

## **Privacy Notice**

Right to notice as a patient, you have the right to adequate notice of the uses and disclosures of your protected health information. Under the health insurance portability and accessibility act (HIPPA), Houston Vision Center can use your protected health information for treatment, payment and healthcare operations.

- 1-Treatment: We may disclose your health information to a Physician or other healthcare provider providing treatment to you.
- 2-Payment: We may use and disclose your health information to obtain payment for services we provide you.

3-Healthcare operations: We may use and disclose your health information in connection with our healthcare operations which include quality assessment and improvement activities, reviewing the competency or qualifications of healthcare professionals, evaluating provider performance, conducting training programs, accreditation certification, licensing or credentialing activities.

The use and disclosure of protected health information require your authorization. Uses and disclosures that do not fall under treatment, payment or health care operations will require your written authorization. Upon signing, you may revoke your authorization (in writing) through our practice at anytime. You have a right to restrict certain disclosures of protected health information to a health plan, where you pay out of pocket in full for the healthcare item or service. In the event of your incapacity or an emergency, we will disclose health information to a family member or another person responsible for your care, using our professional judgement. We will only disclose health information that is directly relevant to the person's involvement in your healthcare. We will not use your health information for marketing communications without your written authorization. We may also use or disclose your health information when we are required to do so by law. We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence, or the victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your or other people's health or safety. We may disclose the health information of Armed forces personnel to military authorities under certain circumstances. We may disclose health information to authorized federal officials required for lawful intelligence, counterintelligence, and other national security activities. . We may disclose health information of inmates or patients to the appropriate authorities under certain circumstances. We will use or disclose your health information to provide you with appointment reminders via phone, letter or email. You have the right to restrict the disclosure of your protected health information in writing. The request for restriction may be denied if the information is required for treatment, payment or healthcare operations. You have a right to or will receive notifications of breaches of his or her unsecured protected health information. You have the right to receive confidential communications regarding your protected health information. You have the right to inspect and copy your protected health information. You have a right to amend your protected health information. You have the right to receive an account of disclosures of your protected health information. You have the right to a paper copy of this notice of privacy practices. Houston Vision Center is required by law to maintain the privacy of your protected health information. We are required to abide by the terms of this notice as it is currently stated and reserve the right to change this notice. The policies in any new notice will not be in effect until they are posted or are available within our office. If you have complaints regarding the way your protected health information was handled, you may submit a complaint in writing to our office. You will not be retaliated against in any manner for a complaint