

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 IT CAREFULLY.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, health care operations, and other actions permitted or required by law. It also describes your rights to access and control your protected health information, which may identify you and relate to your past, present, or future physical or mental health or condition and related health care services.

We are required by law to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. New notices will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another provider. For example, we may provide your protected health information to a physician, to whom you have been referred, to ensure that he or she has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used and disclosed, as needed, to obtain payment from your health care plan or other third-party payers for services provided by Eye Associates of Texas. These activities may include making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

Health Care Operations: We may use or disclose, as needed, your protected health information in

order to support the daily functions of Eye Associates of Texas. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, fundraising activities, and conducting or arranging for other business activities.

Business Associates: We may share your protected health information with third party business associates that perform various activities (i.e. billing or transcription services) for our practice. To protect your privacy, we require all business associates to appropriately safeguard your protected health information.

Individuals Involved in Your Health Care or Payment for your Care: Unless you object, using our professional judgment, 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 or payment related to your care.

Health-related Communications: We may use or disclose your health information via phone, e-mail, or letter to provide you with appointment reminders, recalls, recommended treatment alternatives, or provide information about health-related benefits and services.

Notification: We may use or disclose protected health information about you to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and the safety of others.

Fundraising: We may contact you as part of a fundraising effort.

Required By Law: We must disclose your protected health information when required by law.

Public Health: We may disclose your protected health information to public health or legal authorities, as required by law, charged with 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, such as 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 the Food and Drug Administration, or persons under jurisdiction of the FDA, to evaluate quality, safety, or effectiveness of FDA-regulated products; to report adverse events, product defects or problems, or 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 process.

Law Enforcement: We may disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, for determination of cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research: We may disclose your protected health information to researchers when their research

has been approved by an 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.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

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

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

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

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 your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. Please

understand that we are unable to take back any disclosures already made with your authorization.

2. YOUR RIGHTS

The 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.

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 or the practice uses to make decisions about you. As permitted by federal or state law, we may charge you a reasonable fee for copying, mailing, and supplies that are necessary to fulfill your request.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and laboratory results that are subject to law that prohibits access to protected health information. Depending on the circumstances, you may have a right to have reviewed a decision to deny access. Please contact our Privacy Officer if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information.

You have the right to request additional restrictions on our use or disclosure of your protected health information by sending a written request to Eye Associates of Texas. 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 this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to the requested restrictions.

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 will not request an explanation from you as to the

basis for the request. Please submit a request in writing to Eye Associates of Texas. Your request must state how or where you would like to be contacted.

You may have the right to have your physician amend your protected health information.

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 such rebuttal. To request an amendment, please send a written request to Eye Associates of Texas. You must include a reason supporting your request.

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 Practices. The accounting will exclude certain disclosures, such as disclosures made directly to you, disclosures you authorize, disclosures to friends or family members involved in your case, disclosures for certain exceptions, restrictions, and limitations. You have the right to receive specific information regarding these disclosures that occur after April 14, 2003. To request an accounting, please submit a written request to Eye Associates of Texas. We will accommodate all reasonable requests.

You have the right to obtain a paper copy of this notice.

Upon request, even if you have accepted this notice electronically.

3. COMPLAINTS

You may submit comments or complaints about our privacy practices to us directly or to the Secretary of Health and Human Services if you believe your privacy rights have been violated.

You may send a letter outlining your concerns to our privacy officer:

Shagun Dhaliwal, M.D.
4900 Long Prairie Rd Suite 400
Flower Mound, TX 75028

EYE ASSOCIATES

OF TEXAS

SHAGUN DHALIWAL, MD

EyeATX.com

P: 972-691-3937 • F: 972-691-3939

No penalties or retaliation will be incurred for filing a complaint.
This notice was published and becomes effective on October 1, 2020.

Flower Mound 4900 Long Prairie Rd #400 Flower Mound, TX 75028		Forth Worth 11751 Alta Vista Rd #103A Fort Worth, TX 76244
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