



HIPPA (Health Insurance Portability Accountability Act)

This notice describes how health information about you may be used and can be disclosed and how you can get access to this information. Please review it carefully.

OUR LEGAL DUTY

We are required by law to maintain the privacy of your health information. We reserve the right to change our privacy policies practices and the term of notices at any time, provided such changes are permitted by applicable law.

USES AND DTSCLOSURE OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment and healthcare operations.

Treatment- We may use or disclose your healthcare information to an optician, ophthalmologist or other healthcare provider providing treatment to you.

Payment- We may use and disclose your health information so that we may bill and collect payment from you and insurance company or someone else for services we provide you.

Health Care operations- We may use and disclose your health information in order to run necessary administrative, quality assurance, certification, training programs and other business functions at BEYOND EYE CARE PLLC.

OTHER PERMITTED USES AND DISCLOSURES OF HEALTH CARE INFORMATION.

We may use of disclose your health information without your permission in the following circumstances subject to all applicable legal requirements and limitations

Required by law, Public Health Risks, Health Oversight Activities, Lawsuits and Disputes: Law Enforcement, Coroners, Medical Examiners and Funeral Directors, Organ Tissue Donations, Research, Serious Threat to Health or Safety Disaster Relief, Military and Veterans, National Security, Intelligence Activities, Protective Services, Workers Compensation and Inmates.



SPECIAL CIRCUMSTANCES/YOUR AUTHORIZATION

Most uses and disclosures that do not fall under treatment, payment, and healthcare operations will require your written authorization. Upon signing, you may revoke your authorization (in writing) through our practice at any time.

MARKETING

We will not give, sell or trade your health or personal information to any other party except those protected by law without your prior authorization. We may use your personal information for internal marketing purposes such as practice newsletter, promotional events, reminders or appointments (voice mail messages, postcards or letters).

YOUR RIGHTS REGARDING HEALTH INFORMATION

You have the right to disclosure of your health information within the law.

You have the right to request confidential communications

You have the right to inspect and copy with some exceptions.

You have the right to amend your health information.

You have the right to receive an account of disclosure of your health information.

You have the right to request a restriction or limitation on the health information we use to disclose about you.

BEYOND EYE CARE PLLC

6931 FM 1960 Road East Atascocita, Tx 77346

Phone 281-763-2006

Fax 281-763-2009

19511 IH 45 Spring ,Tx 77388

Phone 281-288-4447

Fax 281-763-2007

You may also reach us through email: info@beyondeyecare.com