



## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (THE PATIENT) MAY BE USED AND DISCLOSED; AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you a notice of your privacy practices. The notice describes how we protect your health information and what rights you have regarding it.

### TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reason why we use or disclose your (the patient) health information is for treatment, payment, or other health care operations. Examples of how we use or disclose information for treatment purposes are: setting up appointments, testing or examining your eyes, prescribing glasses, contact lenses, or medications and faxing them to be filled; showing you low vision aids; referring you to another doctor, clinic, optical lab, for eye care or low vision aids or services; getting copies of your health information from another professional that you may have seen before us or we had referred to. Examples of how we use or disclose your health information for payment purposes are: asking you about your health or vision care plans, or other sources of payment; obtaining information on your primary insured, preparing and sending bills or claims; and collecting unpaid amounts either our self or through a collection agency or attorney. "Health care operations" means those administrative and managerial functions that we have to do in order to run our office. Examples would be: financial or billing or insurance audit; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; and outside storage of our records.

We routinely use your health/medical information inside our office for these purposes without any special permission. If you need to disclose your health information outside our office for other reason, we usually will ask you for special written permission.

### USES AND DISCLOSURES FOR OTHER REASON WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your health information without your permission/consent. No all of these situations will apply to us; some may never come up at our office at all. Such used or disclosures are:

- When a state or federal law mandates that certain health information be reported for a specific purposes;
- For public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or medical devices;
- Disclosures to governmental authorities about victims of suspected abuse, neglect, or domestic violence;
- Uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid; or for investigation for possible violations of health care laws;
- Disclosures for judicial or administrative proceedings, such as in response to subpoenas or order of courts or administrative agencies;
- Disclosures for law enforcement purposes, such as to provide information about who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else;
- Disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in a burial; or to organization that handle organ or tissue donations;
- Use or disclosure for health related research;
- Uses and disclosure to prevent a serious threat to health or safety;
- Uses or disclosure to for specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of member of the Foreign Service;
- Disclosure for de-identified information;
- Disclosure relating to worker's compensation programs;
- Disclosure of a "limited data set" for research, public health, or health care operations;
- Incidental disclosures that are unavoidable by-products of permitted use or disclosure;
- Disclosure to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information.

Unless you object, we will also share relevant information about your care with your family or friends who are helping you with your eye care.

### APPOINTMENT REMINDERS, RECALLS, FOLLOW-UPS

We may call or write to remind you (the patient) of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or service available at our office that might help you. We may contact you to follow up to assess you/the patient's current status and compliance with the treatment plan (medications, activity, contact lenses, glasses, etc.) and to resolve any issues. Unless you tell us otherwise, we may contact you by mail, email, text messages, and/or leave a message on your phone or with the person that answers your phone.



## OTHER USES AND DISCLOSURES

We will not make any other uses or disclosure of your health information unless you provide us with a signed authorization form/letter. The content of as "authorization form" is determined by federal law. Sometimes, we may initiate the authorization process if the use or disclosure is our idea. Sometimes, you may initiate the process if it's your idea for us to send your information to someone else. Typically, in this situation you will give us a properly completed authorization form, or you can use one of ours.

If we initiate the process and ask you to sign an authorization form, you have the right to refuse to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign your consent, you may revoke it at any time unless we have already acted in reliance upon it. Revocation must be in writing and sent to our office, Willow Bend Vision Care.

## YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information. You can:

- Ask us to restrict our uses and disclosure for purpose of treatment (except emergency treatment), payment, or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions. To ask for restriction, send a signed written request to the office contact person at the address, fax, or email shown on this notice.
- Ask us to communicate with you in a specific confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using email to your personal email address. We will accommodate the request if they are reasonable, and if you pay for any extra cost.
- Ask to see or get photocopies of your health information. By law, there are few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 30 days of asking us (or 60 days if the information is stored off-site). You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation, and instruction about how to get an impartial review of our denial if one is legally available. By law, we can have a 30 day extension of the time for us to give you access or copies if we send you a written notice of that extension.
- Ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know got the wrong information, and other that you specify. If we do not agree, you can write a statement of your position, and we will include it with your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have one 30 day extension of time to consider a request for amendment if we notify you in writing of this extension.
- Get a list of the disclosure that we have made of your health information within the last 6 years (or a shorter period if you want). By law, the list will not include: disclosures for purpose of treatment, payment, or health care operations, disclosures with your authorization; incidental disclosures, disclosures required by law; and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30 day extension of the time if we notify you of the extension in writing.
- Get additional paper copies of this Notice of Privacy Practice upon request. It does not matter whether you get one electronically or in paper form already.

To make any of the above requests, send a signed written request to the office contact person at the address, fax, or email shown on this notice.

## OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practice will apply to your health information that we already have as well as to such information that we may generate and/or obtain in the future. If we change our Notice of Privacy Practices, we will have copies available in our office and post it on our website ([www.wbvisioncare.com](http://www.wbvisioncare.com)).

## QUESTIONS AND COMPLAINTS

If you have any question, you can discuss it by phone or in person with us or write to the office at the address, fax, email shown on this Notice. If you think that we have not properly respected the privacy of your health information, you are free to complain to us or the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, our doctors, or office manager, send a written complaint to the office at the address, fax, email shown on this Notice. If you prefer, you can discuss your complaint in person or by phone.

Contact: Dr. Hyejon Ko, Optometrist

Phone #: 972-202-5632

Fax #: 972-202-5630

Email: [wbvisioncare@gmail.com](mailto:wbvisioncare@gmail.com)

Address: 6121 W. Park Blvd Ste# D-120, Plano, TX 75093

Website: [www.wbvisioncare.com](http://www.wbvisioncare.com)