

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.

We respect our legal obligation to keep health information 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 HEALTHCARE 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, and/or eye medications and faxing them to be filled; showing you low vision aids; referring you to another doctor or clinic for additional eye care services; or getting copies of your health information from another professional that you have seen before. 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, defensive legal matters, business planning, and outside storage of our records.

We routinely use your health information inside our office for those purposes without any special permission. If we need to disclose your health information outside of our office for these reasons, we ask you for special written permission.

USES AND DISCLOSURE FOR OTHER REASONS WITHOUT PERMISSION

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

- When a state or federal law mandates that certain health information be reported for a specific purpose;
- 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 of governmental authorities about victims of suspected abuse, neglect or domestic violence;
- Uses and disclosures for health oversight activities, such as for licensing of doctors; for audits by Medicare or Medicaid; 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 court or administrative agencies;
- Disclosures for law enforcement purposes, such as to provide information about someone who 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;
- Disclosures 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;
- 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;

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.

APPOINTMENT REMINDERS

We may call, write, email, or text to remind you of scheduled appointments or that it is time to schedule a routine appointment. We may also call, write, email, or text to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we will mail you an appointment reminder on a postcard and/or leave you a reminder 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 other uses or disclosures of your health information unless you sign a written "authorization form." Federal law determines the content of an "authorized form." Sometimes, we may initiate the authorization process if the use or disclosure is our idea. Sometimes, you may initiate the process if it is your idea for us to send your information to someone else. Typically, in this situation you will give us a properly complete 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 written and sent to the office contact person named at the end of this Notice.

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. We do not have to agree to this, however, if we agree, we must honor the restrictions you requested. To ask for a restriction, send a written request to the office contact person at the address or fax at the end of this Notice.
- 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 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 time for us to give you access or photocopies if we send you a written notice of extension. If you would like to review or get photocopies of your health information, send a written request to the office contact person at the address or fax shown at the end of this Notice.
- Ask 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 asked. We will send the corrected information to persons who we know got the wrong information and others specified. 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 have. 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 to consider a request for amendment if we notify you in writing of that extension. If you would like to request an amendment to your health information, send a written request, including reasons for the amendment, to the office contact person at the address and fax shown at the end of this Notice.
- Get a list of disclosures that we have made of your health information within the past six years. By law, the list will not include: disclosures for purposes of treatment, payment of 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 would like more frequent lists, they must be paid for in advance. We will usually respond to your request within 60 days of receiving it. However, by law, we have one 30-day extension if we notify you of the extension. If you would like a list, send a written request to the office contact person at the address or fax shown at the end of this Notice.
- Get additional paper copies of this Notice of Privacy Practices upon request, regardless of whether you have already received one electronically or in paper form. If you would like additional copies, send a written request to the office contact person at the address or fax shown at the end of this Notice.

OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this Notice of Privacy Policy 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 policy 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 indeed change our Notice of Privacy Practices, we will post the new notice as well as have copies available in our office.

COMPLAINTS

If you think we have not properly respected the privacy of your health information, you are free to complain to us or the U.S. Department of Health and Human Services Office. We will not retaliate against any person expressing a complaint. If you would like to complain to us, send a written complaint to the office contact person at the address or fax shown at the end of this Notice. Complaints can also be discussed in person or by phone.

FOR MORE INFORMATION

If you would like more information about our privacy practices, call or visit the office contact person at the address or phone number shown below.

Andrew To, OD
Creekside Family Eyecare, PC
26400 Kuykendahl Rd., Ste. A190
The Woodlands, TX. 77389
Office (832) 559-3861
Fax (832) 698-1195