

Notice of Privacy Practices

Eyes Nouveau

3000 S. Hulen #104

Fort Worth, TX 76109

Ph: 817.738.2027 Fax: 817.738.5440

Eyes Nouveau

1247 Main St.

Southlake, TX 76092

Ph: 817.481.2070 Fax: 817.410.9277

This notice describes how medical information about you may be used and disclosed, and how you can obtain access to this information. Please review it carefully.

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), Eyes Nouveau can use your protected health information for treatment, payment and health care operations.

Uses or Disclosures of Health Information

Examples of how we use information for **treatment** purposes:

- When we set up an appointment for you.
- When our technician or doctor tests your eyes.
- When our staff helps you select and order glasses or contact lenses.

We may disclose your health information outside of our office for treatment purposes if we refer you to another doctor for eye care or when we provide a prescription for medication to a pharmacist.

Some examples of how we may use or disclose your health information for **payment** include preparing a statement to send to you or your insurance plan, or when we process payment by credit card.

We use and disclose your health information for **health care operations** in a number of ways. Healthcare operations include quality assessment and improvement activities, reviewing the competency or qualifications of healthcare professionals, evaluating provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization

Most uses and disclosures that do not fall under treatment, payment, health care operations will require your written authorization. Upon signing, you may revoke your authorization (in writing) through our practice at any time.

Uses or Disclosures without an Authorization

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Such uses are:

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

Required by Law - We may also use or disclose your health information when we are required to do so by law.

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 your 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 authorized federal officials required for lawful intelligence, counterintelligence and other national security activities. We may disclose health information of inmates or patients to the appropriate authorities under certain circumstances.

Appointment Reminders

We may use or disclose your 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 required for treatment, payment or health care 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 if you determine it to be inaccurate or incomplete.

-You have the right to receive an account of disclosures of your protected health information.

-You have the right to a paper copy of this notice of privacy practices.

To exercise any of these rights send a written request to Eyes Nouveau at the address or fax shown at the beginning of this notice.

Our Notice of Privacy Practices

Eyes Nouveau is required by law to maintain the privacy of your protected health information. We are required to abide by the terms of this notice as it is currently stated, and reserve the right to change this notice. If we change our Notice of Privacy Practices, we will post the new notice in our office, have copies available in our office and post it on our website.

Complaints

If you have complaints regarding the way your protected health information was handled, you may submit a complaint in writing to our office or the U.S. Department of Health and Human Services, Office of Civil Rights. You will not be retaliated against in any manner for a complaint.

For More Information

If you want more information about our privacy practices, call or visit Eyes Nouveau at the address or phone number shown at the beginning of this notice.
