

EYE CENTERS OF SOUTHEAST TEXAS, L.L.P.
NOTICE OF PRIVACY PRACTICES

**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**

Please direct questions about this notice to the Privacy Officer, Sandra Melton at 409-833-0444.

Effective Date: April 14, 2003
Revised Date: June 13, 2007

WHO WILL FOLLOW THIS NOTICE:

This notice describes our institution's practices and that of:

- Any health care professional authorized to enter information into your Medical record.
- All departments of Eye Centers of Southeast Texas, L.L.P.
- All employees and staff of Eye Centers of Southeast Texas, L.L.P.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical billing information about you and your health is personal and confidential. We are committed to protecting *medical* information about you. We create a record of the care and services you receive at Eye Centers. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the Eye Centers of Southeast Texas, L.L.P., and any records contained within your medical *billing* record here. Other providers may have different policies or notices regarding their use and disclosure of your medical information created in their office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of this information.

Calling Patient by Name in the Waiting Areas We will call patients from the Lobby and Waiting Areas by Name using the name recorded on your medical chart, the name used to make the appointment, or the name used to sign in at the lobby on arrival.

Appointment Reminders We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or care at the Eye Centers of Southeast Texas, L.L.P.

Treatment Alternatives We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Service We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care of Payment for Your Care We may release medical information about you to a friend or family member that you indicate is involved in your care or the payment for your care unless you object in whole or in part. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of your information. Before we use or disclose information for research, the project will have been approved through this research approval process. We may, however, disclose medical information about you to people preparing to conduct a research project. For example, this information may help researchers look for patients with specific medical needs. This information will remain within the Eye Centers. We will ask for your specific permission to give a researcher your name, address or other information that reveals who you are. In rare cases, your permission may be waived as directed by federal, state, and local law.

As Required By Law We will disclose medical information about you when required to do so by federal state or local law.

We are required by law to:

- ❑ Make sure that medical billing information that identifies you is kept private:
- ❑ Notify you of our legal duties and privacy practices with respect to medical information about you; and
- ❑ Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

For Treatment We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors or other Eye Centers of Southeast Texas, L.L.P. personnel who are involved in taking care of you. For example, a doctor treating you for a vision problem may need to know if you have diabetes because diabetes may be the cause of your vision problem. We also may disclose medical information about you to people outside Eye Centers who may be involved in your continued care, such as family members, or others we use to provide services that are part of your care.

For Payment We may use and disclose medical information about you so that the treatment and services you receive at Eye Centers of Southeast Texas, L.L.P. may be billed to and payment may be collected from you, an insurance company, a third party or a State or Federal Program. For example, we may need to give your health plan information about surgery you received so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations We may use and disclose medical information about you for health care operations at the Eye Centers of Southeast Texas, L.L.P. These uses and disclosures are necessary to run Eye Centers of Southeast Texas, L.L.P. and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many Eye Centers of Southeast Texas, L.L.P. patients to decide what additional services Eye Centers of Southeast Texas, L.L.P. should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors and other Eye Centers of Southeast Texas, L.L.P. personnel for review and learning purposes. We may also combine the information we have with the medical information from other providers of care to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

To Avert a Serious Threat to Health or Safety We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to help prevent the threat.

SPECIAL SITUATIONS:

Organ and Tissue Donation: If you are an organ donor, we may release medical information to organizations that handle organ, eye or tissue procurement/transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans: If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation: We may release medical information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks: We may disclose medical information about you for public health activities. These activities generally include the following: To prevent or control disease, injury or disability; To report births and deaths; To report child or elder abuse; To report reactions to medications or problems with products; To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Health Oversight Activities: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws: To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you to comply with a subpoena, court order, or other lawful process by someone else involved in the dispute, provided that the request meets all of the legal requirements and is valid.

Law Enforcement: We may release medical information if asked to do so by a law enforcement official; In response to a court order, subpoena, warrant, summons or similar process; To identify or locate a suspect, fugitive, material witness, or missing person; About a victim or the suspected victim of a crime; About a death we believe may be the result of criminal conduct; About criminal conduct at Eye Centers of Southeast Texas, L.L.P; and In certain circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

National Security and Intelligence Activities: We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Patients under Custody of Law Enforcement: If you are under the custody of a law enforcement official we may release medical information about you to the law enforcement official. This release would be necessary for the institution to provide you with health care and/or to protect your health and safety or the health and safety of others.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

Right to Inspect and Copy You have the right to inspect and have copied information that is considered part of your medical and billing records that may be used to make decisions about your care. **To inspect and have copied medical information about you**, you must submit your request in writing to the Medical Records Department.

Right to Correct or Update: For as long as your protected health information is kept by or for the Eye Centers of Southeast Texas, L.L.P. you have the right to request a correction if you feel that this information is incorrect or incomplete. **To request a correction or update**, your request must be made in writing with a reason to support the request and submitted to the Medical Records Department. Eye Centers will respond within 60 days of receiving your written request. We may deny your request if it is not in writing or does not include a reason to support your request. In addition, we may deny your request if you ask us to amend information that: Was not created by us, unless the person or entity that created the information is no longer available to make the amendment; Is not part of the information kept by or for the Eye Centers; Is not part of the information which you would be permitted to inspect and have copied or; is not accurate and complete.

Any agreed upon correction will be included as an addition to, and not a replacement of, already existing records.

Right to a List of Disclosures We Have Made About You You have the right to request an accounting of the disclosures we made of your medical, and billing information except for disclosures made for treatment, payment and health care operations as defined above. We are not obligated to list all disclosures made about you. **To request this list of disclosures**, you must submit your request in writing to the Medical Records Department. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically (fax)). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of costs involved and you may alter your request before any costs are incurred.

Right to Request Restrictions You have the right to request a restriction or limitation on the medical, and billing information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. **We are required to agree to your request.** However, if we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. **To request restrictions regarding your care**, you must make your request directly to those who are caring for you. **To request restrictions regarding payment**, you must make your restriction request known at the time of your registration to the doctor's office or by calling the Business Office. Any other restrictions must be in writing to Medical Records. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. **To request confidential communications**, you must make your request at the time of registration at the doctor's office or by calling the Reception Desk. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at the Reception Desk. **We will ask that you acknowledge receipt of this notice in writing.**

CHANGES TO THIS NOTICE We reserve the right to change the terms of this notice and make the revised or changed notice effective for protected health information we maintain. We will post copies of the current notice at Eye Centers of Southeast Texas, L.L.P. where you receive care. The effective date of the notice is contained on the first page. In addition, each time you have an office visit, we will offer you a copy of the current notice in effect or you may request a copy.

COMPLAINTS **You will not be penalized for filing a complaint.** If you believe your privacy rights have been violated, you may file a complaint with the Eye Centers of Southeast Texas, L.L.P. or with the Secretary of the Federal Department of Health and Human Services (DHHS).

To file a complaint with the Eye Centers of Southeast Texas, L.L.P., contact the Privacy Officer, Sandra Melton at 409-833-0444. All complaints must be submitted in writing.

To file a complaint with the DHHS, you must file in writing (electronic or paper), within 180 days of when you knew, or should have known of the problem. Send your complaint to DHHS Regional Manager, Office for Civil Rights

Office of Civil Rights
US Department of Health & Human Services
1309 Young Street, Suite 1169
Dallas, Texas 75202
214-767-4056
214-767-0432 Fax

OTHER USES OF MEDICAL INFORMATION Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose medical information about you, you may revoke it, in writing, at any time. If you revoke it, we will no longer use or disclose medical information about you for the reasons covered by your written authorization, unless required by law. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

Eye Centers of Southeast Texas, L.L.P. would like to thank you for taking the time to read this Patient Privacy Notice. If you have any questions regarding the notice please ask any Eye Centers of Southeast Texas, L.L.P. employee.

ACKNOWLEDGEMENT:

I acknowledge that I have been advised of my rights and have been offered an opportunity to receive a copy of **Eye Centers of Southeast Texas, L.L.P. Notice of Privacy Practices.**

Patient Signature _____ Date _____