



3111 South Lamar Blvd. Austin, TX 7870

P: 512.222.5636 | Fax: 512-580-9957

www.eyerisvision.com

HIPPA & NOTICE OF PRIVACY PRACTICE

This notice describes how your medical information may be used, disclosed and how you can get access to this information. Please review:

TO WHOM DOES THIS NOTICE APPLY?

EyeRis Vision (EV) provides health care to our patients and clients in partnership with other professionals and organizations. The following people will follow these privacy practices:

- All EV employees, staff, and any personnel authorized to enter information into your chart.
- Any member of a volunteer group that is authorized by EV to help you.
- Any business associate with whom EV shares health information.

OUR RESPONSIBILITY TO YOU REGARDING YOUR MEDICAL INFORMATION

We understand that medical information about you is personal. We are committed to protecting your private medical information. In an effort to provide the highest quality medical care and to comply with certain legal requirements, we will and are required to:

- Keep your medical information private.
- Provide you with a copy of this notice.
- Follow the terms of this notice.
- Notify you if we are unable to agree to a restriction that you have requested.
- Accommodate your reasonable requests to communicate health information by alternative means or at alternative locations.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION TO YOU

We may use and disclose your medical information for TPO (Treatment, Payment, or Operations) for the following purposes without any special permission. If we need to disclose your health information outside of our office for these reasons, we usually will not ask you for special written permission.

- For your **Treatment**: such as sending medical information about you to a specialist as part of a referral. 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, or eye medications and faxing or electronically sent 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 care 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.

EXAMPLES OF DISCLOSURES FOR TPO

Treatment: information received by a nurse, physician, or other member of your health care team will be recorded on your record and used to determine your course of treatment. We will also provide your physician or a subsequent health care provider with copies of reports to assist him or her in treating you.

Payment: a bill may be sent to you or an insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used in your treatment.

Operations: EV may use your information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide

HOW WILL MY INFORMATION BE USED?

We may contact you for appointment reminders, or to tell you about or recommend possible treatment options, alternatives, health-related benefits or services that may be of interest to you. Appointment reminders may be in a method of a phone call, email, or texting options. Unless you tell us otherwise, we will contact you and leave reminder messages or with someone who answers your phone if you are not at home.

We may use your information for advertising and marketing purposes, only within our practice. EV will not sell or use your information for marketing to a third party without authorization from you first.

We will release medical information about you to a family member, friend or any other person who is involved in your medical care, only with a written consent from you or by filling out a Medical Release Form. We may give information to those whom you identify as responsible for payment of your care.

WE MAY USE OF DISCLOSE MEDICAL INFORMATION ABOUT YOU W/O YOUR PRIOR AUTHORIZATION FOR SEVERAL OTHER REASONS

Subject to certain requirements, we may give out medical information about you w/o your prior authorization for the following purposes:

- Research: we may use and disclose medical information about you for research purposes. All research projects are subject to a special approval process.
- Law: we may disclose medical information when required by law, such as in response to a request from law enforcement in specific circumstances or in response to valid judicial or administrative orders.
- When a state or federal law mandates that certain health information be reported for a specific purpose. Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- Disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else; Disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- Uses and disclosures to prevent a serious threat to health or safety;
- Uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the Foreign Service; Disclosures of de-identified information;
- Disclosures relating to worker's compensation programs; disclosures of a "limited data set" for research, public health, or
- health care operations; incidental disclosures that are an unavoidable by-product of permitted uses or disclosures Public health: we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, disability, child abuse or neglect, etc., as required by law.
- For public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal Food and Drug Administration 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 Medicaid; or for investigation of possible violations of health care laws;
- Business associates: there are some services provided in our organization through contracts with business associates (e.g., we may disclose medical information about you to a company who bills insurance companies on our behalf to enable that company to help us obtain payment for the health care services we provide). To protect your health information, we require the business associate to appropriately safeguard your information.
- Notifications: we may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, or your location and general conditions.
- Funeral directors: we may disclose health information to funeral directors consistent with applicable law for them to carry out their duties.
- Organ donation: consistent with applicable law, we may disclose health information to organ procurement organizations for the purpose of tissue donation and transplant.
- Food and Drug Administration (FDA): we may disclose to the FDA health information relative to adverse events. Worker's Compensation: we may disclose health information necessary to comply with laws relating to Worker's Compensation or other similar programs established by law.

- Correctional institution: should you be an inmate of a correctional institution, we may disclose to the institution or its agents health information necessary for your health and the health and safety of other individuals.
- State requirement: many states have requirements for reporting, including population-based activities relating to improving health or reducing health care costs.
- Organized health care arrangements: information will be shared as necessary to carry our treatment, payment, and health care operations. Physicians and caregivers may have access to protect health in their offices to assist in reviewing past treatment, as it may affect treatment this time.

OTHER USES OF MEDICAL INFORMATION

In any other situation not covered in this notice, we will ask you for your written authorization before using or disclosing your medical information. If you choose to authorize us to use or disclose your health information, you can later revoke that authorization by notifying us in writing of your decision, except to the extent that action has already been taken by us upon an authorization given to us.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

Although your health record is the property of EV, you have the right to:

- Request a restriction, in writing*, on certain uses or disclosures of your medical information for treatment, payment, or health care operations, with the exception of emergency situations. We will inform you of our decision on your request, but we are not legally required to agree to a request restriction. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to the office contact person at the address, fax or E Mail 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 E Mail address. We will accommodate these requests if they are reasonable, and if you pay us for any extra cost. If you want to ask for confidential communications, send a written request to the office contact person at the address, fax or E mail shown at the beginning of this Notice.
- Obtain a paper copy of your medical information, in most cases. You are now also able to receive an electronic copy of the information contained on your electronic health record.
- Ask to see or to 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 sixty 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 the extension. If you want to review or get photocopies of your health information, send a written request to the office contact person at the address, fax or email shown at the beginning of this Notice
- Request in writing* an amendment to your records if you believe the information in your record is incorrect or important information is missing. We could deny your request to amend a record if the information was not created by us, maintained by us, or if we determine the record is accurate. You may appeal, in writing, a decision by us not to amend a record. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know got the wrong information, and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have one 30 day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, send a written request, including your reasons for the amendment, to the office contact person at the address, fax or E mail shown at the beginning of this Notice.
- Obtaining an accounting of disclosures stating to whom and where your health information has been disclosed for purposes other than treatment, payment, health care operations (TPO), or where you specifically authorized a use or disclosure in the past six years. The request must be in writing and state the time period desired for the accounting*. After the first request, there may be a charge.
- Request the medical information about you to be communicated to you in a confidential way or at an alternative location, but you must specify how or where you wish to be contacted.
- Get a list of the disclosures that we have made of your health information within the past six years (or a shorter period if you want). By law, the list will not include: disclosures for purposes of treatment, payment

or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30 day extension of time if we notify you of the extension in writing. If you want a list, send a written request to the office contact person at the address, fax or E mail shown at the beginning of this Notice.

- Get additional paper copies of this Notice of Privacy Practice upon request. It does not matter whether you got one electronically or in paper form already. If you want additional paper copies, send a written request to the office contact person at the address, fax or E mail shown at the beginning of this Notice.
- You now have the right to pay for services out of pocket and request the practice to withhold disclosures of protected health information (PHI) related to a particular service to a health plan.

ELECTRONIC USE

Our offices use electronic medical programs to maintain your medical records. Secured online Portal access is provided to patients as a way to conveniently communicate with our office. EV may use a third party vendor as a communication tool to communicate with patients. You have the right to opt out or unsubscribe to those features.

CHANGES TO THIS NOTICE

EV has the right to change this notice at any time. We have the right to make the revised or changed notice effective for medication 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. The notice will contain the effective date. In addition, you may request a copy of the current notice each time you register with EV for treatment or health care services

COMPLAINTS

If you have questions or would like additional information, or if you believe your privacy rights have been violated, you can contact the Privacy Office via email/mail or call 512.222.5636. You may also file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights, 200 Independence Avenue, SW. Washington, DC 20201. Filing a complaint will not negatively affect the treatment or coverage that you receive.

PRIVACY OFFICER

Dr. B.N. Le
3111 South Lamar Blvd. Austin, TX 78704
512.222.5636
eyerisvision.atx@gmail.com

*All written requests or appeals should be submitted to our Privacy Officer.