

Mission Vision
3107 TPC Parkway, Ste 101
San Antonio, TX 78259

(210) 315-5559 ofc
(210) 988-2999 fax

Notice of Privacy Policy

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 practice uses and discloses health information about you for treatment, payment of treatment, administrative purposes, and for evaluation of quality of care you receive. This notice describes our privacy practices. You can request a copy of this notice at any time. For more information about this notice of our privacy practices and policies, please contact Jackson Robison OD.

TREATMENT: We are permitted to use and disclose your medical information to those involved in your treatment. When we provide that treatment, we may request that your primary care physician share your medical information with us. Also, we may provide that physician information about your particular condition so that he/she can appropriately treat you for other possible medical conditions.

PAYMENT: We are permitted to use and disclose your medical information to bill and collect payment for treatment. We may complete a claim form or file electronically to obtain payment from your insurer.

HEALTH CARE OPERATIONS: We are permitted to use or disclose your medical information for the purpose of health care operations, which are activities that support this practice and ensure the quality of care. For example, we may ask another physician or consultant to review this practice's charts and medical records to evaluate our performance, so we can improve the quality of our care.

DISCLOSURES THAT CAN BE MADE WITHOUT YOUR AUTHORIZATION: There are situations in which we are permitted by law to disclose or use your medical information without your written authorization of an opportunity to object. In other situations, we will ask for your written authorization before using or disclosing your identifiable health information. If you choose to sign an authorization to disclose information, you can later revoke that authorization, in writing to stop future uses and disclosures. However, any revocation will not apply to disclosures or uses already made or taken in reliance on that authorization.

PUBLIC HEALTH, ABUSE, NEGLECT and HEALTH OVERSIGHT: We may disclose your medical information for public health activities. Public health activities are mandated by federal, state or local government for the collection of information about disease, vital statistics (like births or deaths), or injury by a public health authority. We may disclose medical information, if authorized by law to a person who may have been exposed to a disease or may be at risk for contraction or spreading a disease or medical condition. We may disclose your medical information to report reactions to medication, problems with products or to notify people. Texas law requires physicians to report child abuse or neglect. Regulations also permit the disclosure of information to report abuse or neglect of elders or the disabled. We may disclose your medical information to a health oversight agency for those activities authorized by law, such as audits, investigations, licensure applications and inspections which are all government activities undertaken to monitor health care and compliance with other laws, such as civil rights laws.

LEGAL PROCEEDINGS and LAW ENFORCEMENT: We may disclose your medical information in the course of judicial or administrative proceedings in response to an order on the court or other appropriate legal process if certain requirements are met. If asked by a law enforcement official, we may disclose your medical information under limited circumstances provided is released pursuant to legal process, such as a warrant or subpoena; pertains to a victim of a crime and we are unable to obtain the person's agreement; is released because of a crime that has occurred on these premises; or is released to locate a fugitive, missing person or suspect. We may release information if we believe it will prevent a threat to the health or safety of a person.

WORKER'S COMPENSATION: We may disclose your medical information as required by Texas Worker's Compensation law.

INMATES: If you are an inmate and are under custody or law enforcement, we may release your medical information to the correctional institution or law enforcement official. This release is permitted to allow the institution to provide you with medical care, to protect your health or the health and safety of others, or for the safety of security of the institution.

MILITARY, NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES, PROTECTION OF THE PRESIDENT: We may disclose your medical information for specialized functions such as separation or discharge from military service. Requests as necessary by appropriate military command officers (if you are in the military), authorized national security and intelligence activities, as well as authorize activities for the provision of protective service for the President of the United States, other authorized government officials or foreign heads of state.

RESEARCH, ORGAN DONATION, CORONER, MEDICAL EXAMINER, and FUNERAL DIRECTORS: When a research project and its privacy protections have been approved by an Institutional Review Board or privacy board, we may release medical information to researchers for research purposes. We may release your medical information to organ procurement organizations for the purpose of facilitating eye, or tissue donation if you are a donor. We may release your medical information to a coroner or medical examiner to identify a deceased or to aid in discovering a cause of death. We may release your medical information to a funeral director where such a disclosure is necessary to the funeral director to carry out his/her duties.

REQUIRED BY LAW: We may release your medical information where the disclosure is required by law.

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YOUR RIGHTS UNDER FEDERAL PRIVACY REGULATIONS: The U.S. Dept. of Health and Human Services created regulations intended to protect patient privacy as required by the Health Insurance Portability and Accountability Act (HIPAA). Those regulations create several privileges that patients may exercise. WE will not retaliate against a patient exercising those rights.

REQUESTED RESTRICTIONS: You may request that we restrict or limit how your protected health information is used or disclosed for treatment, payment or healthcare operations. We do NOT have to agree to this restriction, but if we do agree, we will comply with your request except under emergency circumstances. To request a restriction, submit the following in writing: (a) The information to be restricted, (b) what kind of restriction you are requesting (i.e. on the use of the information, disclosure of information or both), and (c) to whom the limits apply. Please send the request to the privacy officer. You may also request that we limit the disclosure to family members, other relatives, or close personal friends that may or may not be involved in your case.

RECEIVING CONFIDENTIAL COMMUNICATIONS by ALTERNATIVE MEANS: You may request that we send communications of protected health information by alternative means or to an alternative location. This request must be made in writing to our privacy officer. We are required to accommodate only reasonable requests. Please specify in your correspondence exactly how you want us to communicate with you and, if you are directing us to send it to a particular place, the contact/address information.

INSPECTION and COPIES of PROTECTED HEALTH INFORMATION: You may inspect and/or copy health information that is within the designated record set, which is information that is used to make decisions about your care. Texas law requires that request for copies are made in writing and we ask that the requests for inspection of your health information also be made in writing. Please send your request to the privacy officer. We can refuse to provide some of the information you ask to inspect or ask to be copied if the information includes psychotherapy notes that includes the identity of a person who provided information if it was obtained under a promise of confidentiality, is subject to the Clinical Laboratory Improvements Amendments of 1988, or was compiled in anticipation of litigation. WE can refuse to provide access to or copies of some information for other reasons, provided that we provide a review of our decision on a review. Texas law requires that we are ready to provide copies or narrative within 15 days of your request. We will inform you of when the records are ready or if we believe access should be limited. If we deny access, we will inform you in writing. HIPA permits us to charge a reasonable cost-based fee. The Texas Optometry Board has set fee limits for copies of medical records that under some circumstances may be lower than the charges permitted by HIPPA. You will be charged the lower of the two fees.

AMENDMENT of MEDICAL INFORMATION: You may request an amendment of your medical information in the designated records set. Any such request must be made in writing to the person listed below. We will respond within 60 days of your request. We may refuse to allow an amendment if the information (a) wasn't created by this practice, (b) is not part of the Designated Record Set, and (c) is not available for inspection because of an appropriate denial, or (d) if the information is accurate and complete. Even if we refuse to allow an amendment to be made, you are permitted to include a patient statement about the information at issue in your medical record. If we refuse to allow an amendment, we will inform you in writing. If we approve the amendment, we will inform you in writing, allow the amendment to be made and tell others that we know we have the incorrect information.

ACCOUNTING of CERTAIN DISCLOSURES: The HIPPA privacy regulations permit you to request and us to provide an accounting of disclosures that are other than for treatment, payments, health care operations or made via an authorized signed form by you or your representative. Please submit any request for an accounting to the privacy officer. Your first accounting disclosures with a 12-month period will be free. For additional requests within that period, we are permitted to charge for the cost of providing that list. If there is a charge, we will notify you and you may choose to withdraw or modify your requests before the costs are incurred.

APPOINTMENT REMINDERS, TREATMENT ALTERNATIVE, and OTHER HEALTH RELATED BENEFITS: We may contact you by telephone, mail, email or all to provide appointment reminders, information about treatment alternatives or other health related benefits and services that may be of interest to you.

COMPLAINTS: If you are concerned that your privacy rights have been violated, you may contact the privacy officer. You may also send a written complaint to the U.S. Dept. of Health and Human Services. We will not retaliate against you for filing a complaint with the government or us. The contact information for the U.S. Dept. of Health and Human Services is: U.S. Dept. of Health and Human Services, HIPAA Complaints, 7500 Security Blvd, C5-24-04, Baltimore, MD 21244.

OUR PROMISE TO YOU: We are required by law and regulation to protect the privacy of your medical information, to provide you with this notice of our privacy practices with respect to protect health information, and to abide by the terms of the notice of privacy practices in effect. **CONTACT PERSON FOR QUESTIONS AND REQUESTS:** Dr. Jackson Robison. Address: 3107 TPC Parkway, Ste 101, San Antonio, TX 78259. Phone: (210) 315-5559. We may change our policies and this notice at any time and have those revised policies apply to protected health information we maintain. If we change our notice, we will post it in the office where it can be seen.