

Austin Eye Clinic
Austin, Texas

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003 Revised: November 4, 2004

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY ACCESS THIS INFORMATION

PLEASE REVIEW THIS CAREFULLY

Each time you visit a hospital, physician, or other healthcare provider a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses and treatment, a plan for future care and treatment, and billing related information. This notice applies to all of the records of your care generated by the healthcare provider, whether made by the facility personnel, agents of the facility, or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of medical information created in the doctor's office or clinic.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. We will abide by the terms of this notice.

USES AND DISCLOSURES

How we may use and disclose medical information about you:

The following categories give examples of the way we use and disclose (release) medical information:

For Treatment: We may use medical information about you to provide treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other healthcare personnel who are involved in taking care of you. Different departments of healthcare facilities may also share medical information about you to coordinate the different things you may need, such as: prescriptions, lab work, diagnostic testing and/or MRI, CT scanning.

We also may provide your physician or a subsequent healthcare provider with copies of various reports that will assist him or her in your treatment.

For Payment: We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company or third party payer. For example, we may need to give your insurance company information about your examination in order for us to receive reimbursement for services. We may also tell your health plan provider about treatment you are going to receive to determine whether your plan will cover it.

For Health Care Operations: Members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it.

The results will then be used to continually improve the quality of care for all patients we serve. We may combine medical information about several patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses, and healthcare students for educational purposes. We may remove information that identifies you from this set of medical information to protect your privacy.

We may also use and disclose medical information:

- ◆ To business associates we have contracted to perform the agreed upon service and billing for it
- ◆ To remind you that you have an appointment
- ◆ To inform you about possible treatment alternatives
- ◆ To inform you about health-related benefits or services
- ◆ For population based activities relating to improving health care
- ◆ For conducting training programs or reviewing competence of health care professionals

Organized Healthcare Arrangement: Austin Eye Clinic, and Austin Eye & Laser Surgicenter and their medical staff members have organized and are presenting you this document as a joint notice. Information will be shared as necessary to carry out treatment, for payment and healthcare operations. Physicians and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect treatment at the time.

As Required By Law: We may also disclose health information to the following types of entities, including but not limited to:

- ◆ Food and Drug Administration (FDA)
- ◆ Public health or legal authorities charged with preventing or controlling disease, injury or disability
- ◆ Correctional institutions (if you are in the custody of the correctional institution or law enforcement officer)

- ◆ Workers' compensation agents
- ◆ Military command authorities
- ◆ Health oversight agencies
- ◆ Medical examiners
- ◆ National security and intelligence agencies
- ◆ Protective services for the President and others

Law Enforcement/Legal Proceedings: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena or court order.

YOUR HEALTH INFORMATION RIGHTS

Although your record is the physical property of the healthcare practitioner or facility that compiled it, you have the right to:

Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually this includes medical and billing records.

Amend: If you feel that the medical information 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 the facility. We may deny your request for an amendment, and if this occurs you will be notified for the reason of the denial.

Accounting of Disclosures: You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your medical information for purposes other than treatment, payment or healthcare operations.

Request Restriction: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a restriction or limitation on the medical information we disclose about you to those involved in your healthcare, or in the payment for your care. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Paper Copy of This Notice: You have the right to request a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

To exercise any of your rights, please contact our Privacy Officer at 512-250-2020. All requests must be submitted in writing.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. The revised notice will be effective for information we have already obtained about you and for any information we receive in the future. The current notice will be made available to patients in the facility and will include the effective date.

COMPLAINTS

If you believe your privacy rights have been violated you may file a complaint with our facility by contacting 512-250-2020 and asking for our Privacy Officer. All complaints must be submitted in writing. *You will not be penalized for filing a complaint.

OTHER USES OF YOUR 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 permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. Understand we are unable to retrieve any disclosures we have already made with your permission, and that we are required to retain our records of the care provided to you at our facility.

Privacy Officer 512-250-2020