

EYE CARE ASSOCIATES OF HUMBLE

State of the Art Ophthalmic Care for Your Family

**NOTICE
OF
PRIVACY
PRACTICE**

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.

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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.

We respect our legal obligation to keep health information regarding our patients (that identifies you) private. We are obligated by law to give you notice of our privacy practices. This Notice describes how we protect your health information and what rights you have regarding it.

Treatment, Payment, and Health Care Operations:

The most common reason why we use or disclose your health information is for treatment, payment or health care operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you; testing or examining your eyes; prescribing glasses, contact lenses, eye medications and faxing them to be filled; showing you low vision aids; referring you to another doctor or clinic for eye care or low vision aids or services; or getting copies of your health information from another professional that you may have seen before us. Examples of how we use or disclose your health information for payment purposes are: asking you about your health or vision plans, or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency or attorney). "Health care operations" mean those administrative and managerial functions that we have to do in order to run our office. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; and outside storage of our records.

We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside our office for these reasons, we usually will not ask you for special written permission.

Uses and Disclosures for Other Reasons Without Permission

In some situations, the law allows or requires us to use or disclose your health information without your permission. Not all of the situations will apply to us; some may never come up at our office at all. Such disclosures are:

- When a state or federal law mandates that certain health information be reported.
- For public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the FDA regarding drugs or medical devices.
- Disclosures to governmental authorities about victims of suspected abuse, neglect, or domestic violence.
- Uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare; or for investigation of possible violations of health care laws.
- Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies.
- Uses and disclosures to prevent a serious threat to health or safety.
- Disclosures of de-identified information.
- Disclosures related to worker's compensation programs.
- Incidental disclosures that are an unavoidable by-product of permitted uses or disclosures.
- Disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information.

Unless you object, we will also share relevant information about your care with your family or friends who are helping you with your eye care.

Office Communications

We may call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that might help you. These communications may also include: to inform you when glasses and/or contact lens orders are ready and reporting test results. Unless you tell us otherwise, we will mail you an appointment reminder on a post card, and/or leave you a communication message on your home answering machine or with someone who answers your phone if you are not home.

Other Uses and Disclosures

We will not make any other uses or disclosures of your health information unless you sign a written "authorization form." Sometimes, we may initiate the authorization process if the use or disclosure is our idea. Sometimes, you may initiate the process if it's your idea for us to send your information to someone else. Typically, in this situation you will give us a properly completed authorization form, or you can use one of ours. If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing.

Your Rights Regarding Your Health Information

The law gives you many rights regarding your health information. You Can:

- Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment, or health care operations. To ask for a restriction, send a written request to the office at the address shown at the beginning of this Notice.
- Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using email to your personal email address. We will accommodate these requests if they are reasonable, and if you pay us for the extra cost. If you want to ask for confidential communications, send a written request to the office.
- Ask to see or get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 30 days of asking us (or 60 days if the information is stored off-site). You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one 30-day extension of the time for us to give you access or photocopies if we send you a written notice of extension. If you want to review or get photocopies of your health information, send a written request to the office.
- Ask us to amend your health information if you think it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. If you want to amend your health information, send a written request to the office.

Our Notice of Privacy Practices

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this Notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our Notice, we will post the new Notice in our office and have copies available in our office.

Complaints

If you think that we have not properly respected the privacy of your health information, you are free to notify us or the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you complain to us, send a written complaint to the office. If you prefer, you can discuss your complaint in person or by phone.

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ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I have received a copy of the "Notice of Privacy Practices" for Eyecare Associates of Humble.

PATIENT NAME: _____

PATIENT SIGNATURE: _____

DATE: _____