

"EYE CARE 4 TX" 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.

Our Legal Duty

-We are obligated to maintain the privacy of your protected health information and to provide you with this Notice of Privacy Practices and to abide by its terms. We reserve the right to change our privacy practices and apply revised privacy practices to protect health information. You may request a copy of our notice at any time. For more information about our privacy practices or for additional copies please contact us at any of our office locations:

6185 Retail Road, Suite 210, Dallas, TX 75231
18121 Marsh Lane, Dallas, TX 75287

Telephone & Fax: 469-232-2010
Telephone & Fax: 972-862-2262

Uses and Disclosures of Medical Information

-We use and disclose medical information about you for treatment, payment and referrals to specialists (if needed). This office may use and disclose medical and financial information related to your care that may be necessary now or in the future to facilitate payment by third parties for services rendered by us, or to assist with, aid in, or facilitate the collection of data for purposes of utilization review, quality assurance or medical outcomes evaluation purposes. Such information may be released to insurance companies, HMOs and PPOs, managed care organizations, or other government or third party payers, or any organizations contracting with any of the above entities to perform such functions.

-Copies of your medical information may be delivered to any optometrist, ophthalmologist or medical physician who is directly or indirectly responsible for your eye care or the payment thereof.

-We may use or disclose your medical information to notify a family member or another person responsible for your care based on our professional judgement and the circumstances. We may use your medical information to contact you to provide appointment reminders. We may use your name and your location in our database for purposes of sending out yearly exam reminder cards.

-We may use or disclose your medical information for purposes involving public health and safety issues and activities, death, certain requests from your employer, governmental personnel and programs, judicial and administrative proceedings, law enforcement, abuse, neglect or domestic violence issues and workers' compensation issues.

Individual Rights

-This office will not use or disclose any of your medical and financial information for any purpose not stated above without your specific authorization. You may revoke your authorization at any time. You may request restrictions on certain uses and disclosures. This office is not required to agree to a requested restriction. You have the right to receive confidential communications of your protected health information. You have the right to inspect copy and amend your protected health information. You may also request an accounting of disclosures of your protected health information from this office. We may charge a cost-based fee for copying of records and for postage.

Questions and Complaints

-You may register a complaint with this office if you suspect that your privacy rights have been violated. We will investigate the complaint and inform you of the findings. No retaliation will be made against you by this office because you registered a complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services.

Signature of patient or responsible party (persons under 18 must have parent/guardian sign):

Signature: _____ Date: _____

Printed Name _____