

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.

This Notice of Privacy Practices (this “Notice”) describes the ways in which Thurmond Eye Associates (“TEA” or “we” or “us”) uses and discloses your individually identifiable health information, which is “protected health information” or “PHI” under the privacy regulations implementing the Health Insurance Portability and Accountability Act of 1996 (HIPAA). PHI includes information, in any form, that we create or receive that relates to your health, the delivery of health care services to you, or payment of health care services, and that identifies you or could be used to identify you.

HOW WE MAY USE AND DISCLOSE OF YOUR PHI

Under HIPAA, we do not need to seek your permission to use and disclose your PHI in our basic health care-related activities. The most common purposes for which may use and share your PHI are:

For Treatment: We may use and disclose your PHI to provide, coordinate or manage your health care treatment and related services. For example, we may disclose PHI to your specialist health care providers or your general internist, as well as to a health care professional to whom you have been referred for treatment, so that professional will have appropriate information regarding your previous treatments and diagnoses.

For Health Care Operations: We may use or disclose your PHI for various administrative and quality assurance purposes, such as to conduct quality assessment and improvement activities; to review the qualifications and performance of our practitioners, to train them and perform accreditation, certification or licensing activities; as well as to managing our business and performing general administrative activities.

For Payment: We may use and disclose your PHI so that the services you receive from us may be billed and payment may be collected from you, an insurance company or other entities. For example, we may disclose your PHI to your health plan for determinations of eligibility and coverage, to collect outstanding amounts, and to appeal any reimbursement denial.

We will not share treatment information with your insurance company or another third party payer when you pay out-of-pocket for the treatment.

OTHER PURPOSES FOR WHICH WE MAY USE AND SHARE YOUR PHI

We also are allowed to use and share your PHI for particular purposes that may protect you, others, and have benefits such as public health and safety. We have to meet many legally mandated conditions before we can use or share your PHI for these purposes. For example:

Individuals Involved in Your Care or Payment for Your Care: We may release PHI about you to a friend or family member who is involved in your medical care or who helps to pay for your care. You have the right to object to such disclosure, unless you are unable to function or there is an emergency.

Public Health and Safety Issues: We may disclose PHI about you for public health activities, including to prevent or control disease; reporting adverse reactions to medications; preventing or reducing a serious threat to someone’s health or safety; or reporting suspected abuse, neglect, or domestic violence. We may disclose necessary information about you to law enforcement, to family members, or to others if we believe that you may present a serious danger to yourself or others. We may warn others in order to prevent or lessen serious threat to you or to others.

Research: Under limited circumstances, we may use or disclose PHI about you for research purposes. For example, we may disclose PHI to researchers so they can determine if the PHI would be helpful for particular studies to develop or test certain medical procedures or therapies, and to identify patients who may qualify for the research project, so long as the researchers do not remove or copy any of the PHI.

Service Providers: We rely on service providers to assist us with various activities, many of which may require the service provider to have access to certain PHI. For example: we may use a third party for billing and collections, document destruction, software support and quality assurance. We may disclose your PHI to these service providers provided that they sign a written Business Associate Agreement under which they, as our business associates, are required to maintain the privacy and security safeguards of the PHI they receive or obtain on our behalf. And if they need to share any of the PHI with subcontractors to perform the services for us, each subcontractor must enter into a similar agreement to protect the PHI.

Special Government Functions: If you are a member of the armed forces, we may share PHI about you as required by military command authorities, and we may disclose PHI for very limited national security purposes.

Legal Proceedings: We may disclose PHI about you in response to a court or administrative order, or in response to a subpoena.

To Avert a Serious Threat to Health or Safety: We may use and disclose PHI about you when necessary to prevent a serious threat to your health or safety or the health or safety of the public.

Law Enforcement and Other Government Requests: We may disclose PHI about you for worker's compensation claims; for law enforcement purposes or with a law enforcement official; with health oversight agencies for activities authorized by law; or with special government functions such as national security and presidential protective services.

Coroners and Medical Examiners: We may release PHI about you to a coroner or medical examiner which may be necessary, for example, to identify a deceased person or determine the cause of death.

About a Decedent: In the event of your death, disclosures about you (the decedent) can be made to family members or others involved in your care or payment for your care prior to your death unless inconsistent with you prior expressed preferences that are known to us. Disclosures may also be made to your personal representative.

As Required by Law: We will disclose PHI if federal, state or local laws require that we make these disclosures.

USES AND DISCLOSURES OF PHI THAT REQUIRE YOUR WRITTEN AUTHORIZATION
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Uses and disclosures of your PHI for purposes other than those of the types referred to above require your written authorization. If you provide such an authorization, you may revoke it at any time, however, any such revocation will not invalidate uses or disclosures made before we receive your written notice of revocation.

We will need your authorization in order to share your PHI in exchange for any type of remuneration, or to use your PHI for marketing purposes, unless we are providing you with promotional information in a face-to-face communication to you or as a promotional gift of nominal value.

YOUR RIGHTS AND HOW TO EXERCISE THEM

You have certain rights under the HIPAA privacy regulations respect to your PHI. These rights include:

Right to Inspect and Copy Your Medical Records: With limited exceptions, you have the right to inspect and copy your PHI maintained by us. Generally, this information includes health care and billing records. You have the right to obtain electronic copies of your PHI.

To inspect and/or obtain copies of your PHI maintained by us, you must submit your request in writing to TEA's Privacy Officer. We may charge you a fee for the costs of copying, mailing or other expenses associated with complying with your request consistent with federal and state law. We may deny your request to inspect and copy your PHI for the reasons set forth above or under certain other circumstances. If you are denied access to PHI other than for a reason stated above, you will receive a written denial. You may request that the denial be reviewed. Thereafter, a licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend Your PHI: You may ask us to amend your PHI we have about you. You have the right to request an amendment for so long as the information is kept by or for us. To request an amendment to your PHI, your request must be made in writing and submitted to TEA's Privacy Officer. You must provide a reason that supports your request. We will generally make a decision regarding your request for amendment within sixty (60) days after receipt of your request. If we deny your requested amendment, we will provide you with a written denial.

We have the right to deny your request for an amendment if it is not in writing or does not include a reason to support your request. We are not required to agree to your request if you ask us to amend PHI that was not created by us, unless the person or entity that created the information is no longer available to make the amendment; or is not part of the PHI kept by or for us; or is not part of the PHI which you would be permitted to inspect and copy; or is already accurate and complete.

Right to Request Mode of Communication: You have the right to request that we communicate with you about your PHI in a certain way, such as by mail, email, phone, or at a certain location, such as your home address or a Post Office box. Your request must specify your preferences for our communications with you, and must be sent in writing to TEA's Privacy Officer at the address provided below. We will not ask you the reason for your request. We will accommodate all reasonable requests.

Right to Choose Someone to Act for You: You have the right to request that we transmit a copy of your PHI to another person. For example, if you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your Protected Health Information on your behalf. To do so, you must request this in writing, you must sign the request, and it must clearly identify the designated person and where to send the copy of the PHI. Your request should be sent to TEA's Privacy Officer at the address provided below.

Right to an Accounting of Disclosures: You have the right to receive, upon your request, a list (an "accounting") of the disclosures of your PHI that we have made (if any) for purposes other than treatment, payment or health care operations, law enforcement, or pursuant to your authorization. To request an accounting of such disclosures, you must write to TEA's Privacy Officer at the address provided below. Your request must state the time period during which the disclosures you want to know about were made, which may not date back more than six (6) years from the date of your request. Your request should also specify the format of the list you prefer (e.g., paper or electronic). The first list you request within a twelve (12) month period will be free of charge. For additional lists, we may charge you a reasonable, cost-based fee. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions on Use or Disclosure: You have the right to request that we restrict uses and/or disclosures of your PHI by writing to TEA's Privacy Officer at the address provided below. Your request must specify what uses and/or disclosures of PHI you want to limit, including the type of PHI and any persons or entities you request not receive the PHI. We will consider your request, but we are not required to grant it unless it pertains to disclosures to your health insurer about health care for which you or someone on your behalf has already paid in full.

Right to Obtain a Copy of this Notice: You have the right to a paper copy of this Notice. You may ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. To obtain a paper copy, you must write to TEA's Privacy Officer at the address provided below.

BREACH OF YOUR UNSECURED PHI

We will notify you in the event we become aware of a breach of your unsecured PHI. A breach is an acquisition, access, use or disclosure of PHI in a manner not permitted unless we are able to demonstrate that there is a low probability that the PHI has been compromised based on a risk assessment of at least the following factors: (1) the nature and extent of the PHI involved, including the types of identifiers and the likelihood of identification; (2) the unauthorized person who used the PHI or to whom the disclosure was made; (3) whether the PHI was actually acquired or viewed; and (4) the extent to which the risk to the PHI has been mitigated.

HOW TO CONTACT US OR FILE A COMPLAINT

If you have questions or comments regarding the TEA Notice of Privacy Practices, or have a complaint about our use or disclosure of your PHI or our privacy practices, please contact privacyofficer@TEA.com, call us at 956-968-3171 and ask for the TEA Privacy Officer, or send a written request to: Privacy Officer, Thurmond Eye Associates, 1519 East 6th Street, Weslaco, TX 78596. To file a complaint with the Secretary of the Department of Health and Human Services (DHHS), you may file your complaint either in paper or electronically. You will not be penalized or retaliated against for filing a complaint.

CHANGES TO THE TERMS OF THIS NOTICE

TEA reserves the right to change this notice and privacy policies at any time, and the changes will apply to all Protected Health Information we have about you. When changes are made to the Notice of Privacy Practices currently in effect, we will post a message on TEA's website at <https://www.thurmondeye.com/>.