

Sanger Eye Care
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NOTICE OF PRIVACY PRACTICES

Effective date of Notice: October 2021

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 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. 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 (either ourselves, through a collection agency or attorney). Health care operations mean 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 decisions, participation in managed care plans, defense of legal matters; business planning; and outside storage of our records.

Sanger Eye Care may disclose a limited set of your refractive data and email address to enable you to order your contacts online efficiently without needing to enter a prescription to order your lenses.

Sanger Eye Care may at the patients request, release items such as prescription contact lenses, copies of prescriptions and other exam information to family members or friends to increase the convenience for the patient. Sanger Eye Care may also accept payment for services and products from persons other than the patient. Unless you object Sanger Eye Care may also share relevant information about your eye exam findings with family or friends who are helping you with your eye care. (This allows immediate family to pick up purchased product.)

We routinely use your health information in our office for the above purposes without any 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 of 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 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 violations of health care laws;
- Disclosures for judicial and administrative proceedings such as in response to subpoenas or order 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;
- Uses or disclosures for health related research
- Uses or 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 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 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;
- Disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information.

APPOINTMENT REMINDERS:

We may call, email, write, or text to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we will call you and or leave you a reminder message on your voicemail or with someone who answers your phone if you are not home.

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. Sometimes, you may initiate the process if it’s your idea for us to send your information to someone else. Typically, in this situation you will give us a properly completed authorization form, or you can use one of ours.

If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do sign an authorization form to disclose your information you may revoke it at any time unless we have already acted in reliance upon the authorization form. Revocations must be in writing. Send them to the office contact person named 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. To ask for a restriction, send a written request to the office contact person, at the address or fax shown at the beginning of this notice.
- Ask us to communicate with you in a confidential way such as by phoning you at work instead of 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 reimbursements are made for additional costs that such requests incur. If you want to ask for confidential communications, send a written request to the office contact person at the address or fax at the beginning of this notice.
- 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. For the most part, however, you will be able to review or have a copy of your health information within 30 days of asking us (or sixty days if the information is stored off site). You may have to pay for photo copies in advance. If we deny your request we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one 30 day extension of the time for us to give you access or photocopies if we send you a written notice of the extension. If you want to review or get photocopies of your health information, send a written request to the office contact person at the address or fax at the beginning of this notice.
- 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 correct information to persons who we know got the wrong information and others that you specify. If you want us to amend your health information, send a written request, including your reasons for this amendment, to the office contact person at the address or fax shown at the beginning of this notice.
- Get a list of the disclosures that we have made of your health information within the past 6 years (or a shorter period if you want). By law the list will not include; disclosures for purposes of treatment, payment or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. 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. If you want a list, send a written request to the office contact person at the address or fax shown at the beginning of this notice.
- Get additional paper copies of Sanger Eye Care's Notice of Privacy practices upon request. It does not matter whether you got one electronically or in paper form already. If you want additional paper copies, send a written request to the office person at the address or fax at the beginning of this notice.

OUR NOTICE OF PRIVACY PRACTICES:

By law we must abide by the terms of this Notice of Privacy Practices until we chose 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, and have copies available in our office.

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 want to complain to us, send a written complaint to the office contact person at the address or fax shown at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone.

FOR MORE INFORMATION:

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