

# NOTICE OF PRIVACY PRACTICES

## GLAUCOMA CENTER OF TEXAS

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION, YOUR RIGHTS CONCERNING YOUR HEALTH INFORMATION AND OUR RESPONSIBILITIES TO PROTECT YOUR HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Glaucoma Center of Texas provides this Notice to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**This notice describes our Practice's policies, which extend to:**

- Any health care professional authorized to enter information into your chart (including physicians, ophthalmic technicians and assistants, etc.)
- All areas of the Practice (front desk, administration, billing and collection, etc.);
- All employees, staff and other personnel that work for or with our Practice
- Our business associates (including a billing service, or facilities to which we refer patients), on-call physicians, and so on.

### WHAT ARE OUR RESPONSIBILITIES TO YOU?

Your health information is personal. We are required by law to protect the privacy of your health information, and will only release your health information as allowed by law or with special written permission (authorization) from you. We use the minimal amount of health information needed to do our work. Only those who need your health information to provide services are allowed to use it. Glaucoma Center of Texas protects your information whether verbal, on paper or electronic.

### HOW DO WE USE AND RELEASE YOUR HEALTH INFORMATION?

Glaucoma Center of Texas primarily maintains your health information in a secure electronic format. Your information will most often be used, shared or disclosed electronically. The following section explains some of the ways we are

permitted to use and release health information without authorization from you.

### USE AND RELEASE OF YOUR HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION:

#### ■ TREATMENT PURPOSES

While we are providing you with health care services, we may need to share your health information with other health care providers or other individuals who are involved in your treatment. Examples include doctors, hospitals, pharmacists, therapists, nurses and labs that are involved in your care.

#### ■ PAYMENT PURPOSES

Glaucoma Center of Texas may need to share a limited amount of your health information to obtain or provide payment for the health care services provided to you.

Examples include:

- **Eligibility** – Glaucoma Center of Texas may contact the company or government program that will be paying for your health care. This helps us determine if you are eligible for benefits, and if you are responsible for paying a co-payment or deductible.
- **Claims** – Glaucoma Center of Texas and businesses we work with share health information for billing and payment purposes. For example, your doctor must submit a claim form to get paid, and the claim form must contain certain health information.

#### ■ HEALTH – CARE OPERATIONS PURPOSES

Glaucoma Center of Texas may need to share your health information in the course of conducting health care business activities that are related to providing health care to you.

Examples include

- **Quality Improvement Activities** – Glaucoma Center of Texas may use and release health information to improve the quality or the cost of care. This may include reviewing the treatment and services provided to you. This information may be shared with those who pay for your care, or with other agencies that review this data.
- **Appointment Reminders** – Glaucoma Center of Texas may use your health records to remind you

of recommended services, treatments or scheduled appointments.

- **Business Associates** – There are some services provided at Glaucoma Center of Texas through contracts with Business Associates, such as medical transcription services and record storage companies. Business Associates are required by Federal law to protect your health information.
- **Audits** – Glaucoma Center of Texas may use or release your health information to make sure that its business practices comply with the law and with Glaucoma Center of Texas' policies. Examples include audits involving quality of care, medical bills or patient confidentiality.
- **Business Activities** – We may use or release your health information to perform internal business activities. Examples include business planning, computer systems maintenance, legal services and customer service.

#### ■ OTHER PURPOSES

- **Required By Law** – Sometimes we must report some of your health information to legal officials or authorities, such as law enforcement officials, court officials, governmental agencies or attorneys. Examples include reporting suspected abuse or neglect, reporting domestic violence or certain physical injuries, corresponding to a court order, subpoena, warrant or lawsuit request.
- **Public Health Activities** – We may be required to report your health information to authorities to help prevent or control disease, injury or disability. Examples include reporting certain diseases, injuries, birth or death information, information of concern to the Food and Drug Administration, or information related to child abuse or neglect. We may also have to report to your employer certain work-related illnesses and injuries so that your workplace can be monitored for safety.
- **Health Oversight Agencies** – We may be required to release health information to authorities so they can monitor, investigate, inspect, discipline or license those who work in the health-care system, or for governmental benefit programs.
- **Activities Related to Death** – We may be required to release health information to coroners, medical examiners and funeral directors so they can carry out their duties related

to your death. Examples include identifying the body, determining the cause of death, or, in the case of funeral directors, carrying out funeral preparation activities.

- **Organ, Eye or Tissue Donation** – In the event of your death, we may release your health information to organizations involved with obtaining, storing or transplanting organs, eyes or tissue to determine your donor status.
- **Research Purposes** – At times, we may use or release health information about you for research purposes. However, all research projects require a special approval process before they begin. This process may include asking for your authorization. In some instances, your health information may be used, but your identity is protected.
- **To Avoid a Serious Threat to Health or Safety** – As required by law and standards of ethical conduct, we may release your health information to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize serious and/or approaching threat to anyone's health or safety.
- **Military, National Security or Incarceration/Law Enforcement Custody** – We may be required to release your health information to the proper authorities so they may carry out their duties under the law. This maybe the case if you are in the military or involved in national security or intelligence activities, or if you are in the custody of law-enforcement officials.
- **Worker's Compensation** – We may be required to release your health information to the appropriate persons to comply with the laws related to workers' compensation or other similar programs that provide benefits for work-related injuries or illness.
- **Persons Involved in Your Care** – In certain situations, we may release health information about you to persons involved with your care, such as friends or family members. We may also give information to someone who helps pay for your care. You have the right to approve such releases, unless you are unable to function, or if there is an emergency
- **Notification/Disaster Relief Purposes** – In certain situations, we may share your health information with the American Red Cross or

another similar federal, state or local disaster relief agency or authority, to help the agency locate persons affected by the disaster.

#### **WHEN IS YOUR AUTHORIZATION REQUIRED?**

Except for the types of situations listed above, we must obtain your authorization for any other types of releases of your health information. If you provide us authorization to use or release health information about you, you may cancel that authorization in writing at any time. Any authorization you sign may be cancelled by following the instructions described on the authorization form.

#### **WHAT ARE YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION?**

Glaucoma Center of Texas wants you to know your rights regarding your health information.

##### **■ Right to Receive This Notice of Privacy Practices**

You have the right to receive a paper copy of this notice at any time. You may obtain a copy of the current notice in our office or by visiting our website at [www.glaucomacenter.tx](http://www.glaucomacenter.tx)

##### **■ Right to Request Confidential Communications**

You have the right to ask that Glaucoma Center of Texas communicate your health information to you in different ways or places. For example, you can ask that we only contact you by telephone at work, or that we only contact you by mail at home. We will do this whenever it is reasonably possible. You can find out how to make such a request by contacting the clinic manager.

##### **■ Right to Request Restrictions**

You have the right to request restrictions or limitations on how your health information is used or released. We have the right to deny your request. If you have paid for a health care item or service in full, out of pocket, we must honor your request to restrict information from being disclosed to a health plan for purposes of payment or operations. You may obtain information about how to ask for a restriction on the use or release of your information by contacting the clinic manager.

##### **■ Right to Access**

You have the right to review and receive a copy of your health information that may be used to make decisions about your care. This includes your own medical and billing records, but does not include psychotherapy notes. To receive a copy of your record talk to the clinic manager. Glaucoma Center of Texas will charge you a fee to copy and/or mail your health record to you

**■ Right to Amend** – You have the right to ask that Glaucoma Center of Texas' information in your health record be changed if it is not correct or complete. You

must provide the reason why you are asking for a change. You may request a change by sending a request in writing to Glaucoma Center of Texas

We may deny your request if:

- We did not create the information;
- We do not keep the information;
- You are not allowed to see and copy the information; or
- The information is already correct and complete.

**■ Right to a Record of Releases** – You have the right to ask for a list of releases of your health information by sending a request in writing to the clinic manager of Glaucoma Center of Texas. Your request may not include dates earlier than the six years prior to the date of your request. Glaucoma Center of Texas will notify of the costs involved and you may choose to modify or withdraw your request at that time before any costs are incurred. The list will contain only information that is required by law. This list will not include releases for treatment, payment, health care or releases that you have authorized.

#### **WHAT CAN YOU DO IF YOU HAVE A COMPLAINT ABOUT HOW YOUR HEALTH INFORMATION IS HANDLED?**

If you believe that your privacy rights have been violated, you may file a complaint with Glaucoma Center of Texas or with the Secretary of Health and Human Services. To file a complaint with the practice please write us at Glaucoma Center of Texas, 9600 N. Central Expressway, Suite 300, Dallas, TX 75231. You will not be denied treatment or penalized in any way if you file a complaint.