that they meet our quality standards. Engaging counsel to defend us in a legal action is another activity that is considered health care operations.

## **C. AUTHORIZATIONS FOR OTHER USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION**

1. Unless a use or disclosure is permitted for treatment, payment, or operations purposes under Section B of this Notice, or is permitted or required under this Notice, we must obtain a signed Authorization from you to use or disclose your medical information. We may also require an Authorization when using or disclosing certain highly protected information such as substance abuse information. An Authorization is written permission that specifically identifies the

information that we will use or disclose, and when and how we will use or disclose it. You may revoke an Authorization at any time except that we have already used or disclosed your information in reliance on your Authorization.

#### **D. USES AND DISCLOSURES OF HEALTH INFORMATION IN SPECIAL SITUATIONS**

We may use or disclose your health information in certain special situations as described below. For these situations, you have the right to limit these uses and disclosures as provided for in this Notice.

1. **Appointment Reminders:** We may use or disclose your health information for purposes of contacting you to remind you of health care appointments. By providing your contact information, you are opting in to receive messages from Wolf Eye Center regarding your scheduled and unscheduled appointments by SMS. SMS messages will include the option to reply STOP to opt out of future messages from Wolf Eye Center, or HELP for more information from Wolf Eye Center, or call us at 907-376-2020. Message frequency may vary, and standard message and data rates may apply. No mobile opt-in data will be shared with third parties. We maintain consent of our patients in our practice management system.
2. **Prescriptions:** We may disclose your health care information for purposes of releasing to your optician or pharmacist prescriptions for eyeglasses, contact lenses, and ocular related medications as prescribed by the practice doctors.
3. **Family Members And Friends:** We may disclose your health information to individuals such as family members and friends who are involved in your care or who help pay for your care. We may make such disclosures when: (a) we have your verbal agreement to do so; (b) we make such disclosures and you do not object; or (c) we can infer from the circumstances that you would not object to such disclosures. For example, if your spouse comes into the exam room with you, we will assume that you agree to our disclosure of your information while your spouse is present in the room.

We also may disclose your health information to family members or friends in instances when you are unable to agree or object to such disclosures, provided that we feel it is in your best interest to make such disclosures and the disclosures relate to the family member's or friend's involvement in your care. For example, if you present to our clinic with an emergency medical condition, we may share information with the family member or friend who comes with you to our clinic. We also may share your health information with a family member or friend who calls us to request a prescription refill for you.

4. **For Disaster Relief:** We may use or disclose a limited amount of your health information to an entity that assists in disaster relief efforts.

#### **E. OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES OF HEALTH INFORMATION**

There are certain instances in which we may be required or permitted by law to use or disclose your health information without your permission. These instances are as follows:

1. **As Required By Law:** We may disclose your health information when required by federal, state, or local law. For example, we are required by the Division of Health and Human Services

(DHHS) to disclose your health information in order to allow DHHS to evaluate whether we are in compliance with the federal privacy regulations.

2. **To Business Associates:** We may use or disclose your medical information to our business associates who perform functions on our behalf, if we first receive satisfactory assurance that the business associate will safeguard your information.
3. **Public Health Activities:** We may be asked or required by law to divulge medical information to a public health authority under the following circumstances:
  - a. To report a birth, death, disease, or injury as required by law;
  - b. As part of a public health investigation;
  - c. To report child or adult abuse or neglect, or domestic violence as required by law;
  - d. To report adverse events (such as product defects);
  - e. To notify a person about exposure to a possible communicable disease as required by law;
  - f. To your employer if we are conducting an evaluation relating to the medical surveillance of the employer's workplace or to evaluate whether you have a work-related injury and only to the extent that the disclosure concerns such surveillance or injury.
4. **Health Oversight Activities:** We may disclose your health information to a health oversight agency that is authorized by law to conduct health oversight activities including audits, investigations, inspections, or licensure and certification surveys. These activities are necessary for the government to monitor the people or organizations that provide health care to individuals and to ensure compliance with applicable state and federal laws and regulations.
5. **To Report Victims Of Abuse, Neglect, Or Domestic Violence:** If we believe that you are a victim of abuse, negligence, or domestic violence, we may report this information to a governmental authority, social services, or protective agency if we believe the disclosure is necessary to prevent harm to you or another individual, if you cannot agree or if the disclosure is required by law. If we make such disclosure, you will be notified promptly unless notification to you would place you at serious risk of harm or otherwise is not in your best interest.
6. **Judicial Or Administrative Proceedings:** We may disclose your health information to the courts or administrative agencies charged with the authority to hear and resolve lawsuits or disputes. We may disclose your health information pursuant to a court order, subpoena, discovery request, or other lawful process issued by a judge or other person involved in the dispute, but only if efforts have been made to (1) notify you of the request for disclosure or (2) obtain an order protecting your health information.
7. **Workers' Compensation:** We may disclose your health information to Workers' Compensation programs when your health condition arises out of a work-related illness or injury.
8. **Law Enforcement Official:** We may disclose your health information in response to a request received from a law enforcement official to report criminal activity or to respond to a subpoena, court order, warrant, summons, or similar process.
9. **Coroners, Medical Examiners, or Funeral Directors:** We may disclose your health information to a coroner or medical examiner for the purpose of identifying a deceased individual

or to determine cause of death. We may also disclose your health information to a funeral director for the purpose of carrying out his/her necessary activities.

10. **Organ Procurement Organizations Or Tissue Banks:** If you are an organ donor, we may disclose your health information to organizations that handle organ procurement, transplantation, or tissue banking for the purpose of facilitating organ or tissue donation or transplantation.
11. **Research:** We may use or disclose your health information for research purposes under certain limited circumstances. Because all research projects are subject to a special approval process, we will not use or disclose your health information for research purposes until that particular research project for which your health information may be used or disclosed has been approved through this special approval process. However, we may use or disclose your health information to individuals preparing to conduct the research project in order to assist them in identifying patients with specific health care needs who may qualify to participate in the research project. Any use or disclosure of your health information, which is done for the purpose of identifying qualified participants will be conducted onsite at our facility. In most instances, we will ask for your specific permission to use or disclose your health information if the researcher will have access to your name, address, or other identifying information.
12. **To Avert A Serious Threat To Health Or Safety:** We may use or disclose your health information when necessary to prevent a serious threat to the health or safety of you or other individuals.
13. **Military Or Veterans:** If you are a member of the armed forces, we may use or disclose your health information as required by military command authorities.
14. **National Security And Intelligence Activities:** We may use or disclose your health information to authorized federal officials for purposes of intelligence, counterintelligence, or other national security activities as authorized by law.
15. **Inmates:** If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may use or disclose your health information to the correctional institution or to the law enforcement official as may be necessary (a) for the institution to provide you with health care; (b) to protect the health or safety of you or another person; or (c) for the safety and security of the correctional institution.
16. **Other Permitted Disclosures:** We may use or disclose your medical information as required or permitted by the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act (HIPAA) as amended and interpreted from time to time.

## **F. USES AND DISCLOSURES PURSUANT TO YOUR WRITTEN AUTHORIZATION**

Except for the purposes identified above in Sections B through E, we will not use or disclose your health information for any other purposes unless we have your specific written authorization. You have the right to revoke a written authorization at any time as long as you do so in writing. If you revoke your authorization, we will no longer use or disclose your health information for the purposes identified in the authorization, except to the extent that we have already taken some action in reliance upon your authorization.

## **G. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the following rights regarding your health information. You may exercise each of these rights, in writing, by providing us with a completed form that you can obtain from the Clinic Director. In some instances, we may charge for the cost(s) associated with providing you with the requested information. Additional information regarding how to exercise your rights and the associated cost(s) may be obtained from the Clinic Director.

1. **Right To Inspect And Copy:** You have the right to inspect and copy health information that may be used to make decisions about your care. We may deny your request to inspect and copy your health information in certain limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed.
2. **Right To Amend:** You have the right to request an amendment to your health information that is maintained by or for our clinic and is used to make health care decisions about you. We may deny your request if it is not properly submitted or does not include a reason to support your request. We may also deny your request if the information sought to be amended: (a) was not created by this clinic, unless the person or entity that created the information is no longer available to make the amendment; (b) is not a part of the information that is kept by or for this clinic; (c) is not part of the information which you are permitted to inspect and copy; or (d) is accurate and complete.
3. **Right To An Accounting Of Disclosures:** You have the right to request an accounting of the disclosures of your health information made by this clinic. This accounting will not include disclosures of health information that we made for purposes of treatment, payment, or health care operations or pursuant to a written authorization that you have signed.
4. **Right To Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information that we disclose about you to someone, such as a family member or friend, who is involved in your care or in the payment of your care. For example, you could ask that we do not use or disclose information regarding a particular treatment that you received. We are not required to agree to your request. If we do agree, that agreement must be in writing and signed by you and a representation of this clinic. If you have paid for services “out of pocket”, in full, and you request that we do not disclose PHI related solely to those services to a health plan, we will accommodate your request, except where we are required by law to make a disclosure.
5. **Right To Request Confidential Communications:** You have the right to request that we communicate with you about your health care in a certain way or at a certain location. For example, you may ask that we only contact you at work or by mail.
6. **Right To A Paper Copy Of This Notice:** You have the right to receive a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

## **H. QUESTIONS OR COMPLAINTS**

If you have any questions regarding this Notice or wish to receive additional information about our privacy practices, please contact our Clinic Director. If you believe your privacy rights have been violated, you may file a complaint with our clinic or with the Secretary of the Division of Health and Human Services (DHHS). To file a complaint with our clinic, contact the Clinic Director at 4505 E. Greenstreet Circle,

Wasilla, AK 99654. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

## **I. OUR DUTIES**

We are required by law to maintain the privacy of your medical information and to provide you with this Notice of our legal duties and privacy practices with respect to your medical information. We are required to notify you in the event of a breach of PHI within 60 days.

**\*This practice does not sell, rent, or lease its customer lists or mobile data to third parties for marketing purposes\***

We are required by law to abide by the terms of this Notice.

**We reserve the right to revise this Notice and will revise the Notice if we materially change any use, disclosure, individual right or legal duty, or other privacy practice stated in this Notice. If we revise a Notice, copies will be available by asking the Clinic Director or any staff member. We reserve the right to change our privacy practices retroactively with respect to information that we created or received prior to issuing a revised Notice.**

**Address:** Wolf Eye Center, Inc  
4505 E. Greenstreet Circle  
Wasilla, AK 99654

**Privacy Officer:** Robin Walker

**Telephone:** (907) 376-2020