



Notice of Privacy Policy

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. This is required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Our Commitment to Your Privacy

Alaska Lasik Center, hereafter referred to as the "Practice", and its employees are dedicated to maintaining the privacy of your information. You have a right to a paper copy of this notice. We reserve the right to change our privacy practices and the terms of this Notice. If changes are made, we will have copies of the revised Notice available upon your request and the revised Notice will be posted on our website.

Last revision of this Notice: 8/18/2004

The following circumstances may require us to use or disclose your medical information:

1. Medical Treatment: We may disclose your medical information to other medical personnel who are involved in taking care of you. For example, a doctor to whom we refer you for ongoing or further care may need your medical record. We may also disclose information about you to people outside the Practice who may be involved with your medical care after you leave the Practice; this may include your family members or other personal representatives authorized by you.
2. Payment: We may use or disclose information about you for services and procedures so they may be billed and collected from you, an insurance company, or any other third party.
3. Appointment and Other Patient Reminders: We may contact you to remind you of appointments or remind you that you are due to receive periodic care from the Practice. This contact may be made by phone, in writing, in a non-secure e-mail, or otherwise which could (potentially) be received or intercepted by others.
4. Research: We may use or disclose medical information about you for research purposes. In most cases the information we use will not identify you, and in these cases an authorization for the use or disclosure of your medical information is not required. We will obtain a written authorization from you before using or disclosing your individually identifiable medical information.
5. Special Circumstances – We may use or disclose your information:
 - To public health authorities and health oversight agencies that are authorized by law to collect information.
 - In response to a court or administrative order for lawsuits and similar proceedings.
 - If required to do so by a law enforcement official.
 - When necessary to reduce or prevent a serious threat to your health and safety and/or the safety of another individual and/or the public.
 - In an emergency situation to organizations assisting in a disaster relief effort or other type of emergency response so that your family can be notified about your condition, status and location.
 - If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
 - To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
 - For Workers' Compensation and similar programs.



Patient Rights

THIS SECTION DESCRIBES YOUR RIGHTS AND THE OBLIGATIONS OF THIS PRACTICE REGARDING THE USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION.

1. **Right to Inspect & Copy:** You have the right to inspect and obtain a copy of the medical information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. If you request a copy of the information, we may charge you a fee for the costs of copying. You must submit your request in writing to Alaska Lasik Center, 3601 C Street, Suite 1134, Anchorage, AK 99503. Telephone: (907) 569-1551 for information.
2. **Right to Request Restrictions:** You can request, in writing, that we restrict the use or disclosure of your medical information for treatment payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your medical information to only certain individuals involved in your care or the payment of your care, such as family members or friends. We are not required to agree to your request. However, if we do agree to your written request, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. **Right to Amend:** You may ask us to amend your medical information if you believe it is incorrect or incomplete as long as the information is kept by or for our Practice. We are not required to agree to your request. However, if your request is denied you will receive an explanation of denial and your request to amend will remain a part of your medical information. To request an amendment, your request must be made in writing and submitted to the Alaska Lasik Center, 3601 C Street, Suite 1134, Anchorage, AK 99503. Telephone (907) 569-1551 for additional information.
4. **Right to Request Confidential Communications:** You can request that our Practice communicate with you about medical matters in a particular manner or at a certain location. For example, you can ask that we only contact you at work or by mail, that we not leave a message or send you e-mail, etc. We will accommodate all *reasonable* requests. Requests to confidential communications must be submitted in writing to the Alaska Lasik Center, 3601 C Street, Suite 1134, Anchorage, AK 99503. Telephone (907) 569-1551 for additional information.
5. **Right to an Accounting of Disclosures:** You have a right to request an "accounting of disclosures." This is a list of the disclosures of medical information about you to others. Your request must state a time period. Your request must be in writing, may not include dates more than six (6) years prior to the date of your request, and may not include dates before April 14, 2003 (or the actual implementation date of the HIPAA Privacy Regulations). We may charge you a fee for compiling this list and will inform you of the cost upon receiving your written request.
6. **Right to a Paper Copy of this Notice:** You are entitled to receive a paper copy of this Notice from our Practice. You may ask us to provide you with a copy of this Notice at any time. To get a copy of the most recent Notice, contact our Front Desk Receptionist.
7. **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with our Practice and/or with the Health and Human Services Office for Civil Rights. To file a complaint with our Practice, contact the Privacy Officer, Alaska Lasik Center, 3601 C Street, Suite 1134, Anchorage, AK 99503. Telephone (907) 569-1551 for further information.
8. **Right to Provide Further Authorization:** You have the right to provide authorization for other uses and disclosures of your medical information. Our Practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

