



NOTICE OF PRIVACY PRACTICES

The University of Houston and the University Eye Institute care about the privacy and confidentiality of your personal information. We have developed certain policies and taken steps to help keep your information confidential. This Notice gives a summary of those steps, explains your privacy rights, and gives you phone numbers and addresses you can use to ask questions or to make requests. We encourage you to read this Notice of Privacy Practices.

- Request that your health record be amended as provided in 45 C.F.R. §164.526;
- Request communications of your health information by alternative means or at alternative locations; and
- Receive an accounting of disclosures made of your health information as provided by 45 C.F.R. §164.528.

ADDITIONAL SECURITY PROTECTION:

- Sale of your PHI as a use or disclosure requires your express authorization to do so;
- Advance notice to you if the UEI receives payment from a third party to send treatment communications and information to you about products or services; and
- You may restrict disclosures of your PHI to a health plan with respect to treatment services for which you have paid out-of-pocket.

COMPLAINTS

You may complain to The University Eye Institute and to the Department of Health and Human Services (Office of Civil Rights) if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

OBLIGATIONS OF THE UNIVERSITY EYE INSTITUTE

- The University Eye Institute is required by law to:
- Maintain the privacy of protected health information;
 - Provide you with this notice of its legal duties and privacy practices with respect to your health information;
 - Abide by the terms of this notice;
 - Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
 - Accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations; and

The University Eye Institute reserves the right to change its information practices and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you by upon your next visit. You may always view and download any updated version by accessing our website at: <http://www.uei.uh.edu>

Contact Information

If you have any questions or complaints, please contact:
 Chief Privacy Officer Director; HIPAA Compliance and Oversight
 University of Houston - University Eye Institute
 505 J. Davis Armistead Building
 Houston, Texas 77204-2020
 Office: 713-743-1934

RESEARCH.
 The University Eye Institute may use your health information for research purposes, after an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of your health information. You may be contacted by telephone or by mail asking to participate in specific studies here at the University Eye Institute or receive general information about research opportunities.

HEALTH AND SAFETY

Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

GOVERNMENT FUNCTIONS

Your health information may be disclosed for specialized government functions, such as for national security and intelligence activities, military and veteran purposes, and correctional institution responsibilities.

WORKERS' COMPENSATION

Your health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation

OTHER USES

Other uses and disclosures will be made only with your written authorization and you may revoke the authorization except to the extent The University Eye Institute has taken action in reliance on such.

YOUR HEALTH INFORMATION RIGHTS

YOU HAVE THE RIGHT TO:

- Restrict the release of "sensitive health information (SHI)" such as genetic test results, substance abuse treatment, HIV/AIDS test results and mental health records. In order for SHI to be released, we must obtain your authorization to do so, unless otherwise authorized by law.
- Request a restriction on certain uses and disclosures or your information as provided by 45 C.F.R. §164.522; however, The University Eye Institute is not required to agree to a requested restriction;
- Obtain a paper copy of the Notice of Privacy Practices upon request;
- Inspect and obtain a copy of your health record upon written request as provided for in 45 C.F.R. §164.524;

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.

The University Eye Institute uses your health information for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of The University Eye Institute.

HOW THE UNIVERSITY EYE INSTITUTE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

FOR TREATMENT

The University Eye Institute may use your health information to provide you with medical treatment or services. For example, information obtained by a health care provider, such as an optometrist, physician, nurse, or other person

providing health services to you, will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to the actions. If you have been referred into our facility from a healthcare provider outside of the University Eye Institute, that referring doctor may have sent information about you in advance to help in our treatment of you. We will provide your referring health-care provider with copies of your record or reports that will assist him/her in your treatment and health care after you have completed your management from our facility.



FOR PAYMENT

The University Eye Institute may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payor, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

FOR HEALTH CARE OPERATIONS

The University Eye Institute may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to:

- Evaluate the performance of our staff.
- Assess the quality of care and outcomes in your cases and similar cases.
- Learn how to improve our facilities and services; and
- Determine how to continually improve the quality and effectiveness of the health care we provide.

APPOINTMENTS

The University Eye Institute may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. You or a family member may be contacted by postcard and/or by an automated telephone voice system at the number you have provided to remind you of an upcoming appointment.

NOTIFICATION

The University Eye Institute may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care or payment of your general condition. You have the right to restrict to whom we may disclose information.

MARKETING

The University Eye Institute, in compliance with both Federal and State restrictions, cannot disclose your health information to 3rd parties for marketing purposes unless an authorization to do so is obtained from you in advance. However, the University Eye Institute may directly market to you by face-to-face or by mail for research opportunities, services, procedures or materials offered by the University Eye Institute that may be of benefit to you. If you do not wish to receive this information, you have the right to be removed from our mailing list.

REQUIRED BY LAW

The University Eye Institute may use and disclose information about you as required by law. For example, The University Eye Institute may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority;
- To report information related to victims of abuse, neglect or domestic violence; and
- To assist law enforcement officials in their law enforcement duties;

PUBLIC HEALTH

Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

DECEDENTS

Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties. We may also disclose health information where the disclosure relates to organ, eye, or tissue donation purposes.

