

# NOTICE OF PRIVACY PRACTICES

Pearland Vision Center Inc.  
2006 N. Main  
Pearland, TX 77581  
281-485-5591

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. This notice takes effect on April 14, 2003 and remains in effect until we replace it.

We are required by law to keep your medical information private. We are required to give you this notice describing our privacy practices and your rights regarding your medical information.

## Ways in which we may use and disclose your medical information

The following section describes different ways we may use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization.

**Treatment:** We may use medical information about you to provide, coordinate, or manage your health care and any related services. We may disclose your medical information to other physicians who may be treating you, or other physicians whom we have requested to be involved in your care (i.e. a specialist to whom we have referred you for a diagnosis to help in your treatment).

**Payment:** We may use and disclose your medical information to obtain payment for the health care services we provide you. We may include information with a bill to a third-party payer that identifies you, your diagnosis, procedures performed, and supplies used in rendering the service.

**Health Care Operations:** We may use and disclose your medical information to support the business activities of this practice. We may use medical information about you to review and evaluate our treatment and services or to evaluate our staff's performance while caring for you.

## Other ways we may use and disclose your medical information

**Appointment Reminders:** We may send you appointment postcards in the mail or call you to remind you of appointments or to pick up products at this office.

**Treatment Alternatives:** We may use and disclose your medical information to tell you about or to recommend possible alternative treatments or options that may be of interest to you.

**Others Involved in Your Care:** We may use and disclose your medical information to a family member, relative, close friend, or any other person you identify that is involved in your medical care or payment for care.

**As Required by Law:** We may use and disclose your medical information when required to by federal state, or local law.

**Public Health Activities:** As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the F.D.A. for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products, or to conduct activities required by the F.D.A.

**Worker's Compensation:** We may disclose your medical information when authorized or necessary to comply with laws relating to workers compensation or other similar programs.

## Special Privacy Conditions Pursuant To This Office

We may discuss certain aspects of your prescription when you are selecting your eyewear and when we are measuring for your eyewear in the dispensary area of our office.

We may do certain preliminary testing in open areas of our office.

We may teach contact lens removal and insertion in the front of our office.

We may discuss insurance and payment information at the front desk.

## Your Individual Rights

### You have a right to:

Look at or get copies of certain parts of your medical information. You must make your request in writing, and may be charged \$0.50 for each page, and postage if you want the copies mailed to you.

Receive a list of all times we or our business associates shared your medical information for purposes other than treatment, payment, and health care operations and other specified exceptions.

Request that we communicate with you about your medical information by different means or to different locations. This request must be made in writing.

If you have any questions about this notice, or if you think that we may have violated your privacy rights, please contact us. You may also submit a written complaint to the U.S. Department of Health and Human Services.