

## **NOTICE OF PRIVACY PRACTICES AND CONSENT FORM**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION; WHEREAS THE "OFFICE" PERTAINS TO "VISION ARORA." PLEASE REVIEW IT CAREFULLY.

The office is required by law to maintain the privacy of your health, to follow the items of this notice, and to provide you with this notice of its legal duties and privacy practices with respect to your health information. We will not use or disclose medical information about you without your written authorization, except as described in this NOTICE.

### **USES AND DISCLOSURES OF HEALTHCARE INFORMATION**

The Office protects the privacy of your health information. The law permits the Office to use your health information for the following purposes:

- **Treatment, Payment, and Regular Health Care Operations** - Information obtained by the Office will be used to dispense and provide prescription ophthalmic goods and services to you, bill your insurance carrier if you have third party coverage, and to record and monitor the service provided to you. Information will also be provided to you upon your request.
- **As and When Required by Law** – We may use and disclose your health information to Public Health Officials, Health Oversight Activities (For audits, investigations, etc.), Judicial and Administrative, Deceased Person Information, Worker Compensation Programs, Food and Drug Administration (FDA for reporting of adverse drug events and quality issues), if there is a serious threat to your health or safety, in times of National Security, if you are in the Military or a Veteran of the armed forces when requested, or if you become an inmate in a correctional facility.
- **Personal Communications** – We may contact you to provide appointment reminders, annual eye examination recalls and other information about treatment alternatives or other health-related benefits and services that may be of interest to you as well as communicate with individuals involved in your care or payment for your care.
- **Disclosure to Our Business Associates** – There are some services provided by us through contracts with business associates. When these services are contacted for, we may disclose health information about you to our business associates so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, we require the business associated to appropriately safeguard the health information.
- **Victims of Abuse, Neglect, or Domestic Violence** – We may disclose your health to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence.
- **Appointment Reminders**- Because we believe regular care is very important to your general health, we will remind you of a scheduled appointment, or that it is time to contact us for an appointment. Additionally, we may contact you to follow up on your care and inform you of treatment options or services that may interest you or a family member. This may include postcard, folding cards, letters, telephone, voice mail, text messages, and/or e-mails.
- **Marketing Communications**. We must obtain your written authorization prior to using your health information to send you any marketing materials. We may communicate with you about products or services relating to your treatment, care, or alternative treatments, or new providers.

### **WHEN THE OFFICE MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION**

Except as described in this Notice of Privacy Practice, the Office will not use or disclose your health information without your written authorization. If our state law provides additional restrictions upon any of the forgoing uses and disclosures, we must follow our state law of Texas.

### **YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

- You have the right to request restrictions on certain uses and disclosures of your health information. The Office reserves the right to agree/disagree to your request.
- You have the right to inspect and copy your health information as long as the Office maintains the health information. Your health information usually will include prescription and billing records. To inspect or copy your health information, you must submit a request in writing to the location that provided your services. We may charge you a fee for the cost of copying, mailing, or other supplies that are necessary to grant your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed. You have the right to request that the Office amend your health information that is incorrect or incomplete. The office is not required to change your health information and will provide you with information about the procedure for addressing any disagreement with the denial.
- You have the right to receive an accounting of disclosures of your health information for most purposes other than treatment, payment, health care operations provided to you, and certain government functions. You must specify the time period but be no longer than six years. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.
- You may request communications of your health information by alternative means or at alternative locations. For example, you may request that we contact you about medical matters or at a different residence or post office box. Your request must state how or when you would like to be contacted. We will accommodate all reasonable requests.

### **CHANGES TO THIS NOTICE OF PRIVACY PRACTICE**

The Office reserves the right to amend our practices and this Notice of Privacy Practices at any time in the future and to make the new Notice effective for all medical information we maintain. Until such amendment is made, the Office is required by law to comply with this Notice.

### **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions or would like additional information about the Office's Privacy Practices, you may contact the Office. If you believe your privacy rights have been violated, you may file a written complaint, for which there will be no retaliation.

#### **ACKNOWLEDGEMENT OF RECEIPT**

I acknowledge that I have received and reviewed a copy of Vision Arora's Notice of Privacy Practices.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_