

# NOTICE OF PRIVACY PRACTICE

Effective April 14, 2003

TSO, Inc.  
5858 Westheimer, Suite 330  
Houston, Texas 77057  
713.953.7600

**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 are required by law to maintain the privacy of your health information. We are also required to provide you with this notice of our legal duties and our privacy practices with respect to your health information. We must abide by the terms of this notice while it is in effect, but we reserve the right to change the terms of our privacy notices. If we make a change, it is effective for all of the health information in our files, and we will notify you of the availability of any revisions if /when you come in for treatment. You may request a paper copy of this notice even if you have previously received an electronic copy.

This notice is posted in the waiting area of all TSO offices and is also posted on the TSO website at [www.tso.com](http://www.tso.com).

## **I. Uses and Disclosures of Health Information**

### **A. Examples of permitted uses and disclosures of your health care information that we may make without your authorization:**

1. Disclosure of your health information to another eye care provider, or a hospital, etc., if necessary to refer you to them for diagnosis, assessment, or treatment of your eye condition or to write or fill a prescription for you.
2. Disclosure of your examination and treatment records and your billing records to another party (i.e. your insurance company), if they are potentially responsible for the payment of your services.
3. Use of any information in your file for quality control purposes or any other administrative purposes needed to run our practice.
4. Use of your name, address, phone number, and your clinical records in order to provide appointment reminders, treatment alternatives, or other eye care related information that may be of interest to you (i.e. test results). If you are not at home to receive an appointment reminder, a message may be left on your answering machine and/or mailed.
5. To provide eye care services to you in an emergency.
6. When we believe that you intend for us to provide care.
7. Training programs in which staff, students, or trainees learn under supervision to practice or improve their skills as eye care providers.
8. Fundraising - to raise money for our own benefit.

### **B. Other examples of types of uses and disclosures we are permitted to make without your written authorization include:**

1. Secretary of the U.S. Department of Health and Human Services. For the Secretary to investigate issues and determine our compliance with federal privacy requirements.
2. Required by Law. When we are required to do so by federal, state, or local law.
3. Public Health Activities. Your exposure to a communicable disease.
4. Health Oversight Activities. An investigation of a provider's conduct to a state licensing board official.
5. Cadaveric Organ, Eye or Tissue Donation.
6. To Avert a Serious Threat to Health or Safety. Assisting law enforcement authorities in identifying or apprehending an individual.
7. Coroners, Medical Examiners, and Funeral Directors. To a coroner or medical examiner for the purposes of identifying you should you die.
8. Research.
9. Abuse, Neglect, or Domestic Violence.
10. Judicial and Administrative Proceedings. For responses to court orders or subpoenas.
11. Workers' Compensation. For the purpose of processing and adjudicating workers' compensation claims.
12. For Specialized Government Functions. If the individual is a member of the military as required by military authorities. This would also include releases for foreign military personnel. To federal officials for national security reasons as authorized by law.
13. Law Enforcement Purposes.
14. Planning of Health Care Services. To assist local health partnerships established by law to plan and ensure health care services.
15. Correctional Institutions.

In addition to the above, **Section 181 of Texas SB 11** also allows use and disclosure relative to financial institutions for the processing of payments, non-profit organizations that pays for health care services or prescription drugs for an indigent person only if the agency's primary business is not the provision of health care or reimbursement for health care services.

- C. Opportunity to Object to Use and Disclosures.** We also may use and disclose your health information without your authorization in the following circumstances. You have the opportunity to object.
1. **Others involved in your healthcare.** With a family member, relative, friend or other person identified by you, health information directly related to that person's involvement in your care or payment for your care. With a family member, personal representative or other person responsible for your care, health information necessary to notify such individuals of your location, general condition or death.
  2. **With a public or private agency.** For disaster relief purposes. Even if you object, we may still share the health information about you, if necessary for emergency circumstances.
  3. **Facilities Directory.** Should we ever have a facilities directory that would have your name, location at which you are receiving care, your condition, and your religious affiliation, you will have the opportunity to object to your inclusion in the directory.

If you would like to object to our use or disclosure of health information about you in the above circumstances, please call or contact us in writing to the attention of the Privacy Office.

- D. Your Authorization.** Other uses and disclosures will be made only with your written authorization and you may revoke the authorization at any time in writing. We may have already released your health information before we received your revocation and the receiving party may have used your health information.

## II. Your Rights

- A. You have the right to request restrictions on certain uses and disclosures.** The restrictions can be on treatment, payment, or health care operations and to family members. We are not required to agree to a restriction and may decide not to accept the restrictions and not to treat you. However, even if we agree to your request, in certain situations your restrictions may not be followed. These situations may include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures described in I.B of this Notice.
- B. You have the right to request to receive confidential communications.** You have the right to request how and where we contact you about your health information. For example, you may request that we contact you at your work address or phone number or by email. We will accommodate reasonable requests. When appropriate, we may condition this accommodation by requesting from you information regarding how payment, if any, will be handled when you specify an alternative address or other method of contact.
- C. You have the right to request to inspect and copy confidential information.** You have the right to request, that we may require in writing, to see and receive a copy of your health information. We may charge you related fees. We may give you a summary or explanation if you agree. There are certain situations in which we are not required to comply with your request. In these situations, we will respond to you in writing, giving you the reasons for the denial. We will describe any rights you may have to request a review of our denial.
- D. You have the right to request to amend confidential information.** Your request must be in writing and must state your reasons for requesting the amendment. We may deny your request for amendment. In these situations, we will respond to you in writing, giving you the reasons for the denial and telling you how you may disagree with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received health information about you and who need the amendment.
- E. You have the right to request to receive an accounting of disclosures of confidential information.** You may receive a list of certain of our disclosures of your health information. The disclosures may be up to seven years beginning with our compliance date of April 14, 2003. For example, a record of disclosures does not have to be made when those disclosures are:
1. To carry out treatment, payment and operations.
  2. Made to or requested by you.
  3. As a result of a signed authorization.
  4. Occurring as a byproduct of permitted uses and disclosures.
  5. Made to individuals involved in your care, for directory or notification purposes.
  6. National security or intelligence purposes.
  7. To correctional institutions or law enforcement officials under certain conditions.
  8. To health oversight agencies or law enforcement officials for a specified period of time if the disclosures would delay the activities of the agency or officials.
  9. As part of de-identified information, information which can be to identify you.
- F. You have the right to request a copy of this Notice.** You have the right to request a paper copy of this Notice at any time by contacting us. We will provide a copy of this Notice no later than the date you first receive service from us on or after April 14, 2003 (except for emergency services, and then we will provide the Notice to you as soon as possible).

**III. Complaints.** If you think we have violated your privacy rights, or you want to complain to us about our privacy practices, you may contact us. You may also send a written complaint to the United States Secretary of the Department of Health and Human Services. If you file a complaint, we will not take any action against you or change our treatment of you in any way.

**IV. Contact.** You may contact our privacy office at 713.953.7600.