

## **Privacy Policy / SMS Terms and Conditions**

**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.**

Created: 03/03/2026

### **Our Commitment to Your Privacy**

The Retina Group of Seattle is required by law to maintain the privacy of your Protected Health Information (PHI) and to provide you with this Notice of our legal duties and privacy practices. We are required to abide by the terms of the Notice currently in effect. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that we maintain. Should our practices change, we will post a copy of the revised Notice in our office and on our website.

### **How We May Use and Disclose Your Protected Health Information (PHI)**

The following categories describe different ways that we use and disclose your PHI. We will not use or disclose your PHI for any purpose not listed below without your specific written authorization.

#### **1. For Treatment, Payment, and Health Care Operations**

We are permitted to use and disclose your PHI for treatment, payment, and health care operations without your authorization.

- For Treatment: We may use and disclose your PHI to provide, coordinate, or manage your eye care and any related services.
  - *Example:* We may disclose your exam results to your primary care physician or to a specialist you are being referred to. We may also share information with a pharmacy to fill a prescription.
- For Payment: We may use and disclose your PHI to obtain payment for the services we provide to you.
  - *Example:* We will send a bill to your insurance company or vision plan. The bill may contain information that identifies you, your diagnosis, and the procedures or supplies used.
- For Health Care Operations: We may use and disclose your PHI for our business operations.
  - *Example:* We may use your PHI to review the quality of our care, conduct business planning, or for staff training purposes.

#### **2. Other Permitted Uses and Disclosures Without Your Authorization**

We may also use or disclose your PHI without your authorization in the following situations:

- **Individuals Involved in Your Care:** To a family member, friend, or other person you identify as being involved in your care or payment, unless you object.
- **Public Health:** As required by law for public health activities, such as reporting infectious diseases or problems with medical products.
- **Health Oversight Activities:** To health oversight agencies for activities such as audits, investigations, inspections, and licensure.
- **Law Enforcement:** As required by law, such as in response to a court order, subpoena, or warrant.
- **Coroners, Medical Examiners, and Funeral Directors:** To identify a deceased person or determine the cause of death.
- **Organ and Tissue Donation:** To organizations that handle organ procurement or transplantation.
- **Workers' Compensation:** To comply with laws relating to workers' compensation or similar programs.
- **Serious Threat to Health or Safety:** To prevent a serious threat to your health and safety or the health and safety of others.

### **Uses and Disclosures That Require Your Written Authorization**

Other uses and disclosures of your PHI that are not addressed by this Notice or by applicable law will only be made with your written authorization. Specifically, we must obtain your authorization for:

- **Marketing:** We will not use or disclose your PHI for marketing purposes without your written authorization.
- **Sale of PHI:** We will not sell your PHI to any third party without your written authorization.

You may revoke any authorization you provide at any time, in writing. Your revocation will not affect any actions we took based on your authorization before we received your written revocation.

***Please note:*** *This practice does not share, sell, rent, or lease its customer lists or mobile opt-in data to third parties for marketing purposes.*

### **Your Rights Regarding Your Protected Health Information**

You have the following rights regarding the PHI we maintain about you. All requests must be submitted in writing to our Privacy Officer.

1. **Right to Inspect and Copy:** You have the right to inspect and obtain a copy of your PHI (such as medical and billing records). We may charge a reasonable, cost-based fee for the copies.

2. Right to Request an Amendment: If you believe that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. We may deny your request for certain reasons, but we will provide you with a written explanation.
3. Right to an Accounting of Disclosures: You have the right to request a list of certain disclosures we have made of your PHI for purposes other than treatment, payment, or health care operations.
4. Right to Request Restrictions:
  - You have the right to request a restriction on how we use or disclose your PHI for treatment, payment, or health care operations. We are not required to agree to your request.
  - Exception: If you pay for a service or health care item out-of-pocket in full, you can ask us not to share information about that service with your health plan. We must agree to this request unless a law requires us to share that information.
5. Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location (e.g., only at your work phone or by mail to a P.O. Box). We will accommodate all reasonable requests.
6. Right to a Paper Copy of This Notice: You have the right to receive a paper copy of this Notice upon request, even if you have agreed to receive it electronically.
7. Right to receive written notification if the practice discovers a breach of your unsecured PHI and determines through a risk assessment that notification is required.

### **SMS Terms of Service**

You may receive text messages that include appointment reminders, scheduling updates, billing notifications, and other relevant information related to your care. Message frequency may vary. Standard message and data rates may apply. Carriers are not liable for delayed or undelivered messages.

### **Email Communications**

You may receive email communications related to scheduling, billing, and other healthcare operations.

### **Opt-Out Option**

You may opt out of receiving text messages at any time by replying **STOP**. For assistance, reply **HELP** or contact our office directly at **360-656-5839**. You may also opt out of electronic communications by notifying our office in writing.

### **Complaints and Contact Information**

If you believe your privacy rights have been violated, you may file a complaint with The Retina Group of Seattle or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact our Office Manager. We will not retaliate against you for filing a complaint.