

NOTICE OF PRIVACY PRACTICES

Lake Ridge Eye Care, P.A.
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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.

We are required by law to maintain the privacy of your health information, to follow the terms 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 your medical information without your written authorization, except as described in this *Notice*.

Use and Disclosures of Health Information

Treatment: We may use or disclose your health information to set up an appointment for you; test or examine your eyes; to prescribe glasses, contact lenses, or medications; to refer you to another doctor or clinic for further care; or to get copies of your health record from another professional that you may have seen before us.

Payment: We may use or disclose your health information to request information about your vision care and medical plans; to prepare bills or claims; or to collect outstanding balances.

Health Care Operations: We may use or disclose your health information for administrative and managerial functions that we have to do in order to run our office such as financial or billing audits, internal quality assurance, personnel decisions, participation in managed care plans, defense of legal matters, business planning, and outside storage of our records.

Uses and Disclosures For Other Reasons Without Permission: We may use or disclose your health information to social services or protective service agencies when we believe you are a victim of abuse, neglect, or domestic violence; when a state or federal law mandates that certain health information be reported for specific purposes such as contagious disease reporting, investigation or surveillance, notices to and from the federal Food and Drug Administration regarding drugs or medical devices; for health oversight activities; audits by Medicare or Medicaid; judicial proceedings; law enforcement; autopsy; worker's compensation programs; or to other "business associates" who perform health care and also commit to respect the privacy of your health information.

Appointment Reminders

We may call or write to remind you of scheduled appointments, or that it is time to make an appointment. We may also call or write to notify you of other treatment or services available at our office that might help you. Unless you tell us otherwise, we will mail you an appointment reminder on a post card, and/or leave you a reminder message on your phone or with someone who answers your phone if you are not available.

Your Rights Regarding Your Health Information

You may:

- Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or healthcare operations by sending us a written request.
- Ask us to communicate with you in a confidential way, such as by phoning you at your designated numbers, address, or e-mail. We will accommodate your request within reason and may charge you for any extra cost.
- Ask to see or get photocopies of your health information. By law, there are a few limited situations in which we can refuse your request in writing with an explanation. Other than that, we will have a copy of your health record ready within 30 days (if your file is stored in office) or 60 days (if stored off site). You may have to pay for the copies in advance.
- Ask us to amend your health information in writing if you think that it is incorrect or incomplete. If we agree, we will do so within 60 days after the date of your request. By law, we can have one 30-day extension to consider a request for amendment if we notify you in writing.
- Get a list of the disclosures that we have made of your health information within that past six years or less. By law, the list will not include disclosures for purposes of treatment, payment or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. You are entitled to one such list per year free of charge. If you want more, you will have to pay for them in advance. We will respond to your request within 60 days of receiving it. Again, we can have one 30-day extension if we notify you in writing.
- Get additional copies of this *Notice of Privacy Practices* electronically or on paper upon request.

Changes To This Notice

We reserve the right to amend our practices and this *Notice of Privacy Practices* at any time in the future. Until such amendment is made, we are required by law to comply with this *Notice*. The revised notice will be posted in the office and available upon request.

Complaints

If you believe we have not properly respected the privacy of your health information, you may file a complaint with us (directed to the person listed at the beginning of this notice) or the U.S. Department of Health and Human Services, Office of Civil Rights.