

THE KURTIN EYE CARE CENTER

Steven C. Kurtin, O.D.
4104 W. 15th Street, Suite 100
Plano, Texas 75093
(972) 964-3937

Effective date of notice: November 28, 2011

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.

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

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reason why we use or disclose your health information is for treatment, payment, or health care operations. "Health care operations" means those administrative and managerial functions that we have in order to run our office. Examples of how we use disclose information for treatment purposes are: setting up an appointment for you; testing or examining your eyes; prescribing glasses, contact lenses, or eye medications and calling them in to be filled; showing you low vision aids; referring you to another doctor or clinic for eye care, low vision aids, or services; and getting copies of your health information from another professional that you may have seen previously. 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 of claims; and collecting unpaid amounts.

We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside of our office for these reasons we usually will not ask you for special permission.

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 these situations will apply to us; some may 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 reporting contagious diseases, 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.
- For health oversight activities, such as the licensing of doctors; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws.
- For judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies.
- For law enforcement purposes, such as to provide information about someone who 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.
- 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.
- For health related research.
- To prevent a serious threat to health or safety.
- Disclosure of de-identified information.
- Relating to workers compensation programs.
- 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.
- To 'business associates' who perform health care operations for us and who commit to respect the privacy of your health information.

At your request, or if medically necessary, we will also share relevant information about your care with family or friends who are helping you with your eye care.

APPOINTMENT REMINDERS

We may call, write, or e-mail to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call, write, or e-mail to notify you of other treatments or services available at our office that might help you.

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.
- Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using e-mail to your personal e-mail address. We will accommodate these requests if they are reasonable, and if you pay us for any extra costs. If you want to ask for confidential communications please send a written request to the office contact person at the address shown at the beginning of this notice.
- Ask to see or to receive photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying.
- Ask us to amend your health information if you think that it's incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us.

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 law. If we change this notice, 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 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 think that we have not properly respected the privacy of your health information, you are free to complain to us or the U.S Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you choose to complain to us, send a written letter to the office contact person at the address shown at the beginning of this notice. If you prefer, you can discuss your complaint in person or by phone. All conversations pertaining to your complaint will be documented.

ACKNOWLEDGEMENT

(Please circle one)

I agree to be contacted via phone call, letter, and e-mail **YES / NO** If no, please list any method(s) you do not want _____

I acknowledge Steven C. Kurtin, O.D.'s Notice of Privacy Practices. Date _____

Patient name _____

Signature _____