

## NOTICE OF PRIVACY PRACTICES

Cypress Family Eyecare

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**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. YOU CAN ALSO FIND OUT HOW TO GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

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We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This handout describes how we protect your health information and what rights you have regarding it.

### TREATMENT, PAYMENT, AND HEALTH CARE OPTIONS

The most common reason why we use or disclose your health information is for treatment, payment or health care operation. Examples of how we use or disclose information for treatment purposes are: eye medications and facing them to be filled, showing you low vision aids, referring you to another doctor or clinic, or getting copies of your health information from another professional that you may have seen before us. Examples of how we use or disclose your health information for payment purposes are: asking you about your health or vision care plans (or other sources of payment), preparing and sending bills or claims, and collecting unpaid amounts (through ourselves, a collection agency, or an attorney). "Health care operations" is meant to describe those administrative and managerial functions that we have to do in order to run our office. Examples of how we use or disclose your health information for health care operations are: financial or billing audits, internal quality assurance, personnel decision, participation in managed care plans, defense of legal matters, business planning, and outside storage of our records.

We routinely use your health information inside our office for these purposes without any special permission. **We will ask you for special written permission if we need to disclose your health information outside of our office for any of the above listed reasons.**

### USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us. Some of these situations will never come up at our office at all. Such uses or disclosures are:

- When a state or federal law mandates that certain health information be reported for a specific purpose
- For public health purposes, such as contagious disease reporting, investigation or surveillance and notices to and from the federal Food and Drug Administration regarding drugs or medical devices.
- Disclosures to governmental authorities about victims of suspected abuse, neglect, or domestic violence
- Uses and disclosures for health oversight activities, such as for the licensing of doctors, for audits by Medicare or Medicaid, or for investigation of possible violation of health care laws
- Disclosures for judicial and administrative proceedings, such as in response to a subpoena or orders of courts or administrative agencies
- Disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime, to provide information about a crime at our office, or to report a crime that happened somewhere else.
- Disclosure to a medical examiner to identify a dead person or to determine the cause of death, or to funeral directors to aid in burial, or to organizations that handle organ or tissue donations.
- Uses or disclosures for health related research.
- Uses and disclosures to prevent a serious threat to health or safety
- Uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials, for lawful national intelligence activities, for military purposes, or for the evaluation and health of members of the foreign service.
- Disclosures of de-identified information.
- Disclosures relating to worker's compensation program.
- Disclosures of a "limited data set" for research, public health, or health care operations.
- Incidental disclosures that are an unavoidable by-product of permitted uses or disclosures.
- Disclosures to "business associates" who perform health care operations for us and who commit to the privacy of your health information.

**We will also share relevant information about your care with your family or friends who are helping with your eye care, unless you formally object.**

## APPOINTMENT REMINDERS

We may call or write to remind you of scheduled appointments. We may call or write to notify you that it is time to make an appointment for a routine eye exam or to notify you of other treatments or services available at our office that might help you. **We will mail you an appointment reminder on a post card or in an envelope, and leave you a reminder message on your home answering machine or with someone who answers your phone if you are not available to talk, unless you formally object.**

## OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your health information unless you sign a written authorization form. The content of an authorization form is determined by federal law. Sometimes, we may initiate the authorization process if the use or disclosure is our idea. Typically, in this situation, you will give us a properly completed authorization form or you can use one of ours.

We cannot force you to sign an authorization form if we initiate the process. We cannot make the use or disclosure of your information if you do not sign the authorization form. You may revoke a signed authorization form at any time unless we have already acted in reliance upon it. Revocations must be written. You may send a revocation to us at our address listed at the beginning of this Notice.

## YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information. You can:

- Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. Please send a typed or written request to our address listed at the top of this Notice to request any restrictions.
- Ask us to communicate with you in a confidential way, such as phoning you at work rather than at home, by mailing health information to a different address, or by using email to your personal email address. We will accommodate these requests if they are reasonable, and if you pay us for any extra cost that we will incur. Please send a typed or written request to our address listed at the top of the Notice if you would like to request confidential communications.
- Ask to see or to get photocopies of your health information. By law there are a few limited situations in which we can refuse to permit access or copying. However, in most situations, you will be able to review or have a copy of your health information within 30 days of asking us (or 60 days if the information is stored off-site). You may have to pay for photocopies in advance. We will send you a written explanation if we deny your request for your own medical information, as well as instructions about how to get an impartial review of our denial if one is legally available. By law, we can have a 30 day extension of the time for us to give you access or photocopies if we send you a written notice of the extension. Please send a typed or written request to our address listed at the beginning of this Notice if you would like a photocopy of your records or a summarization of your records.
- Ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know got the wrong information, and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your health information along with any rebuttal statement that we may write. We will send any statement of position or rebuttal statement that you make along with your records any time we make a permitted disclosure of your health information. By law, we can have a 30 day extension of time to consider a request for amendment if we notify you in writing of the extension. Please send a typed or written copy to our address listed at the top of this Notice if you would like to request that your health information be amended. Please include the reasons that you would like the amendment as well.
- Obtain a list of the disclosures that we have made of your health information within the past six years (or a shorter amount of time). By law, the list will not include: disclosures for purposes of treatment, payment of health care operations, disclosures with your authorization, incidental disclosures, disclosures required by the law, and some other limited disclosures. You are entitled to one such list per year without charge. You will have to pay a fee in advance if you would like more frequent lists. We will usually respond to your request within 60 days of receiving it, but by law, we can have one 30 day extension of time if we notify you of the extension in writing. Please send a typed or written request to the address at the top of this Notice if you would like one of these lists.
- Obtain additional paper copies of this NOTICE OF PRIVACY PRACTICES upon request. Please send a typed or written request to the address listed at the beginning of this Notice if you would like additional copies. Please be sure to include the number of copies that you will need.

## OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time as allowed by the law. The new Privacy Practices will apply to your health information that we already have as well as to such information that we may generate in the future if we choose to change this Notice. We will post the new notice in our office, have copies available in our office, and post it on our website if we make any changes to our NOTICE OF PRIVACY PRACTICES

## COMPLAINTS

You are free to complain to us, the U.S. Department of Health and Human Services, or to the Office for Civil Rights if you believe that we have not properly respected the privacy of your health information. We will not retaliate against you if you make a complaint. Any complaints that you would like to make to us can be sent to the address listed at the top of this Notice. You can also make your complaint in person or by telephone if you prefer.

## FOR YOUR INFORMATION

Please write, call, or visit our office if you would like more information about our privacy practices.