

PRIVACY NOTICE

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.

Purpose of This Notice

We are required by law to maintain the privacy of your protected health information (PHI). This notice applies to all records of the health care and services you received at Ophthalmology Consultants of Houston PA. This notice will tell you about the ways in which we may use and disclose your PHI. This notice also describes your rights and certain obligations we have regarding the use and disclosure of your PHI.

Our Commitment

We are required by law to:

- a) make sure that your PHI is kept private;
- b) present you this notice of our legal duties and privacy practices with respect to your PHI;
- c) follow the terms of this notice as long as it is currently in effect. If we revise this notice, we will follow the terms of the revised notice as long as it is currently in effect;
- d) train our personnel concerning privacy and confidentiality; and
- e) mitigate (lessen the harm of) any breach of privacy/confidentiality.

Understanding Your Health Record

A record of your visit is made each time you visit Ophthalmology Consultants of Houston PA. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for care or treatment. This information, often referred to as your health or medical record, serves as a:

- a) basis for planning your care, treatment and any follow up care you may need;
- b) means of communication among the many health professionals who contribute to your care;
- c) legal document describing the care you received;
- d) means by which you or a third party payer (for example, insurance carriers, Medicare, Medicaid) can verify that services billed were actually provided;
- e) tool which can be used to assess and continually improve the care rendered and the results achieved.

Understanding what is in your record and how your health information is used helps you to:

- a) ensure its accuracy;
- b) better understand who, what, when, where and why others may access your health information; and
- c) make some informed decisions when authorizing disclosure to others.

How We May Use and Disclose Information About You

The following categories (listed in bold-face print, below) describe different ways that we use and disclose your PHI. For each category of uses or disclosures we will explain what we mean and give you some examples. Not every use of disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information fall within the categories below.

For Treatment. We are permitted to use and disclose your PHI to doctors, nurses, technicians, or other personnel who are involved in taking care of you at Ophthalmology of Consultants of Houston PA or provide you with medical treatment or services. For example, the physician in this practice is a specialist. When we provide treatment we may request that your primary care physician share your medical information with us. Also, we may provide your primary care physician information about your particular condition so that he or she can appropriately treat you for other medical conditions, if any

For Payment. We are permitted to use and disclose your PHI to bill and collect payment for the services we provide to you. For example, we may complete a claim form to obtain payment from your insurer or HMO. That form will contain medical information, such as a description of the medical services provided to you, that your insurer or HMO needs to approve payment to us.

For Health Care Operations. We are permitted to use and disclose your PHI for the purpose of health care operations, which are activities that support this practice and ensure that quality care is delivered. For example, we may engage the services of a professional to aid this practice in its compliance programs or we may ask another physician to review this practice's charts and medical records to evaluate our performance so that we may ensure that this practice provides only the best health care.

Special Situations

There are situations in which we are permitted to disclose or use your PHI without your written authorization or an opportunity to object. In other situations, we will ask for your written authorization before using or disclosing any identifiable health information

about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization, in writing, to stop future uses and disclosures. However, any revocation will not apply to disclosures or uses already made or that rely on that authorization.

As Required By Law. We will disclose your PHI when required to do so by federal, state, or local law.

Public Health Activities. We may disclose your PHI for public health activities. Public health activities are mandated by federal, state, or local government for the collection of information about disease, vital statistics (like births and death), or injury by a public health authority. For example, public health activities generally include:

- a) preventing or controlling disease, injury or disability;
- b) reporting child abuse or neglect;
- c) reporting births and deaths;
- d) reporting reactions to medications or problems with products;
- e) notifying patients of recalls of products they may be using;
- f) notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
- g) notifying 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.

Abuse or Neglect. Because Texas law requires physicians to report child abuse or neglect, we may disclose medical information to a public agency authorized to receive reports of child abuse or neglect. Texas law also requires a person having cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation to report the information to the state, and HIPPA privacy regulations permit the disclosure of information to report abuse or neglect of elders or the disabled.

Health Oversight Activities. We may disclose your PHI to health oversight agency for those activities authorized by law. Examples of these activities are audits, investigations, licensure applications and inspections, which are all government activities undertaken to monitor the health care delivery system and compliance with other laws, such as civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release PHI if asked to do so by a law enforcement official:

- a) in response to a court order, subpoena, warrant, summons or similar process;
- b) to identify or locate a suspect, fugitive, material witness or missing person, but only if limited information (e.g. name and address, date and place of birth, Social Security number, blood type and RH factor, type of injury, date and time of treatment, and date and time of death, if applicable) is disclosed;
- c) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- d) about a death we believe may be the result of criminal conduct;
- e) about criminal conduct we believe occurred on Ophthalmology Consultants of Houston PA's premises; and
- f) in emergency 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.

To Advert a Serious Threat to Health or Safety. We may use and disclose your PHI 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 law enforcement in order to help prevent the threat.

Armed Forces and Foreign Military Personnel. If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

National Security and Intelligence Activities. We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose your PHI to authorized federal officials so they may provide protection to the President of the United States, other authorized persons or foreign heads of state, or to conduct special investigations.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official under special circumstances such as (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Workers' Compensation. We may release your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Research, Organ Donation, Coroners, Medical Examiners, and Funeral Directors. When a research project and its privacy protections have been approved by an institutional review board or privacy board, we may release medical information to researchers for research purposes. We may release medical information to organ procurement organizations for the purpose of facilitating organ, eye, or tissue donation if you are a donor. Also, we may release your medical information to a coroner or medical examiner to identify a deceased person or a cause of death. Further, we may release your medical information to a funeral director when such a disclosure is necessary for the director to carry out his duties.

Special Protections for Alcohol and Drug Abuse Information

Alcohol and drug abuse information has special privacy protections. Ophthalmology Consultants of Houston PA will not disclose or provide any PHI relating to the patient's substance abuse treatment unless: (1) there is a patient authorization; (2) a court order requires disclosure of the information; (3) medical personnel need the information to meet a medical emergency; or (4) it is necessary to report a crime or a threat to commit a crime, or to report abuse or neglect as required by law.

Your Rights

The US Department of Health and Human Services created regulations intended to protect patient privacy as required by the Health Insurance Portability and Accountability Act (HIPAA). Those regulations create several privileges that patients may exercise. We will not retaliate against patients who exercise their HIPAA rights. The rights are listed as followed:

Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. We are not required to agree with your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. Ophthalmology Consultants of Houston PA will notify you in writing whether we agree or do not agree with your request. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit Ophthalmology Consultants of Houston PA's use and/or disclosure of the information; (3) to whom you want the limits to apply (for example, disclosures to your spouse); and (4) your contact address. A restricted request form is available at front desk.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way. For example, you can ask that we only contact you by telephone at work or that we only contact you by mail at home. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to Inspect and Receive a Copy. You have the right to inspect and receive a copy of PHI that may be used to make decisions about your care. Usually, this includes medical and billing records. Psychotherapy notes may not be inspected or copied. If you request a copy of your PHI, HIPAA permits us to charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect or receive a copy in certain very limited circumstances. If you are denied access to PHI, we will notify you in writing, and you may request that the denial be reviewed. Another licensed health care professional chosen by Ophthalmology Consultants of Houston PA will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you believe that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Ophthalmology Consultants of Houston PA. You must include a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the PHI kept by or for Ophthalmology Consultants of Houston PA; (3) is not part of the information that you would be permitted to inspect and copy; or (4) is accurate and complete. Ophthalmology Consultants of Houston will notify you in writing whether we agree or do not agree with your amendment request.

Additionally, if we grant the request, we will make the correction and distribute the correction to those who need it and those you identify that you want to receive the corrected information. If we deny your request for an amendment, we will notify you how to file a complaint with Ophthalmology Consultants of Houston PA or the Department of Health and Human Services.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures” that have been made by Ophthalmology Consultants of Houston PA in the past six (6) years. The accounting (or list) of disclosures will include: (1) the date of the disclosure; (2) the name of the entity or person who received the PHI and, if known, the address; (3) a brief description of the PHI disclosed; and (4) a brief statement of the purpose of the disclosure. Your request must state a time period not longer than six (6) years. The first list you request within a twelve (12) month period will be free of charge. For additional lists, we will charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

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.

Appointment Reminders, Treatment Alternative, and Other Benefits

We may contact you by (telephone, mail or both) to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you.

Changes to this Notice

We reserve the right to make the revised or changed this notice. You may request a copy of the current notice in effect any time.

Complaints

If you are concerned that your privacy rights have been violated, you may contact the person listed below. You may also send a written complaint to the US Department of Health and Human Services. We will not retaliate against you for filing a complaint with us or the government. The contact information for US Department of Health and Human Services is:

US Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, Texas 75202

Our Promise to You

We are required by law and regulation to protect the privacy of your medical information, to provide you with this notice of our privacy practices with respect to protected health information, and to abide by the term of the notice of privacy practices in effect.

Questions and Contact Person for Requests

If you have any questions or want to make a request pursuant to the rights described above, please contact:

9999 Bellaire Blvd Ste 760
Houston, Texas 77036
(832) 767-5877

This notice is effective (January 11, 2011).