

Avant Garde Optometry

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed.

**If you have any questions about this notice please contact our HIPAA officer:
Martha Garza**

This notice of privacy practices describes how we may use and disclose your protected health information to carry out treatment, manage ocular care, payment, or health care operations and for other purposes permitted or required by law. It also describes your rights to access and control your protected health information. Protected health information is information about you, including demographic information, that may identify you and that relates to your past, present or future health conditions or related health care services. We are required to abide by the terms of this notice of privacy practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain. Upon your request, we will provide you with any revised notice of privacy practices. You may request a revised version by accessing our website, calling the office, and requesting a revised copy be sent via mail or asking at the time of your next appointment to be handed one.

Uses and disclosures of protected health information

Your protected health information may be used and disclosed by your physician, our office staff, and others outside of our office who are involved in your care and treatment for the purpose of providing health care service to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of your physician's practice. Following are examples of the types of uses and disclosures of your protected health information that your physician's office is permitted to make. These examples describe the types and uses of disclosures that may be made by our office.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care. This includes the coordination or management of your health care with another provider. We will disclose protected health information to specialists or primary care physicians, or home health agencies that provides care for you. We want to ensure all physicians have the necessary information to diagnose or treat you.

Payment: Your protected health information will be used and disclosed as needed, to obtain payment for your health care services provided by us or by another provider. This may include activities that your health insurance plan may undertake before it approves or pays for coverage for insurance benefits, reviewing services provided to you for medical necessity and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital or specialist.

Health care operations: We may use or disclose your protected health information to support the physician's practice. These activities include, but are not limited to, quality assessment, employee reviews, training of new staff, licensing, and conducting or arranging other business activities.

We will share your protected health information with third party business associates that perform various activities for our practice. We may use or disclose your protected health information, as necessary, to

provide you with information about treatment or other health-related benefits and services that may be of interest to you. You may contact our privacy officer to request these materials not be sent to you.

Other permitted and required uses and disclosures that may be made without your authorization or opportunity to agree or object

We may use or disclose your protected health information in the following situations without your authorization or providing you the opportunity to agree or object. These situations include:

Required by law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The uses or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

Public health: We may disclose your protected health information for public health purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury, or disability.

Communicable diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs other government regulatory programs and civil rights laws.

Abuse or neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. IN addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and drug administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration for the purpose of quality, safety or effectiveness of FDA regulated products or activities including to report adverse events, product defects or problems, biologic product deviations, to track products; to enable product recalls; to make repairs or replacements or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful purposes.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include: 1. Legal processes and otherwise required by law 2. Limited information requests for identification and location purposes, 3. Pertaining to victims of a crime 4. Suspicion that death has occurred because of criminal conduct 5. In the event that a crime occurs on the premises or our practice, and 6. Medical emergency and it is likely that crime has occurred.

Research: We may disclose your protected health information to researchers when their research has been approved by institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Criminal activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Workers' compensation: We may disclose your health information as authorized to comply with workers' compensation laws and other similar legally established programs.

Uses and disclosures of protected health information based upon your written authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization in writing at any time. If you revoke this authorization, we will no longer use or disclose your protected health information for the reason covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization.

Other permitted and requires uses and disclosures that require providing you the opportunity to agree or object

We may use and disclose your protected health information in the following instances. You can agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may determine whether the disclosure is in your best interest.

Others involved in your health care or payment for your care: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location or general condition. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Your rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you for so long as we maintain the protected health information. You may obtain your medical record that contains medical and billing records and any other records that your physician and the practice use for making decisions about you. As permitted by federal or state law, we may charge you a reasonable copy fee for a copy of your records.

Under federal law, you may not inspect or copy the records for information in civil, criminal, or administrative actions or proceedings. Depending on the circumstances, a decision to deny access may be reviewable. Please contact our privacy officer if you have questions about access to your medical records.

You have the right to request restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the notice of privacy practice. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of the restriction unless it is needed to provide emergency treatment. Please discuss any restriction with your physician.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our privacy officer.

You may have the right to have your physician amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for so long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any rebuttal. Please contact our privacy officer if you have any questions.

You have the right to receive an accounting of certain disclosures we have made of your protected health information. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this notice of privacy practice. It excludes disclosures we may have made to you if you authorized us to make the disclosure, for a facility directory, to family members or friends involved in your care, or for notification purposes, for national security or intelligence to law enforcement as part of a limited data set disclosure. You have the right to receive specific information regarding these disclosures after December 2014. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

Complaints

You may complain to us or the Secretary of Health or Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our privacy officer, **Martha Garza** at **214-407-7399** or **jyee@AG-eyecare.com** and **cc Martha Garza** for further information about the complaint process.