

# Susan Elizondo, O.D.

## Notice of Privacy Practices

Effective Date: Feb 01, 2019

### **This Notice describes how medical information about you may be used and disclosed and how you can get access to this information.**

Susan Elizondo, O.D. is required by law to maintain the privacy of your health information, to follow the terms of this notice, and to provide with this notice of its legal duties and privacy practices with respect to your health information. Susan Elizondo O.D. reserves the right to change our practices and this Notice and to make the new notice effective for all medical information it maintains. Upon request, will provide a revised Notice to you.

### **Susan Elizondo O.D. May Use or Disclose Your Health Information**

Susan Elizondo O.D. protects the privacy of your health information. The law permits Susan Elizondo O.D. to use or disclose your health information for the following purposes:

*Treatment, Payment and Regular Health Care Operations* – Information obtained by Susan Elizondo O.D. will be used to dispense and provide prescription ophthalmic goods and services to our, bill your insurance carrier if you have third party coverage, and to record and monitor the service provided to you.

Information will also be provided to you upon your request.

*As and When Required by law* – We may use and disclose your health information to Public Health Officials, Law Enforcement, Health Oversight Activities (for audits, investigation, etc.), Judicial and Administrative, Deceased Person Information, Worker Compensations programs, Food & Drug Administration (FDA for reporting of adverse drug events and quality issues), if there is a serious threat to your health or safety, in times of National Security, if you are in the Military or a Veteran of the armed forces when requested, or if you become an inmate in a correctional facility.

*Personal Communications* – We may contact you to provide appointment reminders, annual eye examination cards, and other information about treatment alternatives or other health-related benefits and services that may be of interest to you as well as communicate with individuals involved in your care or payment of your care.

*Disclosure to Our Business Associates* – There are some services provided by us through contracts with business associates. When these services are contracted for, we may disclose health information about you to their business associate so that they can perform the job we have asked them to do and bill you or your third-party payer for the services rendered. To protect your health information, we require the business associate to appropriately safeguard the health information.

*Victims of Abuse, Neglect, or Domestic Violence* – We may disclose your health information to a government authority, such as social service or protective services agency, if Susan Elizondo O.D. reasonably believe you are a victim of abuse, neglect, or domestic violence.

**Marketing Communication.** We must obtain your written authorization prior to using your health information to send you any marketing materials. We may communicate with you about products or services relating to your treatment, care, or alternative treatments, or providers without authorization.

### **When Susan Elizondo O.D. May Not Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, Susan Elizondo O.D. will not use or disclose your health information without your written authorization. If you do authorize Susan Elizondo O.D. to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If your state law provides additional restrictions upon any of the foregoing uses and disclosures, we must follow your state law.

### **You have the following rights with respect to your health information**

You have the right to request restriction on certain uses and disclosure of your health information. To make such a request, you must complete the **Restriction of the Use of Patient Information form** and the request will apply to the location providing services. Susan Elizondo O.D. are not required to agree to the restriction that you requested.

You have the right to inspect and copy your health information as long as Susan Elizondo O.D. maintain the health information. Your health information usually will include prescription and billing records. To inspect or copy your health information, you must complete a **Request to Inspect Medical Records form** and submit the request to the location that provided your services. Susan Elizondo O.D. may charge you a fee for the costs of copying, mailing, or other supplies that are necessary to grant your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed.

You have the right to request that Susan Elizondo O.D. amend your health information that is incorrect or incomplete. To request an amendment, you must complete a **Request to Amend Medical Records** to the location providing services. Susan Elizondo O.D. are not required to change your health information and will provide you with information about the procedure for addressing any disagreement with the denial.

You have the right to receive an accounting of disclosure of your health information from Susan Elizondo O.D. for most purposes other than treatment, payment, healthcare operations, information provided to you, and certain government functions. To request an accounting, you must complete a **Request for Accounting of Disclosure** to the address listed below. You must specify the time period but may not be longer than six years. Susan Elizondo O.D. will notify you of the cost involved and you may choose to withdraw or modify your request at the time. You may request communications of your health information by alternative means or at alternative locations. For example, you may request that Susan Elizondo O.D. contact you about medical matter only in writing or at a different residence or post office box. To request confidential communication of your information, you must complete a **Request for Alternative Communication** to the location providing services and will be good for only the location providing services. Your request must state how or when you would like to be contacted. Susan Elizondo O.D. will accommodate all reasonable requests.

If you would like to exercise one or more of these rights, contact Susan Elizondo O.D. at the location that services were provided, or submit a written request to: Susan Elizondo O.D., 3801 N Capital of Texas Highway, C-100, Austin, TX 78746.

### **Changes to this Notice of Privacy Practices**

Susan Elizondo O.D. reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, Susan Elizondo O.D. are required by law to comply with this Notice. The revised notice will be posted in the office of Susan Elizondo O.D. and will be available upon request.

**For More Information or to Report a Problem**

If you have questions or would like additional information about the privacy practices of Susan Elizondo O.D., you may contact Susan Elizondo O.D. at the address above. If you believe your privacy rights have been violated, you may file a written complaint with the Secretary of Health and Human Services.

I have reviewed and/or received the Notice of Privacy Practices for Susan Elizondo, O.D. I authorized the payment of medical benefits to the undersigned physician and authorized the release of medical or other information necessary to process this claim.

(box) I understand and acknowledge that I have read the privacy policy for Westlake Hills Vision Center