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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 that information.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reason why we use or disclose your health information is for treatment, payment or healthcare/business operations. We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside of our office for these reasons, we usually will not ask you for special written permission. We will ask for special written permission for the release of PHI to any other entity that does not pertain to our offices regarding 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, or eye medications and faxing them to be filled; showing you low vision aids; referring you to another doctor or clinic for eye care or low vision aids or services; or getting copies of your health information from another professional that you may have seen before us.
- 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; defense of legal matters; business planning; and outside storage of our records.

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your medical information without your permission. Most of these situations will never apply to our office or you as the patient at all, but could. 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 to governmental authorities about victims of suspected abuse, neglect or domestic violence
- Uses and disclosures for health oversight activities, such as for the 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 courts or administrative agencies
- Disclosures for law enforcement purposes, such as to provide information about someone who is or 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
- Disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial
- Uses or disclosures for health related research
- Uses and disclosures to prevent a serious threat to health or safety
- Uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service
- Disclosures of de-identified information
- Disclosures relating to workman'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
- Disclosures to business associates, who perform health care operations for us and who commit to respect the privacy of your health information

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, including by their allowed presence cause us to assume you approve their exposure to relevant information about your health.

APPOINTMENT REMINDERS, PHONE CALLS, AND DISPENSING MATERIALS

We (Plano Eye Associates- East) may call, email, write or text to remind you of scheduled appointments, materials available to pick up, or reminders to schedule an appointment. We may also call, write, email and 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 post card, and/or leave you a reminder message on your home answering machine or with someone who answers your phone if you are not home. During the phone call or in office visit of person picking up or scheduling on your behalf, information regarding your vision and health status will not be disclosed without proper consent. You can request a HealthCare Release Authorization Form at the front desk, or Print one from our Website.

OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your health information unless you sign a written HealthCare Release Authorization Form. The content of the authorization is determined by federal law. The request for signing an authorization may be initiated by Plano Eye Associates-East or by you as a patient. 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 use or disclose the information as we intended to use. If you do sign the authorization, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing and sent to the office named at the beginning of this Notice.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information. You may

- Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. To request a restriction, send a written request to the office contact person at the address. We do not have to agree to abide by the request, but if we agree, we must honor the restrictions that you ask for
- Ask us to communicate with you in a confidential manner, i.e. contacting you at work rather than at home, calling instead of texting. You may request mailing health information to a different address, or by using E mail to your personal E Mail address. We will accommodate these

requests if they are reasonable, and if you pay us for any additional cost. If you want to ask for confidential communications, send a written request to the address shown at the beginning of this notice, as well as a completed HealthCare Release Authorization.

- Ask to obtain photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access. 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. There may be a charge for photocopies of information. 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 the time for us to give you access or photocopies if we send you a written notice of the extension. If you want to review or get photocopies of your health information, send a written request to the office at the address shown at the beginning of this Notice.
- Ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know got the wrong information, and others that you specify. 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 write. 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 of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, send a written request, including your reasons for the amendment, to the office contact person at the address at the beginning of this Notice.
- Receive a list of the 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 or 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 want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30 day extension of time if we notify you of the extension in writing
- Receive additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you received one electronically or in paper form already. If you want additional paper copies stop by the office, or view it online at www.planoeyes.com

OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change or alter any notices. We reserve the right to change this notice at any time as allowed by law. If we change this notice, the new privacy practices will apply to your existing health information that we already have, as well as any information pertaining to you in the future. If we change our Notice of Privacy Practices, we will post the new notice on our website and have copies available in our office for your convenience.

COMPLAINTS

If you think that we have not properly respected the privacy of your health information, you are free to complain to us: we will not retaliate against you if you make a complaint. If we are unable to resolve your concern at that level, you may also file a complaint with the US Department of Health and Human Services, Office of Civil Rights, or the Texas Attorney General's Office. If you want to complain to us, send a written complaint to the office contact person at the address shown at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone.