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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 READ IT CAREFULLY.**

**How we may use and disclose your health information:** We use health information about you for treatment, to get paid for treatment, for administrative purposes, and to evaluate the quality of care that you receive. For example, your health information may be share with other providers to whom you are referred. Information may be shared by paper, mail, electronic mail, fax or other methods. We may use or disclose your health information without your authorization for several reasons. If you sign an authorization to disclose information, you can later revoke it to stop any further disclosures.

**How we may use and disclose your contact information:** We use your phone numbers, addresses, and electronic mail addresses in order to contact you regarding your appointments, orders, accounts receivables, and holiday/birthday correspondence. If a cellular phone number is provided, we may contact you via text message. If you prefer to not receive text messages, please indicate so on this form. We do not sell your personal contact information to third party marketers. We also from time to time will contact you regarding in-office promotions, new product availability and/or technology, and send office newsletters. If you wish to remove your e-mail from such promotional correspondence, please indicate so on this form. We may at times use third party companies to administer our correspondence to you, including mail, electronic mail, phone calls and text messaging.

**Your rights:** In most cases, you have the right to look at or get a copy of your health information that we use to make decisions about you. We limit disclosure to family members, other relatives, caregivers, or close personal friends who may or may not be involved in your care that are listed at the bottom of this form. If they are not listed, you will need to sign an authorization form to in order for us to disclose your personal health information to them. If you request copies, we may charge you a cost-based fee. You also have the right to request a list of certain types of disclosures of your information that we have made. If you believe that your health information is incorrect or information is missing, you have the right to request that we correct the existing information or add the missing information.

**Our legal duty:** We are required by law to protect the privacy of your health information, provide this notice about our privacy practices, follow the privacy practices that are described in this notice, and seek your acknowledgement of receipt of this notice. We may change our privacy policies any time. Before we make a significant change in our policies, we will change our notice. The notice will be prominently displayed in our office. You can also request a copy of our notice at any time. For more information about our privacy policies, contact our privacy officer.

**Privacy Complaints:** If you are concerned that we have violated your privacy rights, our privacy policies, or if you disagree with a decision we made about access to your health information, you may contact our privacy officer. You may send a written complaint to the US Department of Health and Human Services. Our privacy officer can provide you with the appropriate address upon request.

**Acknowledgement of receipt of Notice of Privacy Practices:** Please sign and print your name and provide the date below to acknowledge that you have received the Notice of Privacy Practices.

Print Name of Patient: \_\_\_\_\_

(If pt is a minor) Print Name of guardian or legal representative: \_\_\_\_\_

Signature of Patient or Legal representative: \_\_\_\_\_

List of Authorized Persons: \_\_\_\_\_

- I do NOT want to receive text messages       I do NOT want to receive promotional e-mails/newsletters