

GLAUCOMA ASSOCIATES OF TEXAS
NOTICE OF PROTECTED HEALTH INFORMATION 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.

Understanding Your Protected Health Information

This notice describes the practices of Glaucoma Associates of Texas (hereinafter “Glaucoma Associates”) and that of its physicians with respect to your protected health information created while you are a patient at Glaucoma Associates. Your protected health information (“PHI”), for purposes of this notice, is information that individually identifies you; is related to your physical or mental health or condition, the provision of health care to you, or payment for such health care; and is created or received by Glaucoma Associates. Physicians and personnel of Glaucoma Associates authorized to have access to your PHI are subject to this notice. In addition, physicians of Glaucoma Associates may share PHI with each other for treatment, payment or health care operations described in this notice.

We create a record of the care and services you receive at Glaucoma Associates. We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. This notice applies to all of the PHI concerning your care at Glaucoma Associates.

This notice will tell you about the ways in which we may use and disclose your PHI. Other uses and disclosures of PHI not described in this notice will be made only with your written authorization. We also describe your rights and certain obligations we have regarding the use and disclosure of your PHI.

Your Rights regarding Your PHI

Although the health records created and received by Glaucoma Associates are the physical property of Glaucoma Associates, your PHI belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your PHI for treatment, payment, and health care operations and as to disclosures permitted to persons, including family members involved with your care and as provided by law. We are not required by law to agree to a requested restriction, except for a request to restrict disclosure of your PHI to a health plan if: (A) the disclosure is for purposes of carrying out payment or health care operations and is not otherwise required by law; and (B) the PHI pertains solely to a health care item or service for which you or a person other than your health plan, has paid Glaucoma Associates in full;

- Obtain a paper copy of this notice of Glaucoma Associates’ PHI practices;

- Inspect and request a copy of your PHI as provided by law;

- Request that we amend your PHI as provided by law. We will notify you if we are unable to grant your request to amend your PHI;

- Obtain an accounting of disclosures of your PHI as provided by law;

- Request communication of your PHI by alternative means or at alternative locations. We will accommodate reasonable requests; and

- Revoke your authorization in writing to use or disclose PHI except to the extent that action has already been taken in reliance on your authorization.

You may exercise your rights set forth in this notice by providing a written request to Glaucoma Associates’ Privacy Officer at 10740 N. Central Expressway, Suite 300, Dallas, Texas 75231.

Our Responsibilities

In addition to the responsibilities set forth above, we are also required to:

- Maintain the privacy of your PHI;

- Provide you with a notice as to our legal duties and privacy practices with respect to PHI we maintain about you;

- Abide by the terms of our Notice of Protected Health Information Practices currently in effect;

- Notify affected individuals following a breach of unsecured PHI; and

- Notify you if we are unable to agree to a requested restriction on certain uses and disclosures of your PHI.

We reserve the right to change our practices and to make the new provisions effective for all PHI we maintain, including information created or received before the change. Should our information practices change we are not required to notify you, but we will have the revised notice available for you to request at any Glaucoma Associates’ location. The revised notice will also be posted at our offices and on the Glaucoma Associates’ web page at:

www.GlaucomaAssociates.com.

Examples of Disclosures for Treatment, Payment, Health Care Operations and As Otherwise Allowed By Law

The following categories describe different ways that we use and disclose protected health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information should fall within one of the categories.

We will use your PHI for treatment.

For example: We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at Glaucoma Associates. We may share medical information about you in order to coordinate different treatments, such as prescriptions, lab work and x-rays. We may also provide your physician or a subsequent health-care provider with copies of various reports to assist in treating you once you

are discharged from care at Glaucoma Associates.

We will use your PHI for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your PHI for regular health care operations.

For example: We may use the information in your health record to assess the care and outcome in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide.

We will use your PHI as otherwise allowed by law. The following are some examples of how we may use or disclose your PHI.

Business associates: There are some services provided to our organization through agreements with business associates. Examples include answering services and copy services. To protect your PHI, however, we require business associates to appropriately safeguard your information.

Communications for treatment and health care operations: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Notification: We may use or disclose your PHI to notify or assist in notifying your family members, personal representatives, or other persons responsible for your care regarding your location and condition.

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

Decedents: We may disclose PHI to coroners, medical examiners, and funeral directors consistent with applicable law to carry out their duties.

Organ procurement organizations: Consistent with applicable law, we may disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, medications, devices, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers' compensation: We may disclose PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Public health: As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability and health oversight agencies for oversight activities authorized by law.

Abuse, neglect or domestic violence: As required by law, we may disclose PHI to a governmental authority authorized by law to receive reports of abuse, neglect, or domestic violence.

Judicial, administrative, and law enforcement purposes: Consistent with applicable law, we may disclose PHI about you for judicial, administrative, and law enforcement purposes.

Personal Representative/Family Members: Consistent with applicable law, we will disclose information to your lawfully designated or appointed personal representative with authority to (a) act on your behalf in making health care related decisions or (b) act on behalf of your estate. We may also disclose your PHI to a person involved in your current health care (such as a family member, other relative, close personal friend, or other person you identify) if that PHI is directly related to the person's involvement with your current health care or payment related to that health care.

Fundraising: We may contact you to raise funds for Glaucoma Associates and you have a right to opt out of receiving such communications.

Required or allowed by law: We will disclose PHI about you when required or allowed to do so by federal, state, or local law.

Examples of Uses and Disclosures that Require Your Authorization

We will not use or disclose your PHI without your written authorization, except as described in this notice. For example, the following uses and disclosures will not be made absent your written authorization.

Psychotherapy Notes: We must obtain an authorization for any use or disclosure of psychotherapy notes, except to carry out certain treatment, payment, or health care operations provided by law.

Marketing: We must obtain an authorization for use or disclosure of your PHI for marketing communications, except for where the marketing communication is made face-to-face or where the marketing communication consists of a promotional gift of nominal value provided by Glaucoma Associates.

Sale of Protected Health Information: We must obtain a valid authorization for the disclosure of your PHI where Glaucoma Associates receives direct or indirect remuneration from the entity to whom such information is disclosed.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact Glaucoma Associates' Privacy Officer at (214) 765-9703.

If you believe your privacy rights have been violated, you can file a complaint with Glaucoma Associates' Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

EFFECTIVE DATE: 10/01/2018

VERSION: 3

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GLAUCOMA ASSOCIATES OF TEXAS

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PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I hereby give my consent for Glaucoma Associates of Texas (hereinafter referred to as “Glaucoma Associates”) to use and/or disclosure protected health information about me for treatment, payment, health care operations, and as otherwise allowed by law. I understand that protected health information (“PHI”) for purposes of this consent, is information that individually identifies me; is related to my physical or mental health or condition, the provision of health care to me, or payment for such health care; and is created or received by Glaucoma Associates. I understand that I may revoke my consent in writing except to the extent that Glaucoma Associates has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, I understand that Glaucoma Associates may decline to provide treatment to me.

I hereby give my consent for Glaucoma Associates to use the contact information I have provided to call my home and/or other alternative location and leave a message for me by voice mail or person in reference to any items that assist the practice in carrying out treatment, payment, or health care operations, such as appointment reminders, insurance items, and any calls pertaining to my clinical care, including laboratory test results, among others. I further give my consent for Glaucoma Associates to send mail to my home and/or other alternative location and e-mail to the e-mail address(es) I have provided in reference to any items that assist the practice in carrying out treatment, payment, or health care operations, such as appointment reminder cards and patient statements. I understand I have the right to request that Glaucoma Associates restrict how it uses or discloses my PHI. I further understand that Glaucoma Associates is not required to agree to my requested restrictions.

I acknowledge I have received a copy of Glaucoma Associates’ Notice of Protected Health Information Practices (the “Notice”) and have had an opportunity to review it before signing this consent. I understand that Glaucoma Associates reserves the right to revise its Notice at any time and that a copy of the revised Notice may be obtained by forwarding a written request to Glaucoma Associates’ Privacy Officer at 10740 N. Central Expressway, Suite 300, Dallas, Texas 75231.

Signature of Patient or Legal Representative

Witness

Date