

# Advanced Laser Vision & Surgical Institute

## NOTICE OF PRIVACY PRACTICES

Effective Date: 4/14/03

**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

If you have any questions about this notice, please ask to speak with our Privacy Officer at (281) 488-7213.

### WHO WILL FOLLOW THIS NOTICE

This notice describes information about privacy practices followed by our health care professionals, employees, staff, and other office personnel who are authorized to enter information into our clinic records and/or have access to these records.

### YOUR HEALTH INFORMATION

This notice applies to the information and records we have about your health, health status, and the healthcare and services you receive at this office.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures, an explanation of those uses are described below. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, optometry students, or other clinical personnel who are involved in taking care of you at the clinic. We also may disclose health information about you to people outside the clinic who may be involved in your medical care after you leave the clinic, such as family members, friends, clergy or others we use to provide services that are part of your care. For example, we may need to phone in prescriptions to your pharmacy, or schedule lab work.
- **For Payment.** We may use and disclose health information about you so that the treatment and services you receive at the clinic may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about services that were performed at the clinic so your health plan will pay us or reimburse you for those services. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.
- **For Healthcare Operations.** We may use and disclose health information about you in order to run the clinic and make sure that you and our other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective. We may also disclose health information to doctors, nurses, technicians, optometry students, and other clinic personnel for review and learning purposes. We may also combine the medical information we have with medical information from other clinics and hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.
- **Appointment Reminders and Recall Cards.** We may use and disclose health information to contact you as a reminder that you have an appointment or to schedule an appointment for treatment or medical care at the clinic.

- **Treatment Alternatives.** We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Products and Services.** We may tell you about health-related products or services that may be of interest to you.
- **Individuals, Friends, and Family Involved in Your Care or Payment for Your Care.** We may release health information about you to an individual, friend, or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition or that you are in the clinic. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment, that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you to the clinic. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, drugs or medical supplies.

### **SPECIAL SITUATIONS**

- **Research.** We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at the clinic.
- **Required By Law.** We will disclose health information about you when required by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Military, Veterans, National Security and Intelligence.** If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release health information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.
- **Health Oversight Activities.** We may disclose health information to a health oversight agency for audits, investigations, inspections, and licensure. These disclosures may be necessary for certain state and federal agencies to monitor the healthcare system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, subject to all applicable legal requirements.
- **Law Enforcement.** We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.
- **Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- **Organ Donation.** If you are an organ donor, we may release health information to organizations that handle organ procurement, such as an organ donation bank, as necessary to facilitate such donation and transplantation.
- **Information Not Personally Identifiable.** We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

## **OTHER USES AND DISCLOSURES OF HEALTH INFORMATION**

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written authorization. If you give us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization, but we cannot take back any uses or disclosures already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without a special signed, written authorization (different than the authorization mentioned above) from you. In order to disclose these types of records for purposes of treatment, payment or healthcare operations, we will have to have a special written authorization that complies with the law governing HIV or substance abuse records.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding health information we maintain about you:

➤ **Right to Inspect and Copy.** You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to the Privacy Officer using the "Request for Access to Patient's Health Information" form in order to inspect and /or copy your health information. This form can be obtained from the receptionist. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated expenses. We may deny your request to inspect and /or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is requested, we will select a licensed healthcare professional to review your request and our denial. The person conducting the review will not be the person who denies your request, and we will comply with the outcome of the review.

➤ **Right to Amend.** If you believe health 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 the clinic.

To request an amendment, you must request a "Correction/Amendment of Health Information" form from our receptionist. In addition, you must provide 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:

- We did not create, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the health information that we keep.
- You would not be permitted to inspect and copy.
- Is accurate and complete.

➤ **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

*We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to our Privacy Officer. In your request, you must tell us 1) what information you want to limit; 2) whether you want to limit our use, disclosure or both; and 3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to our Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to An Accounting of Disclosures.** You have the right to request an “accounting of disclosures”. This is a list of the disclosures we made of health information about you for purposes other than treatment, payment, and healthcare operations. To obtain this list, you must submit your request in writing to our Privacy Officer. It must state a time period, which may be no longer than six years and may not include dates prior to April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or via e-mail, etc). We may charge you for the costs of providing this list. We will notify you of the cost involved and you may choose to withdraw 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.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice, and to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the most current notice in our office with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the clinic or with the U.S Department of Health and Human Services, 200 Independence Ave, S.W., Room 509F, HHH Building, Washington, D.C. 20201. To file a complaint with the clinic or to report a problem, contact the Privacy Officer at (281) 488-7213 ext.126. All complaints must be submitted in writing. You will not be penalized for filing a complaint.