



Privacy Notice (HIPAA) of EyeTech, PA

Right to Notice: as a patient, you have the right to adequate notice of the uses and disclosures of your protected health information. Under the Health Insurance Portability and Accessibility Act (HIPAA), EyeTech, PA, may use or disclose your health information for treatment, payment and healthcare operations.

- a) *Treatment* – we may use and disclose your health information to a physician or other healthcare provider providing treatment to you.
- b) *Payment* – we may use and disclose your health information to obtain payment for services we provide you.
- c) *Healthcare operations* – we may use and disclose your health information in connection with our health care operations.

Healthcare operations include quality assessment and improvement activities, reviewing the competency or qualifications of health care professionals, evaluating provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities. Your authorization for uses and disclosures that do not fall under treatment, payment, or health care operations will require your written authorization. Upon signing, you may revoke your authorization (in writing) through our practice at any time.

Emergency Situations: in the event of your incapacity or in an emergency, we will disclose health information to a family member, or another person responsible for your care using our professional judgement. We will disclose health information that is directly relevant to the person's involvement in your health care.

Marketing: we will not use your health information for marketing communications without your written authorization. Required by law we may also use or disclose your health information when we are required to do so by a lawful entity.

Abuse or Neglect: we may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to you or other people's health or safety.

National Security: we may disclose the health information of Armed Forces personnel to military authorities under certain circumstances. We may disclose health information to



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authorized federal officials required for lawful intelligence, counterintelligence and other national security activities. We may disclose health information to provide you with appointment reminders via phone, e-mail, or letter.

Your Rights as a Patient: you have the right to restrict the disclosure of your protected health information (in writing). The request for restriction may be denied if the information is for treatment, payment or healthcare operations. You have the right to receive confidential communications regarding your protected health information. You have the right to inspect and copy your protected health information. You have the right to amend your protected health information. You have the right to receive an account of disclosures of your protected health information. You have the right to a paper copy of

Legal Requirements: EyeTech, PA is required by law to maintain the privacy of your protected health information. We are required to abide the terms of this notice as it is currently started and reserved to change this notice. The policies in any new notice will not be in effect until they are posted on our site or available within our office.

Complaints: if you have complaints regarding the way your protected health information was handled, you may submit a complaint in writing to our office. You will not be retaliated against in any manner for a complaint.

All claims rejected by your insurance company are the patient and/or patient's guardian's responsibility.