



Notice of Privacy Practices

At Bellingham Eye Physicians, we are committed to protecting the privacy and confidentiality of your health information. This notice explains how your health information may be used and disclosed, and how you can access it. Please read it carefully.

1. Uses and Disclosures of Health Information

We may use and disclose your health information for various purposes, including:

Treatment: We may use your health information to provide medical treatment and services, such as performing eye exams, prescribing medications, and coordinating care with other healthcare providers.

Payment: We may use and disclose your health information to bill and collect payment for the services you receive. This includes providing information to insurance companies or other third parties that are responsible for paying for your care.

Healthcare Operations: We may use and disclose your health information for activities related to the operation of our practice, such as quality improvement, training, and administrative purposes.

2. Other Uses and Disclosures

We may also use or disclose your health information in the following circumstances:

As required by law: We may disclose your health information when required to do so by federal, state, or local law.

Public health activities: We may disclose your information to public health authorities for disease prevention, reporting of adverse events, or other public health purposes.

Health oversight activities: We may disclose your information to governmental agencies overseeing healthcare compliance, audits, and investigations.

Law enforcement and legal proceedings: We may disclose your information in response to a subpoena, court order, or legal process.

3. Your Rights Regarding Your Health Information

You have the following rights concerning your health information:

Right to Inspect and Copy: You have the right to request access to your medical records and receive a copy of them by submitting a written request to our office. In most cases, we must provide you with access within 30 days. It may incur a reasonable fee to labor and materials.

Right to Amend: You may request corrections or amendments to your health information if you believe it is incorrect or incomplete by submitting a written request to our office identifying the specific parts of your record that you believe are incorrect, along with the correction you would like to make. We must respond to your request within 60 days. If we accept your amendment request, we will update your record and notify other entities that we have shared the incorrect information with. If we deny your request, we will explain why, and you may appeal the decision.

Right to Request Restrictions: You may request restrictions on how your health information is used or disclosed, although we are not required to agree to all requests.

Right to an Accounting of Disclosures: You may request a list of disclosures of your health information made by our practice. We must provide an accounting of disclosures within 60 days of your request.

Right to Confidential Communications: You may request that we contact you about your health information in a certain way or at a certain location. Submit your request in writing, explaining your preferred method of communication, and we will make reasonable efforts to accommodate your preferences.

4. How We Protect Your Health Information

We use appropriate administrative, physical, and technical safeguards to protect your health information from unauthorized access, use, or disclosure. We ensure that our staff and any third-party partners follow strict confidentiality agreements to uphold your privacy.

5. Changes to This Notice

We may update this Notice of Privacy Practices at any time. Any changes will be effective immediately upon posting, and we will provide you with a copy upon request. You can also review the current version of this notice on our website or in our office.

Last Revised: January 21, 2025

6. Contact Information

If you have any questions about this Notice of Privacy Practices or wish to exercise your rights, please contact the clinic manager at:

Bellingham Eye Physicians
4540 Cordata Parkway, Suite 103
Bellingham, WA 98226
Phone: 360-676-8663
Fax: 360-676-8682

For further information on your privacy rights, you may also contact the U.S. Department of Health & Human Services at the Office for Civil Rights.

By receiving care at Bellingham Eye Physicians, you acknowledge that you have received and understand this Notice of Privacy Practices. Thank you for trusting us with your care.