

## HIPAA PRIVACY POLICY- 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 review this notice carefully.

This office is required to abide by the terms of this notice, which is currently in effect as of January 1<sup>st</sup>,2011. This office is required by law to maintain the privacy of Protected Health Information (PHI) and to provide patients with notice of our legal duties and Privacy Practices with respect to a patient's PHI. PHI is considered to be, but not limited to, past, present, or future health conditions or treatment of a patient or payment for health care services which either directly identifies a patient from another patient. This office utilizes and discloses PHI in many ways. For example, PHI is used in carrying out patient treatment such as prescribing glasses, contact lenses, medications, administering medical/vision testing or referring you to another doctor or clinic, getting or giving copies of your health information to another professional. PHI is used for payment purposes such as insurance claims, preparing bills, or collection of unpaid balances either through our office(s) or through a collections agency/attorney. In addition, PHI is used by our office for health care operations such as audits, quality assurance, managed care participation, and storage.

PHI of all patients will be protected no matter how it is created or stored (e.g., paper, electronic, film, tape, mind). All staff members with access to PHI will sign a confidentiality statement. The signed confidentiality statement will be maintained in the employee's personnel file. In addition, all staff with access to PHI will be trained in this office(s) privacy practices and will sign a statement that they have read, understand, and will maintain office privacy procedures and strategies. All staff members will only access the particular PHI that is necessary to accomplish their job. It is determined that all doctors and assistances in this practice will need to have full access to a patient's file to be able to do preparatory workup, examinations for a patient, billing and sales of glasses and contacts. All files containing PHI will be maintained in a locked office during non-business hours. No one besides approved staff will have access to patient's files during business hours, patients will be interviewed only by approved staff in a confidential setting (e.g., exam rooms). A patient's PHI will not be discussed by staff members in public settings. The computer screens displaying patient's PHI will not be in plain sight to non-approved staff members. The computer screen will either be directed out of plain sight or utilize a screening filter. Computers maintaining PHI will require passwords that only approved staff will have access to. All PHI will be maintained by this practice for a minimum of 6(six) years.

**OUR NOTICE OF PRIVACY PRACTICES:** The Notice of Privacy Practices is available in all office(s). Tony Phan OD, PLLC reserves the right to make changes in the terms of our privacy practices. The updated notice of Privacy Practices will indicate a revised date and will be available for review by you in the office(s) or through the website as of the revised date. If you want more information about our privacy practices, call or visit the privacy contact person at our office.

**COMPLAINTS:** If you believe at any time, that your privacy rights have been violated you have the right to complain to the office privacy contacts or officer. If you want to complain to us, send a written complaint to our office, or to the Secretary of the US Department of Health and Human Services, Office of Civil Rights. All written complaints about this practice's Privacy Policies will be reviewed and investigated by the privacy officer. The results of the review and investigation will be answered in a written statement within 30 (thirty) business days of the receipt of initial written complaint. All complaints and results will be stored in your file. You will receive no reprisal from this practice based on any written privacy complaints.

**DISCLOSURES:** You may specifically allow that your PHI be distributed outside of the office to carry out treatment, payment or any other healthcare operations. The patient consent form will be maintained in your file. If you refuse to sign the patient consent form this office reserves the right to decline services. You may revoke this authorization at anytime. To revoke authorization, a nondisclosure form must be signed and dated by you, requesting either no or limited disclosure of PHI. The nondisclosure form will be maintained in your file. In addition, a note will be made in the computer system to help ensure your request is maintained. You may not retroactively retract consent of the release of PHI. If you sign the nondisclosure form this office reserves the right to decline services.

**USES AND DISCLOSURES WITHOUT PERMISSION:** Generally PHI will not be released to any entity outside of the immediate office without your signed and dated permission. In limited situations the release of PHI is required by state or federal law which limits HIPAA and Texas privacy laws. PHI will be released or not released based on the more stringent laws. Release may occur without your consent in such manners as: public authorities for the protection of public health, specialized government functions, report child/domestic abuse/violence/neglect, court subpoenas, medical examiners, funeral directors, vital records officers, disclosure to workers' compensation insurers, health oversight activities, business associates, and law enforcement purposes. Unless you object we will also share relevant information about your care with family or friends who are helping you with your eye care, including but not limited to, picking up your contacts or glasses.

**YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION:** You will have access only to your own PHI. Minors, mentally incompetent, and deceased patients may not exercise patient rights regarding PHI, however, representatives for those may exercise the rights on behalf of the patient. The representative will need to provide legal written proof they have the authority to request the patient's PHI. Once the provided authorization is copied and verified by the privacy officer, the PHI may be reviewed by the representative under the same procedures as the patient. The proof of authorization will be copied and maintained in the patient's file.

- Only upon the written, signed and dated request by you, may you review your PHI. The review will take place in the office location that your file normally is maintained during normal business hours within 30(thirty) days, or 60 (sixty) days if the health information is stored off site, from the receipt of the request. By law, we can have one 30 (thirty) day extension for us to give you access or photocopies if we send you a written notice of the extension. The office staff will schedule an appointment time for you to review your file during normal business hours. You will be provided a confidential room to review your PHI. This confidential room will consist of an unused exam room or contact lens room in which a door can be closed, therefore, maintaining your privacy while you review the information. There will be no charge for the use of a confidential room.

- You may request copies of your PHI. Copies will be provided within 30 (thirty) business days upon the receipt of a written, signed, and dated request. By law, we can have one 30 (thirty) day extension of the time for us to give you access or photocopies if we send you a written notice of the extension. The charge for copies will be \$.05 per page and will be paid prior to the distribution of the PHI copies. Any approved staff member may distribute PHI upon written request.

- You may request corrections or restrictions to your PHI. After viewing the PHI, you may request in writing to have corrections or restrictions placed in your file. The request, along with the corrections or restrictions that you are seeking will be reviewed by the privacy officer within 30 (thirty) days of the request. The written statement of corrections or restrictions provided by you will be maintained in their file along with the original information.

- Each disclosures of PHI will be recorded in your file. You may request a list of all disclosures of your PHI by a written, signed, and dated statement. The statement will be reviewed by the privacy officer. Upon the receipt of the written statement, the disclosure list will be available within 30 (thirty) business days for you to review. By law, we can have one 30 (thirty) day extension for us to give you access or photocopies if we send you a written notice of the extension. The charge for copies for the list of disclosures will be \$.05 per page and will be paid prior to the distribution of the list of disclosures. The list may be picked up or reviewed at the office location that your file is maintained during normal business hours. You may request restriction to disclosures. We do not have to agree to do this but if we agree we must honor the restrictions.

- You may request in writing to be communicated in a confidential way, such as not being contacted at home, at work, e-mailed, faxed, or using a different mailing address. This request will be accommodated if the request is reasonable.

- You have the right to request additional copies of this Notice of Privacy Practices.

**APPOINTMENT REMINDERS:** You may be contacted either directly or through a business associate to remind you of an appointment or to schedule an appointment with our office(s). Unless you tell us otherwise, we will provide you an appointment reminder by letter, postcard, e-mail, or by phone. If you are not available by phone we may leave a message on your answering machine or with someone who answers your phone. You may be contacted either directly or through a business associate to provide information about treatment, health related benefits and services or products that may be of interest to you. These contacts may or may not include marketing materials from various manufacturers or suppliers for products or services that may be of interest to you.

**BUSINESS ASSOCIATES:** Business associate written agreements will be entered by this office with contractors that use PHI for performing health functions and operations on behalf of this practice. The practice is not directly responsible for a business associates compliance with the written agreement. However, if a noticed pattern of noncompliance by a business associate is determined, a written notification will be issued to the business associate. If a pattern of noncompliance continues after written notification is issued, the existing contract with the business associate will be reviewed and the relationship with the business associate may be terminated.