



## Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

**Purpose:** Montrose Eye Care, its employees and non-employees follow the privacy practices described in this Notice. Montrose Eye Care maintains your health information in records that are kept in a confidential manner, as required by law. Montrose Eye Care must use and disclose or share your health information as necessary for treatment, payment, and health care operations to provide you with quality health care.

**Use and Release of Your Health Information for Treatment, Payment, and Health Care Operations:** Montrose Eye Care has to use and release some of your health information to conduct its business. We are permitted to use and release health information without authorization from you. Treatment includes sharing information among health care providers involved in your care. For example, your health care provider may share information about your condition with ophthalmologists or other consultants to make a diagnosis. Montrose Eye Care may use your health information as required by your insurer to determine eligibility or to obtain payment for your treatment. In addition, Montrose Eye Care may use and disclose your health information to improve the quality of care, and for education and training purposes of University of Houston, College of Optometry students, residents, and faculty. For more examples of how Montrose Eye Care might use or disclose your health information for treatment, payment, and health care operations, see Appendix A, B, and C at the end of this Notice.

**How Will Montrose Eye Care Use and Disclose My Health Information?** Your health information may be used for the following purposes unless you ask for restrictions on a specific use or disclosure:

*Note: You will have the opportunity to refuse some of these communications about your health information, indicated by ☒*

- Family members or close friends involved in your care or payment for treatment. ☒
- Disaster relief agency if you are involved in a disaster relief effort. ☒
- Fundraising activities by Montrose Eye Care. Such information will be limited to your name, address, phone number, and dates of treatment. If you do not want us to contact you for fundraising efforts, please contact us at (713) 300-1477. ☒
- Health Information Exchange. HIE is a secure computer system for health care providers to share your health information to support treatment, healthcare operations and continuity of care. Your record in the HIE includes medicines (prescriptions), lab and test results, imaging reports, conditions, diagnoses or health problems. To ensure your health information is entered into the correct record, also included are your full name, birth date and social security number. All information contained in the HIE is kept private and used in accordance with applicable state and federal laws and regulations.
- Appointment reminders.
- Public health activities, including disease prevention, injury or disability; reporting births and deaths; reporting reactions to medications or product problems; notification of recalls; infectious disease control; notifying government authorities of suspected abuse, neglect, or domestic violence.
- Health oversight activities, such as audits, inspections, investigations, and licensure.
- Law enforcement, as required by federal, state or local law.

- Lawsuit and disputes, in response to a court or administrative order, subpoena, discovery request or other lawful request.
- Coroners, medical examiners, and funeral directors.
- Organ and tissue donation.
- To prevent a serious threat to health or safety.
- To military command authorities if you are a member of the armed forces or a member of a foreign military authority.
- National security and intelligence activities to authorized persons to conduct special investigations.
- Workers' Compensation. Your medical information regarding benefits for work-related injuries and illnesses may be released as appropriate.
- To carry out health care treatment, payment, and operations functions through business associates, such as to install a new computer system.

**Your Authorization Is Required for Other Disclosures.** Your authorization will be required for most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes, and disclosures that constitute a sale of protected health information. Except as described above, we will not use or disclose your medical information, unless you allow Montrose Eye Care in writing to do so. For example, we will not use your photographs for presentations outside Montrose Eye Care without your written permission. You may withdraw or revoke your permission, which will be effective only after the date of your written withdrawal.

Alcohol and drug abuse information has special privacy protections. Montrose Eye Care will not disclose any information identifying an individual as being a patient or provide any health information relating to the patient's substance abuse treatment unless the patient authorizes in writing; to carry out treatment, payment, and operations; or, as required by law.

**You Have Rights Regarding Your Health Information.** You have the following rights regarding your medical information, if requested on the form(s) provided by Montrose Eye Care:

- **Right to request restriction.** You may request limitations on your health information that we use or disclose for health care treatment, payment, or operations, although we are not required to comply with your request. For example, you may ask us not to disclose that you have had a particular procedure. We will release the information if necessary for emergency treatment. We will notify you in writing whether we honor your request or not.
- **Right to confidential communications.** You may request communications of your health information in a certain way or at a certain location, but you must tell us how or where you wish to be contacted.
- **Right to inspect and copy.** You have the right to review and obtain a copy of your medical or health record. Psychotherapy notes may not be inspected or copied. We may charge a fee for copying, mailing, and supplies. Under limited circumstances, your request may be denied; you may request review of the denial by another licensed health care professional chosen by Montrose Eye Care. Montrose Eye Care will comply with the outcome of the review.
- **Right to request amendment.** If you believe that the health information we have about you is incorrect or incomplete, you may request an amendment on the form by Montrose Eye Care. Montrose Eye Care is not required to accept the amendment.
- **Right to accounting of disclosures.** You may request a list of disclosures of your health information that have been made to persons or entities during the past six (6) years prior to the request, except for disclosures for health care treatment, payment and operations, and disclosures based on patient authorization, or as required by law. After the first request, there may be a charge.
- **Right to restrict certain disclosures to a Health Plan.** You may request a restriction of certain disclosures of your protected health information to a health plan if you have paid out of pocket in full for the health care item or service.
- **Right to a copy of this Notice.** You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy. You may obtain an electronic copy of this Notice at our website, [www.montroseeyecarehtx.com](http://www.montroseeyecarehtx.com).

**Requirements Regarding This Notice.** Montrose Eye Care is required by law to provide you with this Notice. We will comply with this Notice for as long as it is in effect. Montrose Eye Care may change this Notice, and these

changes will be effective for health information we have about you, as well as any information we receive in the future. Before we make significant changes in our privacy practices, we will change this Notice and make the new Notice available upon request.

**Complaints.** If you believe your privacy rights have been violated, you may file a complaint with:

Montrose Eye Care's Privacy Officer  
520 Waugh Dr.  
Houston, TX 77019  
(713) 300-1477

Office of Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509 F, HHH Building  
Washington, D.C. 20201

We will not penalize or retaliate against you in any way for making a complaint to Montrose Eye Care or to the Department of Health and Human Services. We will notify you in the unlikely event of a breach of your unsecured protected health information.

**Contact Montrose Eye Care's Privacy Officer at (713) 300-1477 if:**

- You have any questions about this Notice;
- You wish to request restriction on uses and disclosures for health care treatment, payment or operations;
- You wish to obtain a form to exercise your individual rights.

Effected Date: June 1, 2016

Updated: June 15, 2016

Appendix A: Examples of how Montrose Eye Care might use or disclose health information for treatment purposes

- Setting up or changing appointments including but not limited to leaving messages with those at your home or office who may answer the phone
- Leaving messages on answering machines, voice mails, texts or emails notifying you that your ophthalmic goods are ready
- Calling your name out in a reception room environment
- Prescribing glasses, contact lenses, or medications as well as relaying this information to suppliers by phone, fax or other electronic means including initial prescriptions and refill requests
- Referring you to another doctor for care not provided by this office
- Obtaining copies of health information from doctors you have seen outside our office
- Voicemails or emails reminding you it is time for continued care

Appendix B: Examples of how Montrose Eye Care might use or disclose health information for payment purposes

- Requesting identification cards for vision and/or medical insurance plans
- Preparing and sending bills to either you or your insurance provider
- Providing any pertinent information required by third party payors in order to ensure payment for services rendered to you
- Sending notices of payment due on your account to the person designated as responsible party or head of household

Appendix C: Examples of how Montrose Eye Care might use or disclose health information for business operations

- Financial or billing audits
- Internal quality assurance programs
- Participation in managed care plans
- Defense of legal matters
- Business planning
- Informing you of products or series offered by our office
- Compliance with local, state, or federal government agencies request for information
- Providing information regarding your vision status to the Department of Public Safety, a school nurse, or agency qualifying for disability status