

Issaquah Family Eyecare

Inside Costco Wholesale | Issaquah, Washington

NOTICE OF PRIVACY PRACTICES

Effective Date: April 16, 2026 | This Notice is required by law.

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.

OUR COMMITMENT TO YOUR PRIVACY

Issaquah Family Eyecare is committed to protecting the privacy of your health information. We are required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to maintain the privacy of your protected health information (PHI), to provide you with this Notice of our legal duties and privacy practices, and to follow the terms of the Notice currently in effect. We are required to abide by the terms of the Notice currently in effect.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following describes the ways we may use and disclose your protected health information. Not every use or disclosure will be listed; however, all of the ways we are permitted to use and disclose information will fall within one of the following categories:

Treatment. We may use and disclose your health information to provide, coordinate, or manage your eye care and any related services. For example, we may share information with other healthcare providers involved in your treatment, such as ophthalmologists, primary care physicians, or surgical specialists to whom we refer you.

Payment. We may use and disclose your health information to obtain payment for services we provide. This includes submitting claims to your vision or medical insurance plan, verifying coverage, and responding to billing inquiries.

Healthcare Operations. We may use and disclose your health information for healthcare operations, including quality assessment and improvement activities, staff training, credentialing, and general business management of our practice.

Appointment Reminders. We may contact you to provide reminders about scheduled appointments or to recommend services that may be of benefit to you, such as annual eye exam recalls.

As Required by Law. We will disclose your health information when required to do so by federal, state, or local law, including disclosures to public health authorities, law enforcement, or in response to a court order or subpoena.

Washington State Privacy Laws. This practice also complies with Washington State health privacy laws under RCW 70.02, which may provide additional protections for your health information beyond federal HIPAA requirements.

Public Health Activities. We may disclose your health information to public health authorities for activities such as preventing or controlling disease, reporting adverse reactions to medications, or reporting suspected abuse or neglect as required by law.

Health Oversight Activities. We may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections by government agencies that oversee the healthcare system.

Serious Threats to Health or Safety. We may use or disclose your health information when necessary to prevent a serious and imminent threat to the health or safety of a person or the public.

Electronic Communications & Website. If you submit information through our website, contact forms, or email, please be aware that internet communications may not be fully secure. We will take reasonable steps to protect your information but cannot guarantee the security of information transmitted electronically.

Workers' Compensation. We may disclose your health information to the extent authorized by and necessary to comply with Washington State workers' compensation laws.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

Other uses and disclosures of your health information not described above will be made only with your written authorization. You have the right to revoke that authorization at any time by submitting a written request to our office. Your revocation will be effective for future uses and disclosures, but will not affect any actions we took in reliance on your authorization before we received your revocation.

We will not sell your health information, use it for marketing purposes, or disclose psychotherapy notes without your written authorization. We do not use your health information for fundraising purposes without your written authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

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

- **Right to Inspect and Copy.** You have the right to inspect and obtain a copy of your health information, including your medical record and billing records. We may charge a reasonable fee for copying. To request access, please submit a written request to our office.
- **Right to Amend.** If you believe your health information is incorrect or incomplete, you may request that we amend it. We may deny your request under certain circumstances, but will provide you with a written explanation.
- **Right to an Accounting of Disclosures.** You have the right to request a list of disclosures we have made of your health information, other than those made for treatment, payment, or healthcare operations.
- **Right to Request Restrictions.** You have the right to request restrictions on how we use or disclose your health information for treatment, payment, or operations. We are not required to agree to your request except in limited circumstances required by law.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about your health information in a certain way or at a certain location. For example, you may ask that we contact you only by phone at a specific number or by mail to a specific address.
- **Right to a Paper Copy of This Notice.** You have the right to receive a paper copy of this Notice at any time, even if you have agreed to receive it electronically. Please contact our office to request a paper copy.
- **Right to be Notified of a Breach.** You have the right to be notified in the event of a breach of your unsecured protected health information.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. We reserve the right 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 in our office and on our website. The Notice will include the effective date on the first page.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with our practice, please contact us using the information below. You will not be penalized or retaliated against in any way for filing a complaint.

To file a complaint with the U.S. Department of Health and Human Services, visit: www.hhs.gov/ocr/privacy/hipaa/complaints or call **1-800-368-1019**

CONTACT US

Issaquah Family Eyecare

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For questions about this Notice, contact our Privacy Officer, Dr. Thanh Pham, O.D. at
(425) 369 - 6725 or issaquahfamilyeyecare@gmail.com